

NIPPLE SHIELD CONSENT FORM

- I understand the nipple shield is being given to me to assist me in latching my baby.
- I understand it is meant to be used as a temporary breastfeeding aid.
- I agree to bring my baby once a week, or as directed by WIC, for a weight check
- I understand it may be necessary for me to pump my breasts with a hospital grade, double electric pump after feedings.
- Keep the feeding record included with this consent.
- The purpose for, proper use of and care for the nipple shield were adequately explained to me and all my questions were answered.

Additional instructions: _____

Reason for issuance: _____

Person issuing shield: _____ Date: _____

Baby's name: _____ DOB: _____ Current weight: _____

Mother's name: _____ Telephone number: _____

Mother's Signature: _____

DATE	CURRENT WEIGHT	COMMENTS

CARE OF THE NIPPLE SHIELD

- Wash with hot, soapy water and air dry after each use.
- Microwave in the steam cleaning bag provided or wash in hot soapy water and then boil the shield for 5 minutes or run through the dishwasher once a day.