

Breastfeeding Accessories and Their Implications for Continued Breastfeeding in Infants: a Scoping Review

Acessórios para Amamentação e Implicações na Continuidade do Aleitamento Materno em Lactentes: Revisão de Escopo
Accesorios para la Lactancia Materna y Implicaciones en la Continuidad de la Lactancia en Lactantes: Revisión de Alcance

RESUMO

Objetivo: Identificar acessórios para amamentação e implicações na continuidade do aleitamento materno em lactentes. **Método:** Revisão de escopo realizada conforme os métodos do *Joanna Briggs Institute* (JBI) e os critérios do PRISMA-ScR. Com buscas realizadas em Setembro de 2023 em fontes de dados e repositórios de teses e dissertações nacionais e internacionais. **Resultados:** A amostra final consistiu em 22 estudos. Observou-se que o uso precoce ou desordenado de diversos acessórios, como chupetas, mamadeiras, bicos intermediários e conchas de amamentação, pode contribuir para desmame precoce e causar intercorrências mamárias, assim como promover alterações na sucção, afetividade e respostas do bebê, atuando como um risco de pega inadequada. **Conclusão:** Os acessórios para amamentação impactam diretamente a saúde materna e neonatal. Logo, é essencial que profissionais de enfermagem orientem adequadamente as gestantes durante o pré-natal, favorecendo aleitamento materno exclusivo até os seis meses, prevenindo intercorrências mamárias, visando à saúde integral no ciclo gravídico-puerperal.

DESCRIPTORES: Aleitamento Materno; Desmame; Mamilos; Chupetas.

ABSTRACT

Objective: To identify breastfeeding accessories and their implications for the continuity of breastfeeding in infants. **Method:** A scoping review conducted according to the Joanna Briggs Institute (JBI) methodology and PRISMA-ScR criteria. Searches were carried out in September 2023 across databases and national and international repositories of theses and dissertations. **Results:** The final sample included 22 studies. It was observed that the early or unregulated use of various accessories—such as pacifiers, baby bottles, nipple shields, and breast shells—may contribute to early weaning and lead to breast complications. These accessories may also interfere with suction patterns, bonding, and infant responses, posing a risk for poor latch. **Conclusion:** Breastfeeding accessories have a direct impact on maternal and neonatal health. Therefore, it is essential that nursing professionals provide proper guidance during prenatal care to promote exclusive breastfeeding up to six months, prevent breast complications, and ensure comprehensive health throughout the pregnancy-puerperal cycle.

DESCRIPTORS: Breastfeeding; Weaning; Nipples; Pacifiers.

RESUMEN

Objetivo: Identificar los accesorios para la lactancia materna y sus implicaciones en la continuidad de la lactancia en lactantes. **Método:** Revisión de alcance realizada según la metodología del Joanna Briggs Institute (JBI) y los criterios del PRISMA-ScR. Las búsquedas se realizaron en septiembre de 2023 en bases de datos y repositorios de tesis y disertaciones nacionales e internacionales. **Resultados:** La muestra final estuvo compuesta por 22 estudios. Se observó que el uso precoz o desordenado de diversos accesorios, como chupetes, biberones, pezoneras y conchas de lactancia, puede contribuir al destete precoz y causar complicaciones mamarias, además de alterar la succión, la afectividad y las respuestas del bebé, representando un riesgo para una mala prendida al pecho. **Conclusión:** Los accesorios para la lactancia materna impactan directamente en la salud materna y neonatal. Por lo tanto, es esencial que los profesionales de enfermería brinden una orientación adecuada durante el prenatal, promoviendo la lactancia materna exclusiva hasta los seis meses, previniendo complicaciones mamarias y favoreciendo la salud integral en el ciclo gravídico-puerperal.

DESCRIPTORES: Lactancia materna; Destete; Pezones; Chupetes.

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INTRODUCTION

The World Health Organization recommends breastfeeding for approximately 2 years, with exclusive breastfeeding for the first 6 months, a guideline also encouraged by the Ministry of Health in Brazil. This duration is adopted to ensure better nutrient absorption, protection against diarrhea, respiratory infections and allergies, as well as to promote healthy growth and strengthen the mother-child bond.¹

In the context of maternal health, in the absence of contraindications, breastfeeding significantly contributes to the mother's well-being, as it promotes uterine involution in a shorter period of time, reducing the risk of postpartum hemorrhage, favoring the recovery of pre-pregnancy weight, alleviating anemia, as well as decreasing the risk of breast and ovar-

ian cancer.²

Although there is evidence to support the effectiveness of breast milk, global breastfeeding rates remain unsatisfactory. In 2018, an analysis in 80 countries identified an average prevalence of 42% of children up to six months of age exclusively breastfed. In Brazil, exclusive breastfeeding at this age has grown significantly: from 2.9% in 1986 to 23.9% in 1996, reaching 37.1% in 2006, with a slight decrease to 36.6% in 2013. Despite the improvement, these rates are still below the targets recommended by health authorities.³

Breastfeeding is widely recognized as the best way to feed newborns, especially in the first few months. However, pregnant women, breastfeeding mothers, and parents are constantly exposed to marketing from the formula industry, which disseminates information that devalues breast milk

and encourages the use of artificial formulas. They also promote the early use of pacifiers, bottles, and accessories that hinder breastfeeding.⁴

The interaction between the use of accessories and the promotion of breastfeeding can negatively impact the continuation of breastfeeding, as it favors nipple confusion, nipple choice by the baby when faced with alternating between breast and pacifiers, early weaning, and increases the risk of fungal infections and mastitis. Therefore, it is essential that the benefits of breast milk and the risks of these accessories be addressed during prenatal care, in maternity wards, and during postpartum visits, encouraging women to avoid them and promoting the continuation of breastfeeding.⁵

Considering the social impact related to the use of accessories that influence the supply and continuity of breast milk, this study aims to identi-

fy the accessories used in the context of breastfeeding for infants and their implications.

METHOD

This study is a scoping review, developed according to the methodological processes of the JBI Institute and elaborated according to the criteria defined in the checklist Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) (Tricco, et al, 2018) and structured in five stages (Arksey H; O'Malley L., 2005).

Using a previously prepared research protocol, the five proposed methodological stages were developed: identification of the guiding research question; identification of relevant studies in the search; selection of studies; mapping and extraction of the results found; and narrative synthesis of the results (MDJ, Peters et al., 2024). The aforementioned study protocol was registered on the Open Science Framework (OSF) study platform and can be accessed via the link: <https://osf.io/7cta3>

To identify the guiding question for the review, the PCC mnemonic strategy was applied (P: population – postpartum women and infants; C: concept – use of breastfeeding accessories and C: context – breastfeeding). Based on this strategy, the following guiding research question was defined: what accessories are used in the context of breastfeeding for breastfeeding infants?

To identify the studies, a search was conducted in September 2023 in the SCOPUS, SciELO, EMBASE, MEDLINE and Google® Scholar databases, the latter focused on grey literature. In this way, it was possible to locate relevant works not identified in conventional databases. The search strategies are described in Table 1.

To define the search strategy, or-

dered descriptors registered in the Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH) were used: 1# (Aleitamento Materno; *Breastfeeding*), 2# (Desmame; *Weaning*), 3# (Mamilos; *Nipples*)

4# (Ferimentos e Lesões; *Wounds And Injuries*), 5# (Chupetas; *Pacifiers*), 6# (Enfermagem; *Nursing*). The Boolean operators AND and OR were used to perform the cross-referencing between the descriptors.

Table 1 – Search strategies in databases and grey literature. Natal, RN, Brazil, 2024.

DATABASE	SEARCH STRATEGY
SCOPUS	("Breastfeeding") AND ("Weaning") OR ("Nipples") OR ("Pacifiers") OR ("Woundsand Injuries") OR ("Nursing")
SCIELO	"Breastfeeding" AND "Weaning" OR ("Nipples") OR ("Pacifiers") OR ("Woundsand Injuries") OR ("Nursing")
EMBASE	"Breastfeeding" AND "Weaning" OR ("Nipples") OR ("Pacifiers") OR ("Woundsand Injuries") OR ("Nursing")
MEDLINE/PUBMED	("Breastfeeding") AND ("Weaning") AND (Nursing) OR ("Pacifiers")
Google® Acadêmico	Breastfeeding AND Weaning, Nipples and Woundsand Injuries, Pacifiers OR Nursing

Source: Prepared by the author, 2024.

Each database has its own particularities, and the strategies were adapted according to the database, maintaining the proposed combinations. Access to the databases was obtained through the Portal de Periódicos of the Coordination for the Improvement of Higher Education Personnel (CAPES - *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior*), via the Federated Academic Community (CAFe - *Comunidade Acadêmica Federada*).

The inclusion criteria were: complete studies that presented evidence on the use of breastfeeding accessories for infants, without restriction of language or year. Letters to the editor and abstracts from proceedings were excluded. Pre-selection was carried out independently by two reviewers in Rayyan (Ouzzani et al., 2016), based on reading titles and abstracts. Subsequently, eligible studies were read in full, with references checked to locate additional works. Disagreements were resolved by consensus, and duplicates were counted only once.

The mapping and extraction of data were carried out using a structured instrument in Microsoft Excel 2019®, containing information on publication identification, methodological aspects, objective, and main results. The critical analysis and synthesis of the studies were carried out qualitatively, described in a table. Because this was a review without human involvement, there was no submission to the Research Ethics Committee.

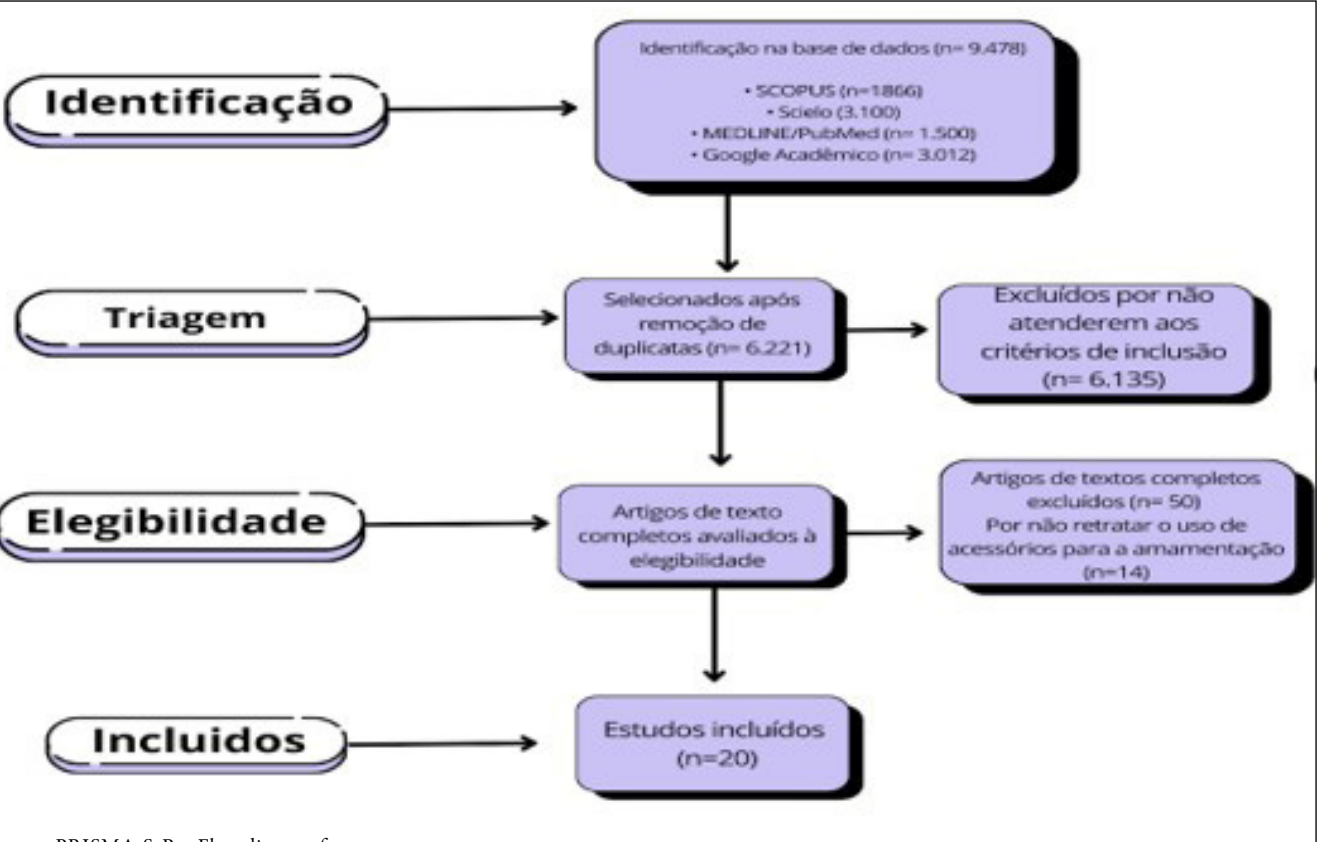
RESULTS

Initially, the search strategy in databases and Google Scholar identified a total of 9,478 works. After excluding 3,257 duplicates and 6,221 based on established eligibility criteria, 86 studies were selected for full-text reading, excluding those that did not address the research question or were not available, totaling 20 studies included in the review.

Regarding the year of publication, the studies were made available from 2017 to 2024, with 2018 being the most frequent year, with 6 (27.27%),

followed by 2017 with 5 studies (22.72%), 2020 with 4 studies (18%), and 2021 with 3 studies (13%), followed by 2023 with 2 studies (9%). It was found that Brazil had 18 (90%) of the selected publications. The predominant publication language was Portuguese, with 18 (90%) studies. Among the countries included in this study, Brazil stands out with 19 studies (86%), followed by China with 2 (10%) studies.

Figure 1 – Flowchart of the selection of identified studies, according to the PRISMA-ScR recommendations. Natal, RN, Brazil, 2024.



Source: PRISMA-ScR – Flow diagram for scoping review (adapted), 2024.

Figure 1 presents the process of searching and selecting articles according to the recommendations of the Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist.

Table 2 – Mapping the use of accessories by year.

Authors	Accessories	Implications of using the accessories
Alvarenga, et. al., 2017.	Pacifiers	Shorter duration and abandonment of exclusive breastfeeding, nipple confusion, inefficient sucking, engorgement, and nipple fissures.
Carreiro, et. al., 2018. Brasil.	Pacifiers	It can lead to engorgement, pain, fissures, and early weaning.
Martins FA, et. al., 2021. Brasil.	Artificial beaks	Develops nipple confusion.
Batista, et. al., 2018. Brasil.	Pacifiers and baby bottles	Changes in sucking, affectivity, and the baby's responses, and risk of improper latch.
Conceição, et al, 2023. Brasil.	Pacifiers and baby bottles	Promotes early weaning.
Dadalto, 2017. Brasil.	Pacifiers and baby bottles	Changes in the dental arch, difficulty in breaking the habit, and dependence and insecurity in the child when taking away the pacifier.

Rodrigues, et. al., 2021. Português. Brasil.	Pacifiers and baby bottles	Risk of early discontinuation of breastfeeding.
Pan Huang, et. al., 2017. China.	Pacifier and electric/ extractor pump	It does not directly mention the impact of breastfeeding.
Carvalho, et. al., 2018. Brasil.	Pacifier, infant formula	Early interruption of exclusive breastfeeding, decreased frequency of feedings, reduced stimulation of the nipple-areola complex, and reduced milk production.
Lima; Nascimento; Martins, 2018. Brasil.	Pacifier, infant formula	Nipple confusion.
Alves, et al. 2023. Brasil.	Pacifier, infant formula	Associated with nipple trauma/fissures and abandonment of exclusive breastfeeding.
Gasparin, et. al., 2019. Brasil.	Pacifiers and baby bottles	Nipple confusion and impaired latch and sucking.
Pereira-Santos, et. al., 2017. Brasil.	Pacifiers and baby bottles	Interruption of breastfeeding.
Silva, et al. 2020, Brasil	Pacifiers and baby bottles	Alteration in facial muscle tone and neural satiety due to non-nutritive sucking.
Saddi,, 2018. Inglês. Brasil.	Baby bottle and pacifier, nipple protector	Discouragement of natural breastfeeding.
Unfried, et al, 2024. Brasil.	Baby bottle and pacifier, nipple protector	Changes in respiratory pattern and speech impairment.
Cavalcante VO, et. al., 2021. Brasil.	Baby bottle and pacifier, nipple protector	Interruption of exclusive breastfeeding, refusal of the breast, impaired sucking, orofacial changes; fissures, pain, mastitis, duct obstruction.
Holanda; Silva. 2020, Brasil.	Baby bottle	Early weaning; damage to the development of the child's oral motor system.
Júnior; Mohr; Pereira, 2018. Brasil.	Pacifier, baby bottle, infant formula	Nipple confusion, delayed proper latch, increased risk of gastrointestinal infections and allergies, lower milk production.
	Nipple protector	Significantly higher risk of developing lactational mastitis.
Deang, et. al., 2020. China.	Protetor de mamilo	Risco significativamente maior de desenvolver mastite lactacional.

Source: Own authorship (2025).

DISCUSSION

This review identified the main accessories used during breastfeeding as: pacifiers, bottles, nipple shields, breast shells, and breast pumps. These devices have a strong impact on the continuity of breastfeeding, being associated with nipple confusion, changes in sucking and latch, reduced breast stimulation, pain, fissures, mastitis, and early weaning. It is evident that the inappropriate or premature use of these accessories, especially without professional guidance, compromises the effectiveness of breastfeeding and the mother-baby bond.

The use of artificial nipples, such as pacifiers and baby bottles, is identified as one of the main factors in abandoning exclusive breastfeeding, as it reduces the frequency of feedings and milk production, often leading to the need for artificial supplementation.⁹ On the other hand, absorbent breast pads, which are

disc-shaped and made of absorbent material, are positioned between the nipple and the bra to retain any leaking milk, preventing clothing from getting wet, which can cause discomfort and embarrassment to the woman.¹⁰

The use of nipple protectors, such as shells and absorbent pads, can cause milk buildup, creating a favorable environment for bacterial growth and infections. If used incorrectly or with the wrong size, they can put pressure on the breast, compressing the milk ducts and causing mastitis, both due to milk buildup and compression of these ducts.¹¹

Regarding silicone nipple shields or nipple protectors, these are accessories used over the nipple before the infant is brought to the breast. Indications for their use include prematurity and difficulty sucking, such as in ankyloglossia. For women, indications include flat or inverted nipples, nipple trauma, engorgement, gigantomastia, and breast tissue laxity.¹²

Considering the mechanisms of human

lactogenesis, especially phase III, called lactation maintenance (galactopoiesis), it is essential to focus on the relationship between the supply and demand of breast milk.¹³ The quantity and quality of stimuli caused by the baby's sucking are essential for the effective transfer of milk, ensuring adequate nutrition and infant growth.¹⁴

Studies show that the use of silicone nipple shields can decrease milk transfer and affect the duration of exclusive breastfeeding.¹³ Inadequate sucking impairs the stimuli needed to regulate milk production, resulting in insufficient production and making breastfeeding difficult. This can cause irritability in the baby, reduce the frequency of feedings, and lead to the interruption of breastfeeding.

Artificial nipples include pacifiers and bottles, which can be introduced together or separately. The bottle is associated with non-nutritive sucking, usually with formula, while the pacifier is used for non-nutritive sucking, with the aim of comforting and calming babies.¹⁵

Introducing artificial nipples to exclusively breastfed newborns can cause nipple confusion, as the rigidity and shape make sucking easier on a bottle or pacifier compared to the breast. As a result, the baby may lose interest in breastfeeding, which requires more effort.¹⁶

After introducing bottle feeding, the child may face difficulties sucking at the breast because, during breastfeeding, the newborn needs to exert greater sucking intensity to promote milk let-down, while the milk flow from a bottle is constant and intense throughout the feeding.¹⁷

The use of artificial nipples can impair speech production and affect breathing. While breastfeeding promotes nasal breathing, essential for a proper respiratory pattern, nipples can lead to mouth breathing, which is detrimental to child development.¹⁸ Furthermore, they are associated with mouth ulcers, candidiasis, respiratory disorders, vomiting, fever, diarrhea, cramps, increased risk of contamination, illnesses, and hospitalizations.¹⁷ Pacifier use can also reduce crying and communication of a child's needs, limiting interaction with caregivers and impairing speech and socialization, as well as increasing the risk of ear infections due to improper sucking.¹⁹

Mothers who offer artificial nipples and breast pads without proper guidance can harm both themselves and their babies, increasing the risk of pain, fissures, mastitis, and mammary candidiasis, as well as reducing skin-to-skin contact. These problems stem from nipple confusion,

improper latch, milk accumulation, and duct obstruction, potentially compromising breastfeeding and leading to the early introduction of formula.¹⁶

In Brazil, the guideline for health-care services certified under the Hospital Amigo da Criança Initiative (IHAC)²⁰. It advises against the use of artificial nipples, including silicone nipple shields, described as nipple protectors. The new Dietary Guidelines for Brazilian Children Under 2 Years Old¹ also makes this recommendation. Both publications emphasize the importance of proper latch and positioning for the prevention and management of difficulties in which silicone nipple shields are commonly used.¹⁷

Health education provides the necessary knowledge for understanding patients' needs, a fundamental element in the work of nursing professionals. When educating, especially in Primary Care, the social, cultural, and ideological contexts of pregnant or postpartum women must be considered, a factor that promotes dialogue and listening, establishing a more empathetic and collaborative relationship between health professionals and users.²¹

Therefore, the management of prenatal nursing care should be comprehensive, with a welcoming environment and strengthening of the bond between the professional and the pregnant woman. This bond increases trust, ensures the continuity of maternal-fetal care and, combined with active listening, enables educational actions that reduce fear and insecurity, promoting knowledge about

breastfeeding and preventing early weaning.²²

This approach provides women with security and reduces complications, promoting successful breastfeeding. Guidelines should address not only the benefits of breastfeeding but also the use of accessories, so that professionals can offer emotional and practical support, ensuring a more positive and successful experience.²³

Therefore, primary care is essential to promote, protect, and support breastfeeding through a comprehensive approach and transdisciplinary work. Breastfeeding brings benefits to the child, the mother, the family, and society. However, for the process to be successful, it is crucial that the woman receives adequate support from the healthcare team and her family.²⁴

CONCLUSION

The investigation revealed that the inappropriate use of breastfeeding accessories can compromise the continuity of breastfeeding, contributing to early weaning and breast problems. The importance of nurses in providing adequate guidance to mothers was highlighted, especially in the face of misinformation amplified by social media. A gap in the literature was found regarding the study of accessories such as breast shells and breast pumps, indicating the need for future research that explores the impacts of these devices on breastfeeding more broadly and thoroughly.

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