Nipple Shield Use

Despite expert instruction and coaching, some latch problems persist. For these difficult situations, the use of a thin, silicone nipple shield on a temporary basis may be appropriate.

**Indications for use**

- Preterm infant – some small, preterm infants are unable to maintain a latch to the breast and continually slip off the nipple.
- Flat or inverted nipples – some nipple/areolar tissue is less pliable, and the infant is unable to draw the nipple in to latch effectively.
- Previous exposure to bottles – some infants who have received bottle feedings are reluctant to latch on to the breast. A nipple shield may serve as a “bridge” to reorient the infant back to the breast.

**Choosing the correct size**

- Nipple shields come in various sizes: 16, 20, and 24 mm.
- Most late preterm infants will use a 20-mm size.
- The shield should not be so large that the infant gags when latching on to it.

**Positioning the nipple shield**

- Fit the shield on the base of the nipple with the rim turned up, then smooth down the edges.
- Applying a small amount of water or breastmilk will help to smooth down the edges.

**Positioning the infant to the shield**

- As the mother guides the infant onto the shield, instruct her to pull the infant close to her body.
- As sucking begins, the infant draws the breast tissue into the shield, and the mother will feel stronger sucking pressure.
- Reassure the mother that having the infant positioned on the base of the nipple shield is correct and that these pressure sensations are expected.

**Assessing milk transfer and need for milk expression**

- Assess milk transfer with the nipple shield by test-weighing measures to determine a need for supplemental feedings.
- Determine need for post-feeding milk expression to build and protect maternal milk production.

**Determining duration of use**

- Studies of nipple shield use in preterm infants show that most infants use the shield until their term-corrected age.
- Strategies to wean from the nipple shield include:
  - Begin the feed with the shield, then slip it off and finish the feeding without the shield.
  - Begin the feed without the shield, then place the shield on to finish the feeding as needed.
- Consult an IBCLC to plan for post-discharge follow-up.

**References**