Breastfeeding, Inverted Nipples

Some women have nipples that are naturally inverted. The nipple turns inward instead of protruding when the edge of the areola is compressed. Flat nipples do not protrude when they are cold, stimulated, or compressed. Inverted or flat nipples can sometimes make it harder to breastfeed. Your baby can have a harder time latching on. In order for breastfeeding to work, your baby needs to latch on to both the nipple and the breast. Even inverted nipples can work just fine. Very large nipples can make it hard for the baby to get enough of the areola into his or her mouth to compress the milk ducts and get enough milk.

- Know what type of nipples you have before you have your baby. That way you can be prepared, in case you have a problem getting your baby to latch on correctly. To test your nipples, gently compress the areola about one inch behind the base of the nipple, and see if it protrudes. If the nipple protrudes outward it is not truly inverted and no special intervention is needed. If it turns inward, it is a truly inverted nipple.
- Talk with a lactation consultant at the hospital or at a breastfeeding clinic for extra help if you have flat, inverted, or very large nipples.
- Focus on learning good positioning and latch on skills before your baby is born, and in the weeks following. This is critical if you have flat or inverted nipples.
- Breastfeed early and often. This will help minimize engorgement (*uncomfortably full breasts*). It will also allow the baby to practice latching and feeding while your breasts are still soft (before your milk "comes in"). Many babies will continue to do well when the breasts fill with milk and become more firm, if they have had plenty of practice before this happens.
- Sometimes a lactation consultant can help inverted nipples to be pulled out with a small device, before your baby is brought to your breast. Using a breast pump for a minute or two before breastfeeding may also serve this purpose.
- In many cases, inverted nipples will protrude more as the baby starts to latch on and as time passes. The baby's sucking will help. Practice, patience, and gentle persistence usually pay off in time.
- Flat nipples cause fewer problems than inverted nipples. Good latch on and positioning are usually enough to ensure that a baby latched to a flat nipple will breastfeed well.
- Avoid artificial nipples in the early weeks, including bottles and pacifiers. These may confuse the baby and make it more difficult for him to latch effectively to the breast.
- The latch for babies of mothers with very large nipples will improve with time, as the baby grows. In some cases, it might take several weeks to get the baby to latch well. In cases where the nipple is large or the baby has difficulty latching effectively, it may be necessary to pump both breasts with an electric breast pump. This is to help draw the nipple out and to maintain the milk supply, until the infant is able to latch correctly. A lactation specialist can help you choose an effective pump that is right for you.

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