

Flat Nipples



Most nipples fit in one of 3 categories:

1. Erect nipples stand out and are easiest for baby to latch on to.
2. Inverted nipples sink in and may, or may not, become erect when rolling.
3. Flat nipples do not stand out or sink in.

Flat or inverted nipples may create a challenge as 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 this 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 2-3 hours during the day and every 3-4 hours at night.

Roll your nipples gently before putting baby to breast. If baby latches without pain, keep baby at the breast. If the latch hurts, take baby off and try to latch again. It often helps to support your breast and create a "sandwich" for you baby to grasp on to.

If baby is unable to grasp your nipple and areola and suckle continuously, ask a lactation consultant if a nipple shield would be helpful. **See below for instructions on how to use a nipple shield.**

If your baby has not started latching and suckling by 12 hours of age, with or without a shield, obtain a quality double electric breast pump. At least every 2-3 hours during the day, pump for 5 minutes to pull out your nipples. Stimulate baby's suckling response by stroking baby's lips. Offer your breast without the shield. If there is no latch after several tries, change positions and/or try with the nipple shield.

If still no latch, pump for 10 minutes and feed your baby the pumped milk. You can finger feed, use a bottle, or alternate the two. Use a long, slow flow nipple and encourage baby to take the entire nipple in their mouth with the lips flanged out.

See finger feeding handout.

You may want to wear Medela hobbit shells or soft shells for flat nipples between nursings.

Nipple Shields

A nipple shield should only be used if your baby will not latch without the shield OR if using the shield allows you to nurse without pain.

The shield may be re-used.

Wash in soapy water and rinse well after using.

Keep it in a baggie or a denture cup so you don't lose it. Keep it away from pets!

Rinsing the shield in water before use may help it to cling to your skin better.

Invert the tip slightly when applying to your nipple to pull your nipple into the shield.

Baby's latch with a shield should be attempted in the same manner as without it. **See latch diagram.**

Support your baby's neck and shoulders and keep baby in close once baby has latched so baby does not slide on and off the shield. Your nipple and part of your breast should be in baby's mouth. A wide mouth and deep latch is still very important. This technique can be more difficult with a shield and thus less stimulating to your milk supply.

Most babies outgrow their need for a shield.

Try offering the breast without the nipple shield at least daily.

- Try to wake your baby and offer the breast before baby is hungry and frustrated.
- Try removing the shield half way through a feeding.
To do this, slip the shield away, quickly dry the breast of milk residue so it's not slippery, and then re-latch baby to the bare breast.
- Try getting in the bath tub with your baby and see if the skin-to-skin contact will encourage your baby to latch without the shield.

If you have any difficulty stopping use of the shield, seek help from your lactation consultant.

If you do use the shield long term, it is important to follow your baby's weight gain to make sure that baby is removing milk well.