Nipple Shields and Flat or Inverted Nipples

A nipple shield should be considered as a last resort to get a baby to latch on to the breast. The problem with a shield is that when it is on the nipple, the baby must rely mostly on suction to remove milk. Without the shield, the baby not only sucks, but massages the surrounding breast tissue, which is much more effective at removing milk and maintaining the milk supply. But if the baby won’t latch, this doesn’t work either! So the shield gives the baby the opportunity to learn where milk comes from and can thus be considered a temporary training device. If a shield is used, the goal should be to eventually nurse without it, which will likely require assistance from a breastfeeding expert (tips below).

3 common reasons for using a nipple shield

1. Nipple anatomy makes it difficult to stimulate the suck reflex (at the roof of the mouth) when baby latches on. Erect protruding nipples easily contact the suck reflex at the roof of the baby’s mouth. Flat or inverted nipples do not, so a nipple shield placed on top of the nipple helps stimulate the suck reflex. See below for help with flat or inverted nipples.

2. The baby has a weak suck reflex which requires the more intense stimulus of the firmer plastic shield in their mouth. Some healthy babies are simply finicky and disorganized and require a stronger stimulus to their suck reflex, even if there are no issues with anatomy. This is often the case with premature babies.

3. Nipples are severely sore or traumatized and the shield helps protect them until they can heal. A shield creates a barrier between the baby’s tongue and the nipple. Usually improved latch technique and nursing position will resolve nipple pain and trauma so shield use can be avoided or quickly stopped.

Shield use in the hospital

If the baby doesn’t latch or is using a shield by 12 hours of age, pump every 2-3 hours during the day to stimulate milk to come in better. Consider pumping for 5 minutes before nursing to pull the nipple out and then try to latch. If no success, try with the shield. Even if baby latches with a shield, pump for 10 minutes or so and feed the baby any pumped milk or colostrum.

Using a shield effectively

Sizes: A Medela standard 24mm shield usually works best for most babies, regardless of their size. Avoid buying other brands! If the standard size is not effective, a small 20mm shield can be tried. This is occasionally useful if the baby has a particularly small mouth or the mom has very small nipples that won’t fill in the shield.

Nipple Shield Use:

- Shields are re-usable and can be washed in hot soapy water. Rinse well and air dry.
- Store it in a baggie or denture cup and keep it out of reach of pets!
- Rinse with water before use to help it cling to your skin better.
- Invert the tip when applying to your nipple to pull your nipple into the shield.
- The cut out portion of the shield should be positioned where the baby’s nose will end up.
- Hold your baby around the neck and shoulders and keep her in close so she doesn’t slide on and off the shield.
- The latch with a shield should be attempted in the same manner as without it.
  - The baby’s neck should be extended, ie there should be a wide space between the baby’s chin and chest.
  - The latch should be deep with the baby’s mouth wide and lips flanged out.

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Dealing with Flat or Inverted Nipples and Weaning from the Shield

If a shield is used because of flat or inverted nipples, hopefully the nipples will “take shape” over time and/or the baby will figure out how to manage a latch anyway. If the baby is simply finicky, there are still some things that can be tried to eventually wean from the shield.

**Most babies will eventually figure it out, if you keep trying.**

** Attempt to wean from the shield:**
1. Support the breast to create a “breast sandwich” which appropriately lines up with the baby’s mouth, in order to get more breast tissue inside and thus place the nipple at the roof of the mouth.
2. Remove the shield a few minutes into the feeding. Allow time for the baby to calm down after the milk lets down. After some milk is removed, the breast will be softer so a skinnier “sandwich” is possible and a flat or inverted nipple might be pulled out into a more erect shape. Slip the shield away, dry the breast and the baby’s mouth so it isn’t slippery, and then latch the baby to the bare breast.
3. Try to wake baby and offer the breast before she is hungry and frustrated.
4. Get in the bath tub with your baby, as the skin-to-skin contact may encourage latching without the shield.

** Attempt to “re-shape” or “pull out” flat or inverted nipples:**
5. Gently roll the nipples between your fingers before latching to make them more erect.
6. Pump 1-2 minutes before latching.
7. Consider wearing the various “shells” between feedings.
8. Use a device to pull the nipples out before latching.*
   - Use a 10, 20 or 30mL syringe, depending on nipple size.
     1. Cut off the end of the syringe.
     2. Insert the plunger through the cut end (edges may be ragged from cutting, but it won’t matter)
     3. Moisten the smooth end of the syringe and apply it to the inverted nipple. Gently pull the plunger out for about 1 minute, which draws the nipple out.

If you have difficulty stopping use of the shield, seek help from a lactation expert.

If the shield is used long term, monitor the baby’s weight to be certain she is removing milk well.
If milk is not removed completely on a regular basis, the milk supply will likely decrease.
To avoid this, pump to empty after nursing at least twice per day as long as the shield is used.
Mothers who return to work will likely be pumping this often anyway.