

# 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, breastfeeding or pumping.
- Flat nipples do not stand out or sink in.

Flat or inverted nipples may create a challenge as your 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 your 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 your baby latches and it does not hurt, keep your baby at the breast. If the latch hurts, take baby off your breast and try to latch again. It often helps to support your breast and create a “sandwich” for your baby to grasp on to. Remember to support your baby’s neck and shoulders, not the back of their head. This allows their chin to come to the breast first, versus their nose. (See our information on **Latching**).
- If your baby is unable to grasp your nipple and areola and suckle continuously, ask a Lactation Consultant (IBCLC) 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 inverted nipples between feedings. They may help your nipples to become more erect.
- If your baby has not started latching and suckling by eight hours of age (with or without the shield), start hand expression or pumping with a double electric breast pump. Pump for ten minutes (both sides at once). You may find that hand expression is more effective in removing the early colostrum. Collect the colostrum in a plastic spoon or in a syringe and feed to baby.
- 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.

MilkWorks



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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 a few 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 your baby does not 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 your baby will not latch at a feeding, and you previously pumped some milk, feed baby this milk, and then pump for 10 minutes. When pumping, once your milk flow slows down or stops, use breast compressions to remove as much milk as possible. Save this milk for your next feeding.
- Another option, if you have no previously pumped milk, is to have someone else feed baby while you pump. Otherwise, if you have no previously pumped milk to feed your baby, pump after attempting to latch and feed your baby this newly pumped milk. If possible, try to have some previously pumped milk ready before you attempt a feeding at the breast.
- At night, offer the breast when your baby wakes you, or at least every 3-4 hours. Again, if baby does not latch, offer previously pumped milk via a finger feeding or bottle, and then pump. Otherwise, pump after attempting to latch and feed this milk to your baby.
- If using 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 (see our information on ***Bottle Feeding***).
- Work with a Lactation Consultant (IBCLC) if your baby is not regularly latching and swallowing by day three.
- 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 skin-to-skin contact will encourage your baby to latch without a shield. IF you do use a nipple shield long term, it is important to weigh your baby weekly to make sure your baby is removing milk and 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.

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