

Flat or Inverted Nipples

Mother's nipples come in many shapes and sizes. While most nipples protrude and are easy for baby to grasp, there are some variations in size and shape that make it difficult for them to nurse successfully. In order for a baby to nurse effectively, he must be able to grasp the nipple and stretch it forward and upward against the roof of his mouth. Flat or inverted nipples may make it difficult for your baby to nurse.

Because your baby forms a teat not just from the nipple but also from the surrounding breast tissue, most inverted or flat nipples will not cause problems during breastfeeding. Some types of flat or inverted nipples will cause problems, however, and there are some steps you can take to help correct the problem both before and after the baby is born.

The first thing you need to do is determine whether your nipples really are flat or inverted. You can do this while you are pregnant by performing a simple "pinch" test: Hold your breast at the edge of the areola between your thumb and index finger. Press in gently but firmly about an inch behind your nipple. If your nipple protrudes, that's great. If it does not protrude or become erect, it is considered flat. If it retracts or disappears, it is truly inverted. Nipples that are severely flat or inverted will not respond to stimulation or cold by becoming erect. If you perform the pinch test and your nipples protrude, they aren't truly inverted and will probably not cause any problems when you nurse your baby.

A truly inverted nipple is caused by adhesions at the base of the nipple that bind the skin to the underlying tissue. While the skin does become more elastic during the third trimester of pregnancy in preparation for nursing, some of the cells in the nipple and areola may stay attached.

Because the breasts function independently of each other, it is not unusual for a mother to have one flat or inverted nipple, or to have one nipple that protrudes more than the other. For the same reason, it is not unusual for a mother to produce more milk from one breast than the other.

[Seek help from a Lactation Consultant.](#)

After your baby is born, you may want to wear shells for 30 minutes before nursing in order to help draw the nipple out further. Any milk that collects during usage should be discarded and not given to your baby.

After your baby is born, you can use a breast pump to draw out a flat or inverted nipple immediately before putting your baby on the breast. Pumping can also be useful in order to break the adhesions under the skin by applying uniform pressure from the center of the nipple. If the

nipple is truly inverted, (which is usually present in only one nipple rather than both), you will need to use the pump to provide stimulation and supplement with your milk. This is especially the case if the inversions are present in both nipples. Usually, after the first few nursing, the baby's vigorous sucking will exert negative pressure and help the tissue protrude.

Useful techniques include:

Stimulating your nipple. Unless it retracts completely, grasp the nipple and roll it between your thumb and index finger for 30 seconds, then touch it with a moist, cold cloth immediately before offering it to your baby. A disposable nursing pad that is dampened and put in the freezer makes a great ice pack to help the nipple evert immediately before nursing.

Pulling back on the areola before you latch the baby on. Support your breast with your thumb on top and your other fingers underneath, and pull back on the breast toward the chest wall. This will help the nipple protrude.

Using a nipple shield. This is a thin, flexible silicone nipple with holes in the end that fits over your nipple during feedings. Nipple shields got a very bad reputation years ago when they were made out of thick rubber, and caused a significant decrease in the mother's milk supply. They were handed out freely to new mothers in order to 'reduce nipple soreness' or to get babies to nurse at the breast. Under these circumstances, they created more problems than they solved.

While nipple shields should only be used when a lactation professional recommends and supervises their use, they can be helpful in certain situations. They should be used cautiously, since their misuse can cause a decrease in the amount of milk the baby receives, as well as causing nipple confusion. A nipple shield can be useful in helping an infant latch on when other measures described above have failed. Follow up visits with the Lactation Consultant are important during this time to monitor your progress.

During your initial feedings, your baby may be able to open his mouth wide enough and suck vigorously enough to draw the nipple far into his mouth and close his gums on the areola, so the flat or inverted nipple may not present a major problem. Having someone to help you with latch on and positioning can be very helpful.

You will want to nurse as soon as possible after birth, and every 2-3 hours after that. You want to avoid engorgement, because breast swelling can cause the nipples to flatten out, making them more difficult to grasp.

During the initial learning period of breastfeeding, avoid the use of any artificial nipples. Supplement with alternative feeding methods, because the baby who is learning how to nurse, especially on a nipple that isn't the ideal shape



for nursing, is more likely to become nipple confused.

If feedings become stressful, stop and comfort your baby. Try rocking, swaddling, walking, giving him your finger to suck, or offer him some expressed milk until he settles down. You want him to associate feedings with positive feedback, not negative. Supplementing your baby or using a nipple shield temporarily is preferable to having a baby who screams every time you open your nursing bra.

Many mothers with flat or inverted nipples experience some degree of nipple soreness. You may experience soreness as the nipple is drawn into the baby's mouth, and the adhesions are stretched or broken. After feedings you may apply a thin coating of Lansinoh and/or use Soothies.