



## FLAT NIPPLES

*Most nipples fit in one of three categories:*

***Erect nipples*** – they stand out and are easiest for baby to latch on to.

***Inverted nipples*** - they sink in and may, or may not, become erect with rolling.

***Flat nipples*** - they 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 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 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 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.**
- **If 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.
- **You may want to wear Medela thera shells** (previously “hobbit shells”) or 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 12 hours of age** (with or without the shield), obtain a Medela Symphony or Lactina double electric breast pump and a double pump kit. Pump for 10 minutes (both sides at once). If just drops of colostrum gather in the bottles, add a few drops of glucose water to each bottle, swirl to mix with the colostrum, and combine in one bottle. Remove with a curved tip syringe.
- **You may feed this expressed colostrum** (or a colostrums mixed with glucose solution) to your baby with the syringe while she/he is sucking on your finger.
- **Continue frequent skin-to-skin contact with your baby.** Avoid use of a pacifier.
- **If baby continues to have difficulty latching:** every 2-3 hours during the day (or more frequently if baby shows feeding cues) **pump for 5 minutes to pull out your nipples.** Stimulate 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 in the shield. If still no latch, pump for 10 minutes and feed your baby the pumped milk. As your milk starts to come in, your baby may take up to 2 oz. (60 cc).
- 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 long, slow flow nipple and encourage baby to take the entire nipple in their mouth.
- **Work with an International Board Certified Lactation Consultant (IBCLC)** if your baby is not regularly latching and swallowing by day 4.
- **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 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 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 do use the shield long term, it is important to follow your baby for good weight gain. Also, continue to encourage your baby to open wide before every latch. This will help your baby to transition back to the breast without a shield.