Transitioning to the Breast at Six Weeks: Use of a Nipple Shield

Marilee Woodworth, IBCLC, and Ellen Frank, MPH

ABSTRACT - After forceful help with breastfeeding on the first day after birth, a baby began to refuse to latch onto the breast. The mother received help maintaining her milk supply and advice on feeding methods and use of a nipple shield from a lactation consultant after leaving the hospital and was eventually able to breastfeed with the help of a nipple shield. Important aspects of this case were the treatment in the hospital, which included forcing the baby to the breast and using a tube-feeding device with artificial baby milk. Also critical was this mother's commitment to breastfeeding and the long-term support she received. *JHL* 12:305-307, 1996.

KEYWORDS: breastfeeding, breast refusal, nipple shield

INTRODUCTION

Nipple shields have been used by breastfeeding mothers for reasons such as sore nipples and latch-on difficulties. The possible risks of nipple shield use include reduction of milk supply, sore nipples, and preference of the baby for the shield. Since there are many safe approaches to solving sore nipple and latch-on problems, it would be appropriate to use less risky methods first.[1-7]

However, when other techniques have failed, a nipple shield may be a useful tool. A baby may be willing to latch onto the breast with a nipple shield in place. Using the nipple shield provides the baby with something firm to grasp and provides stimulation to the palate, encouraging the baby to suck. Particularly when a baby has become used to bottles, the nipple shield may seem familiar.

Following is a case report of a mother and baby who were able to breastfeed after many initial problems.

CASE REPORT

A fullterm baby girl was born vaginally weighing 3997 gms (8 lbs, 13 oz). During labor, the mother was given nitrous oxide and epidural anesthesia. The mother and baby remained in the labor and delivery room for 3 1/2 hours, during which time the mother offered the breast, but the baby was not interested.

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Marilee Woodworth is a lactation consultant in private practice, and Associate Area Professional Liaison for La Leche League of Michigan. Ellen Frank is project manager for The Resource for Public Health Policy, University of Michigan School of Public Health, Ann Arbor, Michigan USA. Address correspondence to: MW, 1729 Charlton, Ann Arbor, MI 48103 USA.

Several times during the rest of the morning and afternoon, the baby latched on well, sucked briefly, and then fell asleep. By late afternoon, a nurse became concerned that the baby was not staying awake to feed and tried to force her to latch by pushing the baby's head into the breast. This resulted in the baby crying. In the evening before the nurse left her shift, she again tried to forcefully help the baby to breastfeed. Again the baby became upset and would not latch on. The nurse said she was worried that the night nurses would give the baby a bottle, so she urged the mother to use a tube-feeding device filled with artificial baby milk. The baby refused to latch on with the device.

The baby did not latch on at all on day 2, but arched her back and screamed when put to the breast. She also refused to breastfeed with the tube-feeding device. A nurse showed the parents how to finger-feed the baby using artificial baby milk in the device. The mother and baby went home on day 3, finger-feeding artificial baby milk.

On day 4, mother and baby saw a private lactation consultant, who asked the mother to begin pumping her breasts with an electric intermittent breast pump and showed the parents how to spoon-feed the baby. The baby began receiving only breastmilk, but still would not latch onto the breast. In the next two days, the lactation consultant helped the mother to get the baby latched on by dripping milk onto the mother's nipple. She sucked and swallowed for 15 minutes. The next day, the baby latched on in the side-lying position and she sucked and swallowed for 20 minutes. The mother and the LC were encouraged because the baby could latch on and feed at the breast. However, on day 7, the baby again refused the breast. The parents and baby were extremely frustrated, and the mother felt rejected. Everyone agreed to take a break from trying to feed at the breast. The mother

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continued to pump her breasts, and both the father and mother finger-fed the baby.

Several days later, after a few more unsuccessful attempts to breastfeed, the lactation consultant suggested that the mother provide the baby with plenty of skin-to-skin contact and continue to offer the breast at non-nutritive times to help establish the breast as a comforting place. Feeding the baby with the tube-feeding device close to the breast was recommended.

The mother shifted to bottle-feeding on day 15. She continued pumping and was determined to feed breastmilk to her baby as long as possible. The baby was about six weeks old when the lactation consultant suggested using a nipple shield. The lactation consultant explained the risks of diminishing the milk supply, but because this baby was not latching onto the breast, the risk of her getting addicted to the nipple shield was not an issue. The second time the mother tried the shield the baby latched on and breastfed. They were able to breastfeed with the nipple shield in place.

The mother stopped pumping her breasts during the seventh week and the baby continued to gain weight, indicating an adequate milk supply. After a month of well established breastfeeding with the shield, the mother began to remove it in the middle of a feeding. During the next three weeks, the periods of breastfeeding without the shield became longer. After three weeks of weaning from the shield, breastfeeding continued without difficulty.

DISCUSSION

In the first few days of life, some babies may be slow to breastfeed. They are sleepy and uninterested, and need to put their energy into recuperating from the birthing process. They may have subtle behaviors, such as licking, nuzzling and brief latching. These babies need to smell, nuzzle, and feel warm and safe at the breast before they truly breastfeed. Healthy, fullterm babies will usually root, latch on and suck on their own if allowed to do so. A study in Sweden observed babies for two hours after birth. The infants were left on their mother's abdomens. Most of them crawled to the breast, latched themselves onto the nipple, and began to suck.[8]

Medications given to the mother during labor and birth may affect some babies.[9-12] Patience and gentle understanding by the mother and support staff are especially important.[13,14]

Some health care providers become alarmed by a baby's lack of vigorous sucking at the breast and respond with well intended actions that may interfere with breastfeeding. They may be too aggressive or forceful in attempting latch-on or they may recommend breastfeeding devices too early. Healthy, fullterm babies are prepared to survive on nutritious, low quantity colostrum in the first days of life.[15-17] The health care provider should frequently assess the baby's general health and feeding behaviors. If there is a medical reason to believe the baby is in danger a strategy should be developed for improving the baby's behavior at the breast and supplementing appropriately. If no medical reason exists, mothers and babies should be allowed time to establish breastfeeding.[13]

Aggressive actions may upset babies to the point that they refuse to go to the breast. When this happens, the mother may need to express or use a breast pump to maintain her milk supply and use the least invasive way to feed her baby. Avoiding artificial nipples will prevent nipple confusion, which can make the latch-on problem worse.[18,19] There are many alternatives to bottles, including cup, spoon, eye-dropper, and finger-feeding with a syringe or tube. In some cases a baby may become accustomed to receiving milk by an alternative method and may continue to refuse the breast. Techniques exist for enticing the baby back to the breast, but they do not always work. Some mothers pump to provide their babies with breastmilk for as long as possible.

There are three important aspects to this case report. First is the initial breastfeeding experience in the hospital. Second is the use of a nipple shield, and third is the long-term support of this mother and her determination to breastfeed.

Initially the baby was able to latch on and suck. With some gentle help with positioning, encouragement, and follow-up, this baby probably would have become more awake and hungry on her own.[13,14] The forceful attempts to get the baby attached likely were a strong negative stimulus. Use of a tube-feeding device may not have helped either. A baby who is refusing to latch on to the breast is not likely to do so with tubing attached that is awkward and difficult for the mother to manage. In any case, artificial feeding on the first day of life is unnecessary unless medically indicated,[15-17] and if there is concern expressed colostrum can be fed with a spoon or cup.

The use of nipple shields is very controversial. Previously, mothers have been given them quite casually. In this case there was nothing to lose; the baby was six weeks old and bottle-feeding. The fact that the shield worked in this case should not lead practitioners to recommend them lightly. When other

techniques for getting a baby to latch on and breastfeed do not work, a nipple shield should be considered. It is probably not necessary to wait six weeks before trying a nipple shield.

An important aspect of this case was the mother's attitude. She was committed to feeding her baby breastmilk and was willing to pump long-term. She felt positive about providing milk for her baby. Pumping preserved her milk supply. Many breastfeeding problems can be overcome with time. Preserving a mother's milk supply allows her options to be kept open.

The mother set small attainable goals for herself. At one point, she told herself she would pump and provide milk for her baby for two months. The mother felt this goal was attainable. She was always open to new ideas. The lactation consultant phoned occasionally to provide support and encouragement. Some ideas worked, and some did not. Finally something did work, but it was the mother who carried it out. The successful outcome in this case resulted from a combination of the continued support by the lactation consultant and a determined mother.

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