



Using a Nipple Shield

A nipple shield can be applied over mom's nipple when a baby is having difficulty latching to the breast. The shield makes it easier for baby to grasp onto the breast until they can learn to nurse without the shield. Follow up with a lactation consultant and baby's doctor to ensure baby is getting enough when using a nipple shield.

Indications for temporary use with:

- Flat or inverted nipples
- Sore or flat nipples after delivery
- Premature or late pre-term infants
- Tongue tie
- Baby unable to maintain a latch
- Breast refusal
- Engorgement
- Sore, cracked bleeding nipples
- Slow down and regulate flow from over-active let-down
- Wean a baby from bottle to breast
- Relactation or induced lactation if baby is reluctant to go to the breast

The pros:

- Encourages your baby to feed at the breast
- Allows a weak baby to maintain suction at the breast
- Instant fix for difficult problems

The cons:

- Barrier between you and your baby
- Less stimulation to the breast
- Your baby may get used to the shield
- Too easily used incorrectly

How to use a nipple shield

- Moisten the shield with warm water or colostrum and hold it by the rim
- Semi-invert the shield prior to application to create suction to draw the nipple into the shield.
- Hand express milk into the shield if possible, then apply it centered over your own nipple and smooth down the edges
- Your own nipple should be drawn deeply into the shield
- Make sure baby's mouth is open wide and latched with lips flanged at the base of the shield
- Observe for milk in the shield
- Feed your baby 8-12 times in a 24-hour period
- After nursing it is recommended you express your breastmilk to maximize milk removal and protect our supply until your milk supply is fully established and baby is gaining weight appropriately
- Wash the shield with hot, soapy water; rinse and air dry after each feeding
- You will know your baby is getting enough milk by the number of wet diapers and stools baby has



Choosing the correct size of the nipple shield

First consider the size of your baby's mouth, then consider the size of your nipples. Modify the size to accommodate your nipples, if needed.

Extra small	16 mm	Preterm babies and small newborns
Small	20 mm	Small term newborns
Normal	24 mm	Normal and large newborns, older infants

Diapers	Wet	Stool Color	Estimated amount per feeding (30 mL=1 oz)	
Day 1	1	black tarry/meconium	Day 1	2-15 mL
Day 2	2	black tarry/meconium	Day 2	10-15 mL
Day 3	3	dark green/brown	Day 3	25-30 mL
Day 4	4	dark green/brown	Day 4	45-60 mL
Day 5	5	yellow, seedy or loose	Day 10	60-80 mL
Day 6	6-8	yellow, seedy or loose	1 Month+	80-150 mL

*If baby has not stoolled for 1 week or is fussy, spitting up more than normal, or has a distended stomach notify your physician and/or go to the Emergency Department for stools that are white/gray, black or red.

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*Thank you for trusting us with your care...Tripler Army Medical Center
Lactation Services 808-433-3732*

Weaning Your Baby off a Nipple Shield

- It is a good idea to practice breastfeeding once a day without the nipple shield to determine where the baby is in terms of nursing without it. It is important that neither mom nor baby gets frustrated.
- Before breastfeeding, it is helpful to hand express or pump for a couple of minutes to help elongate the nipple and express breastmilk which makes it easier for baby to latch on.
- Latch baby with early feeding signs when baby is rooting, moving head from side to side, waking up and starting to move arms and legs or sucking on hands. Nursing when baby is a little drowsy may be a time when he is more willing to take the breast. Breastfeed before baby is “too hungry” with late feeding cues and crying.
- Position by holding your baby’s head behind the ears, align him ‘nose to nipple’ and roll him tummy-to-tummy. Latch-on by using a ‘sandwich hold’ to achieve a better latch-on. Gently squeeze your breast to shape it like an oval that fits deeply in your baby’s mouth. Look for a wide mouth (120-140 degrees) on the breast and an asymmetrical latch with more breast tissue in baby’s mouth from below the nipple. If breastfeeding hurts, break the suction and try the latch-on again. Do not continue with a feeding if you experience and discomfort or pain. You should feel tugging or pulling, but not pinching or pain.
- Trying different positions may be helpful and skin-to-skin is ideal.
- It is fine to start with the nipple shield, let baby get a little breastmilk in his tummy (a few minutes of sucking after let-down should do it), then remove the nipple shield and re-latch baby. Gradually continue to remove the nipple shield earlier with each feeding until it is not needed at all.
- Above all, enjoy your nursing experience! Weight gain and adequate number of stools indicates forward progress. It is important to be patient, and give you and your baby time to transition to nursing without a nipple shield. Each baby and mom have their own unique set of circumstances. Sometimes, it is a matter of baby’s mouth growing enough to accommodate mom’s breast and nipple. Some moms have a flat nipple that will be elongated a little more with each feeding.
- Follow-up with a lactation consultant or provider is recommended to ensure adequate breastmilk supply and newborn weight gain.

Resources: Lactation Education Resources and kellymom.com