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## **The use of Soothers and Nipple Shields**

### **Fact sheet for Health Care Professionals**

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#### **Soothers**

Providing comfort to babies is one of parents' top priorities after nourishment. Babies need to suck for nutritive and non nutritive reasons. Breastfeeding offers babies both nourishment and comfort, as babies can seek comfort from the breast with non nutritive suckling. However the use of soothers (pacifiers / dummies) has become a common means of providing comfort.

In the early weeks of breastfeeding the use of soothers can prolong intervals between feeds and so may decrease the number of feedings and in turn interfere with the production of milk.

Several studies show that soother use is associated with a shorter duration of breastfeeding and its use appeared to compound and increase pre-existing sucking problems (WHO, 2004).

[http://whqlibdoc.who.int/publications/2004/9241591544\\_eng.pdf?ua=1](http://whqlibdoc.who.int/publications/2004/9241591544_eng.pdf?ua=1)

So important are frequent feedings in the early weeks of a baby's life to the establishment of milk production that several health organisations have recommended that soothers are used only after breastfeeding is well established usually about 3 to 4 weeks after birth (AAP, 2012).

<http://pediatrics.aappublications.org/content/129/3/e827>

The WHO and UNICEF Ten Steps to Successful Breastfeeding (step 9) recommend that no artificial teats or dummies be given to breastfeeding babies (WHO, 1998).

It is the policy of all maternity hospitals in Ireland to avoid the use of soothers during the establishment of breastfeeding.

The National Infant Feeding Policy For maternity and Neonatal Services (HSE, 2015, p.12 and 13) includes the following:

'Health care staff should not recommend the use of artificial teats and

dummies during the establishment of breastfeeding.

Parents wishing to use these should be advised of the possible detrimental effects such use may have on breastfeeding, to enable them to make a fully informed choice. A record of the discussion and parents' decision should be made in the baby's notes.

If any teats, dummies or nipple shields are used, mothers should be informed about the need to keep these clean and facilitated to do so while in hospital.'

The use of soothers may involve:

- Fewer feedings per day, a decrease in milk production and may cause early weaning.
- Increased incidence of ear infection. There is an association between regular use of soothers and increased incidence of ear infection. (Mohrbacher, 2010)
- Increased incidence of oral Candida.
- Increased risk of mouth malformations leading to a need for orthodontic work in the future (AAP, 2012).

## Nipple Shields

A Nipple shield is a thin silicone protection that sits over the nipple and it may be used in breastfeeding where a problem/challenge exists with positioning and attachment and it may help in the short term to protect and support breastfeeding.

Nipple shields are not without risks and The National Infant Feeding Policy for Maternity and Neonatal Services (HSE, 2015, p.12 and 13) states:

'Nipple shields should not be recommended, unless there is a clinical reason for their use and this reason should be discussed with the mother and documented. Any mother considering the use of a nipple shield must have the potential risks explained to her prior to commencing use. She should remain under the care of a skilled practitioner whilst using the shield and should be helped to discontinue its use as soon as possible.

If any teats, dummies or nipple shields are used, mothers should be informed of the need to keep these clean and facilitated to do so while in hospital'.

Risks of using nipple shields may include

- Nipple shields may cause incomplete emptying of the breast and increase risk of blocked ducts and mastitis.
- Nipple shields may affect milk production adversely.
- Nipple shields may be difficult for some babies to wean from.
- Poorly fitting nipple shields may cause trauma to the nipples.

Indications for the use of nipple shields include

- Flat or inverted nipples.
- Breast engorgement when the nipple has been flattened.
- May be used when the baby is transitioning from bottle feeding to breastfeeding where the baby has become used to the firmer teat of the bottle. (Genna Watson ,2013)
- Babies with high muscle tone or low muscle tone can benefit for the use of nipple shields
- When breastfeeding a preterm baby use of a nipple shield may help the baby to attach more efficiently and withdraw more milk from the breast hence the baby may remain awake at the breast for longer. The mechanism is not clearly understood but it is thought that perhaps the firmness of the shield which extends deeper into the baby's mouth may trigger more active sucking (Mohrbacher, 2010).

Research on the use of nipple shields concluded that they should be considered an unknown risk and limit their duration of use as their use or misuse can interfere with milk production, cause early weaning and interfere with weight gain (Chevalier et al, 2010).

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3014757/>

Health care professionals and mothers should monitor milk supply and baby's weight gain while using nipple shields, and assist the mother to wean from the use of nipple shields.

Tips when using nipple shields

- The nipple shield should be a correct fit as a shield that is too large may cause ineffective milk transfer and affect milk production and may be challenging for the baby
- Nipple shields that are too small will not be able to extend deeply into the baby's mouth and so not allow for deep attachment to the breast.
- Nipple shields should be applied correctly. If the baby just takes the tip of the shield, this will not allow for deep attachment and can interfere with milk transfer.
- The mother should not allow the baby to slide down the shield and in particular the mother should not see the end of the harder rim of the shield when the baby is sucking. Poor application and incorrect use will make transfer to breastfeeding without the nipple shield difficult.

- Signs that the baby is breastfeeding effectively with the shield, include the presence of breastmilk in the shield, the breasts feel softer at the end of the feed. The baby actively breastfeeds and there is audible swallowing and the baby has adequate weight gain. The baby has 2 or more large soft and seedy yellow stools and has 6 or more heavy wet nappies daily. (These relate to a baby > 7 days old).
- A baby feeding effectively with a nipple shield will display features of satiety just like a baby feeding without a shield; these include the baby has relaxed hands, is quietly alert after the feed and will not fuss again once the baby is laid down. (Mohrbacher, 2010)

## References

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