

Selecting and Using Breastfeeding Devices and Equipment

Selecting the proper solution to lactation management problems is a complex blend of

- the lactation consultants education and experience
- the infant's capabilities and limitations
- the mother's anatomy and physiology
- the mother's ability to cope with the situation and learn new techniques

This is a general guideline for using breastfeeding aids in various clinical situations. It is only a guide. The lactation consultant must consider all factors before recommending a plan of care. More than one problem may be present.

Often the plan of care moves from the first choice solution, if unsuccessful, to the second choice solution and if it is unsuccessful, to the next choice. This may take a matter of minutes, days or weeks. As the situation improves, the plan may move from the last choice to the next higher choice and so on, until resolution.

During treatment phase of care, move from left to right as the situation warrants, more than one intervention may be used at a time. During the recovery phase of care, move from the right to the left as the situation improves.

Please be aware that the information provided is intended solely for general educational and informational purposes only. It is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your physician for any questions you may have regarding your or your infant's medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this information.



Problem	First choice solution	Second choice solution	Third choice solution	Forth choice solution
Difficult latch-on	Correct positioning and latch-on	Curved tip syringe with milk used at the breast to entice baby to latch-on	Nipple shield to assist with latch-on. May also use curved tip syringe to assist with latch-on	Add FTD system to increase the milk flow
Breast refusal	Skin-to-skin time with mother & correct positioning and latch-on	Cup or spoon feed while continuing skin-to-skin Dribble milk over nipple	Nipple shield to assist with latch-on	Bottle - Long shank with wide base. Baby held vertically, bottle held horizontal
Sore, damaged nipples (abraded skin)	Correct positioning and latch-on	Lanolin preparation and breast shells	Temporarily use breast pump until nipples heal	Nipple shield to relieve mother's pain - short term use
Sore, damaged nipples (broken skin)	Correct positioning and latch-on	Hydrogel dressing	Temporarily use breast pump until nipples heal	Nipple shield to relieve mother's pain - short term use
Flat or inverted nipples	No intervention if nipples are flexible. Breast shells for inelastic nipples during last 2-3 weeks of pregnancy and first weeks of breastfeeding	Breast pump to pull nipples out and increase elasticity. Breast shells and/or nipple everter used near time of delivery and the first weeks of breastfeeding	Cup or spoon feed baby while skin-to-skin. Nothing else in baby's mouth	Nipple shield
Shallow latch-on Tight mouth	Correct positioning and latch-on	Nipple shield to encourage wider open mouth	Bottle - Long shank, wide base nipple. Place bottle so wide part of nipple is at infant's gum line to encourage a wider mouth while suckling	Eyedropper or spoon or cup feeding
Over-active let down Baby chokes at breast	Hand compression blocking some milk ducts during let-down, then release. Supine positioning ("Australian Hold")	Breastfeed on 1 breast per feeding - pump minimally, stopping pumping as soon as milk supply adjusts	Institute measures to reduce milk supply if over-active let-down is due to over-supply	Nipple shield temporarily until baby can handle flow

Low maternal milk supply	FTD at breast to increase infant intake and maternal breast stimulation. Correct positioning and latch-on	Pumping with hospital grade breast pump	Herbal supplements	Physician assessment of mom and prescription galactagogues
Infant displays incorrect tongue position and/or movement	No intervention if baby transfers milk well and mother is comfortable	Suck training and put baby to breast. Correct positioning and latch-on	Suck training with finger feeding and curved tip syringe or finger feeder device	Suck training with finger feeding with FTD
Infant requires supplementation due to hospital policies or medical condition	Supplement at breast with curved tip syringe or FTD	Supplement with cup	Supplement with bottle with long shank, wide base nipple. Baby held vertical, bottle held horizontal	Supplement with eye dropper or spoon
Adoptive nursing	FTD at the breast Use breast pump regularly	Supplement with bottle with long shank, wide base nipple until milk supply increases. Baby held vertical, bottle held horizontal		
Neurologically impaired baby, preemie baby, low muscle tone	Correct positioning and latch-on. Use Dancer hand position	FTD at the breast Use breast pump regularly	Use Haberman bottle	
Cleft lip and/or palate babies	Correct positioning and latch-on. Use nipple skin to fill in defect	Use Haberman bottle or cleft palate feeder. Obtain palatal obturator if used in institution		
Baby with high sucking needs, fussy baby	Allow to feed at the breast until satiated. Assure adequate weight gain	Use comfort techniques : skin-to-skin, sound, motion to soothe baby	Use pacifier after feeding to settle baby	

FTD - Feeding tube device: Commercially made device commonly called a Supplementary Nurser System or Lact-aid, or made from a 5 Fr feeding tube and a 20 cc syringe or a 5 Fr feeding tube threaded through a nipple on a bottle of milk.

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