

Flat Nipples

Most nipples fit into one of three categories:

- Erect nipples stand out and are easiest for a baby to latch on to.
- Inverted nipples sink in and may, or may not, become erect with rolling or breastfeeding or pumping.
- Flat nipples do not stand out or sink in.

Flat or inverted nipples may create a challenge as a baby learns to latch.

The following suggestions may help:

Put your baby to breast for skin-to-skin contact as soon as possible after birth. Continue to make sure that your baby has skin-to-skin contact until baby is latching well.

In the hospital, put your baby to breast whenever baby shows any cues, such as smacking, licking or sucking, or at least every two to three hours during the day and every three to four hours at night. Roll your nipples gently before putting baby to breast. If baby latches and it does not hurt, keep baby at the breast. If the latch hurts, take baby off breast and try to latch again. It often helps to support your breast and create a “sandwich” for your baby to grasp on to. (See our **Latching** diagram).

If your baby is unable to grasp your nipple and areola and suckle continuously, ask a Lactation Consultant if a nipple shield would be appropriate. It is important when using a shield that your baby does not slide on and off the shield but keeps the nipple and the shield deeply in his or her mouth. It is also important that some of your breast tissue fits into the nipple shield, and inverted nipples are often too wide to do this.

You may want to wear Medela soft shells for flat nipples between feedings. They may help your nipple to become more erect.

If your baby has not started latching and suckling by eight hours of age (with or without the shield), obtain a Medela Symphony double electric breast pump and a double pump kit. Pump for ten minutes (both sides at once). You may also find that hand expression is more effective in removing the early colostrum. If just drops of colostrum gather in the bottles, add a few drops of glucose water to each bottle and swirl to mix with the colostrum. Remove the liquid with a curved tip syringe and feed to baby while he or she is sucking on your finger.

An excellent video on combining hand compressions with pumping, or hand expression alone, can be seen at: <http://newborns.stanford.edu/Breastfeeding/MaxProduction.html>

Continue frequent skin-to-skin contact with your baby. Avoid use of a pacifier.

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If your baby continues to have difficulty latching:

Every two to three hours during the day, or more frequently if your baby shows feeding cues, pump for five minutes to pull out your nipples. Stimulate your baby's sucking response if needed by stroking baby's lips gently. Offer your breast without the shield. If no latch after several tries, change positions and/or try with the nipple shield. You may find it helps if you put a bit of expressed milk inside of the shield. If still no latch, pump for 10 minutes, using breast compressions once flow stops and feed your baby the pumped milk.

At night, offer the breast when your baby wakes you, or at least every 3-4 hours. Again, if baby does not latch, pump and finger feed.

If you want to alternate finger feedings with a bottle, use a standard size (not wide mouth) slow flow nipple and encourage baby to take the entire nipple in his or her mouth.

Work with a board certified lactation consultant (IBCLC) if your baby is not regularly latching and swallowing by day 3.

If you are using a nipple shield, try offering the breast without the nipple shield at least daily. You may want to wake your baby and offer the breast before your baby is hungry and frustrated. Or start the feeding with the shield and take it off halfway through the feeding. You may also want to get in a bathtub with your baby and see if the skin to skin contact will encourage your baby to latch without the shield. IF you do use the nipple shield long term, it is important to follow your baby's weight gain to make sure baby is gaining well. Continue to encourage your baby to open wide before every latch. This will help your baby transition back to the breast without a shield.