

Recommendations for the Use of Nipple Shields in the Neonatal Unit Simpson's Centre of Reproductive Medicine Royal Infirmary of Edinburgh.

Ms Rhian McLeod Breastfeeding Nurse

Ms Lin Yap Neonatal Community Team Lead

Ms Stephanie Hughes Neonatal Community Team

Ms Gemma Polowyj Neonatal Community Team

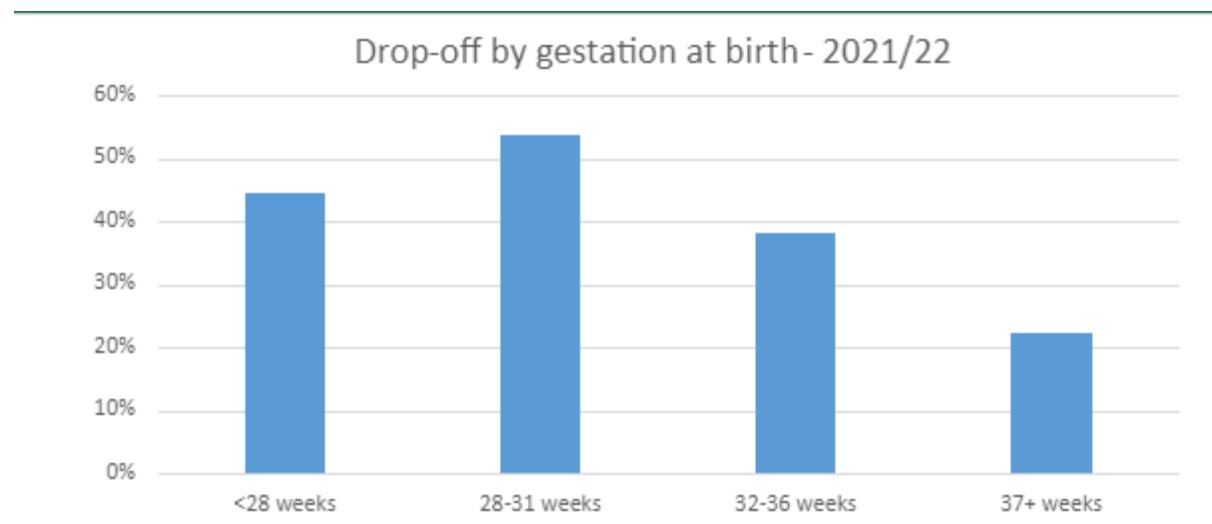
Ms Kathryn Kerr Neonatal Dietician

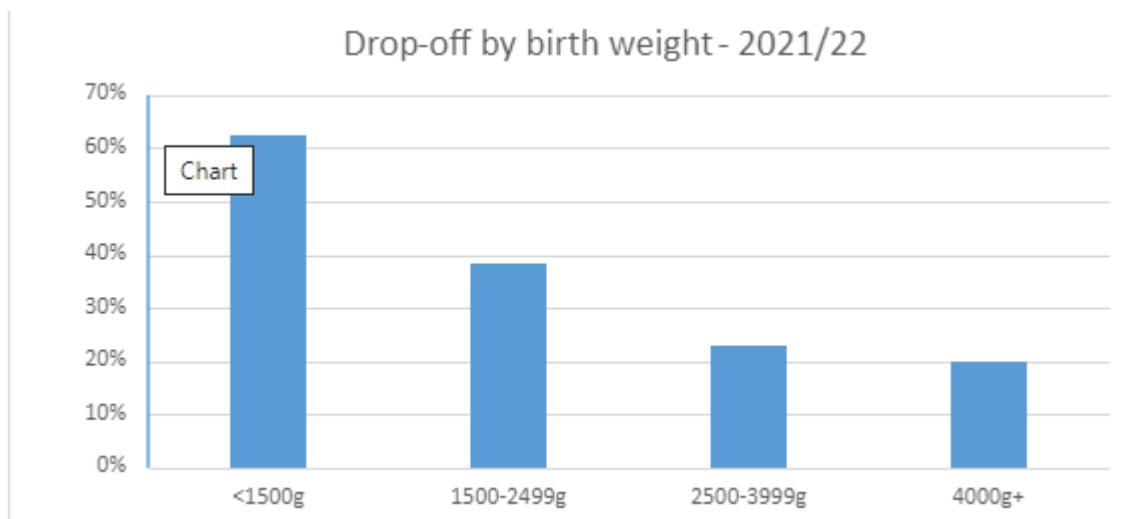
Dr Magda Rudnicka Neonatal Doctor

This is joint opinion of specialists involved in both inpatient and outpatient care for preterm Neonates in the Neonatal Unit in Simpson Centre of Reproductive Medicine in Edinburgh.

Background:

Scottish Breastfeeding Programme for Government continues to monitor breastfeeding rates in Scotland. There is noticeable increase in breastfeeding drop off rates in premature babies and infants with low birth weight. Despite good rates of maternal milk intake and breastfeeding at the point of discharge from the Neonatal Unit, the drop off rates are noted by the Dietician, Neonatal Community Nursing Team, breastfeeding advisors and medical staff on the Community Ward Rounds and Follow up clinic.





Recommendations:

As a Multidisciplinary Team, we understand the importance of providing optimal care for our vulnerable neonates. Nipple shields can be a valuable tool in assisting with breastfeeding in certain situations. However, their use should be carefully considered and implemented to ensure the best outcomes for both the infant and the mother. Based on our experience and knowledge, we would like to offer the following recommendations for the use of nipple shields in the neonatal unit:

1. Individualized Assessment: Before considering the use of nipple shields, it is crucial to conduct a thorough assessment of each mother-infant dyad. Factors such as gestational age of baby, latch difficulties, nipple pain, or anatomical variations should be considered. Discussion with another nurse, lactation consultant or experienced breastfeeding specialist should be involved in the assessment process to provide expert guidance. Nipple Shields should not be used as a first intervention in attempts to facilitate breastfeeding in preterm infants. It might be that Baby just needs more time to become ready and able to feed.
2. Education and Support: Mothers should receive comprehensive education and support regarding breastfeeding techniques and the potential benefits and risks associated with nipple shield use. This should include information on proper positioning, latch techniques, and potential challenges that may arise.
 - 2.1 Risks – Reduced milk transfer, maternal discomfort, nipple shield hygiene, short term solution, difficulty weaning from nipple shields
 - 2.2 Benefits - in cases where infants have demonstrated persistent difficulty with sustained breastfeeding and milk transfer, nipple shield might improve efficacy of breastfeeding
3. Regular Reassessment: Continuous monitoring and reassessment of the mother-infant dyad are crucial when nipple shields are being used. This includes evaluating the infant's weight gain, milk transfer, and the mother's comfort level during breastfeeding. If any concerns arise, prompt intervention and adjustment of the breastfeeding plan should be implemented.
4. Gradual Weaning: Nipple shields should not be considered a long-term solution, and weaning can be problematic. A weaning plan should be developed in collaboration with the mother and

breastfeeding support team. Gradual weaning from nipple shields should be encouraged once the infant's latch and milk transfer have improved, and the mother's comfort level has increased.

5. Multidisciplinary Collaboration: Effective communication and collaboration between neonatologists, lactation consultants, breastfeeding specialists, and other healthcare professionals involved in the care of the neonate are essential. Regular team meetings and discussions should be held to ensure a coordinated approach to breastfeeding support and the appropriate use of nipple shields.

6. Documentation and Evaluation: Accurate documentation of the reasons for nipple shield use, the progress made, and any complications encountered, is crucial. Regular evaluation of the effectiveness of nipple shield use should be conducted to assess its impact on breastfeeding outcomes and to guide future practice.

By following these recommendations, we can ensure that the use of nipple shields in our neonatal unit is evidence-based, safe, and supportive of successful breastfeeding. Continuous education, assessment, and collaboration will contribute to improved outcomes for both the neonate and the mother.

References:

1. Nipple Shields: A Review of the Literature; BREASTFEEDING MEDICINE Volume 5, Number 6, 2010 ^a Mary Ann Liebert, Inc. DOI: 10.1089/bfm.2010.0003
2. Provision of nipple shields to preterm infants on a neonatal unit: A survey of current practice, Infant Journal VOLUME 3 ISSUE 3 2007
3. Wilson-Clay B. Clinical use of silicone nipple shields. J Hum Lact 1996; 12(4): 279-85.
4. Division of Child Health and Development World Health Organisation. Evidence for the ten steps to successful breastfeeding. Geneva: World Health Organisation. 1998.
5. Clum D., Primomo J. Use of a silicone nipple shield with premature infants. J Hum Lact 1996; 12(4): 287-90.
6. Amatayakul K., Vutyavanich T., Tanthayaphinant O., Tovanabutra S., Yutabootr Y., Drewett R.F. Serum prolactin and cortisol levels after suckling for varying periods of time and the effect of a nipple shield. Acta Obstet Gynecol Scand 1987; 66(1): 47- 51.
7. Meier P.P., Brown L.P., Hurst N.M. et al. Nipple shields for preterm infants: Effect on milk transfer and duration of breastfeeding. J Hum Lact 2000; 16(2): 106-14. 10.Brigham M.
8. Mothers' reports of the outcome of nipple shield use. J Hum Lact 1996; 12(4): 291-97.