

NEVADA WIC PROTOCOL FOR BREASTFEEDING AIDS

PURPOSE: to standardize indications for use, distribution of and follow up plans/procedures. Agency personnel will refer to an IBCLC for assessment, distribution and follow up whenever possible. Agencies with no IBCLC available for referral will complete state approved breastfeeding training and only those staff may use these aids and will adhere to the following protocol.

NIPPLE SHIELDS

Indications for use:

- Mother's milk must be in
- Full term baby unable to latch
- Inverted nipple(s)
- Flat nipple(s) with non pliable areolar tissue despite pumping/nipple stimulation to evert them

Distribution Procedure:

- Signed consent form required; one copy to participant, top copy to file
- Instructions for use and cleaning guidelines found on consent form
- Demonstration/return demonstration for usage and cleaning
- Access to baby weigh scale for follow up

Follow up Plan:

- Phone call within 24 hours.
- Follow up before and after feeding weights within 48 hours and weekly thereafter.

SUPPLEMENTAL NURSING SYSTEM (SNS):

Indications for use:

- Baby must be able to latch.
- Slow/no weight gain (expected weight gain @ 1oz/day; birth weight regained by 2 weeks of age).
- Weak suck with ineffective milk transfer as determined by pre and post weights using baby weigh scale.

Distribution Procedure:

- Demonstration/return demonstration for set up, usage and cleaning.
- Mother to document feedings; frequency and amount of supplement given with SNS.

Follow up Plan:

- Phone call within 24 hours.
- Mother may choose to use a bottle instead of SNS. Support her decision.

BREAST SHELLS

Indications for use:

- Postpartum to protect painful, sore nipples (use the backing with large opening) accompanied by assessment of and assistance with repositioning of baby and deeper latch for comfort.

Distribution Procedure:

- Demonstration/return demonstration for assembly, usage and cleaning.

Follow up Plan:

- Phone call within 24 hours to assess for improvement.