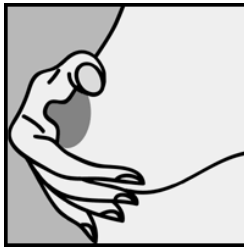


## Breastfeeding: Nipple Types

### Different women have different nipples...

- ◆ How successful you will be with breastfeeding does not depend on the shape of your nipples.
- ◆ There are basically three nipple types: protruding, flat, and inverted. It is possible for a woman to have two different types of nipples – example: one flat, one protruding.
- ◆ Nipples may change over your pregnancy and with each breastfeeding experience.
- ◆ The type of nipple can be determined by squeezing the areola about 2.5 cm behind the base of the nipple. If it protrudes, it is a protruding nipple. If it is flat, it is a flat nipple. If it retracts it is an inverted nipple. Ideally, this should be done in the last three months of your pregnancy.



Protruding Nipple



Flat Nipple



Inverted Nipple

### Does it Matter What Kind of Nipples I Have?

- ◆ Babies at birth do not have any particular expectation of what a breast and nipple should look or feel like.
- ◆ Babies breastfeed, **not** nipple feed. The type of nipple will **not** affect the amount of milk your body makes.
- ◆ A protruding nipple helps a baby to get a better grasp of the areola and stimulates baby to suck. Some babies have more difficulty latching on flat or inverted nipples.

### How to Cope with Flat or Inverted Nipples

#### Latching Your Baby

- ◆ It is important to draw out the nipple and soften the area around the nipple and areola before feedings. This can be done by:
  - ✓ Pumping prior to feeds - if your nipples are deeply inverted latching may be painful - use a hospital grade pump to draw them out
  - ✓ Massaging the nipple – roll nipple between thumb and index finger
  - ✓ Applying a cold cloth to the breast

- ◆ Express some breast milk onto the nipple to motivate your baby to latch and give an immediate “reward”
- ◆ Good positioning is essential if your baby is not latching well. Make sure you have someone skilled at breastfeeding help you position your baby correctly for feeds.
  - ✓ Hold baby close to you, tummy to tummy. Positions where the breast “falls” into the baby’s mouth may help. For example, have baby on the table or floor with you leaning over him.
  - ✓ Support the base of baby’s neck so that the head tilts back slightly.
  - ✓ Support your breast using a c-hold or u-hold (thumb on top and 4 fingers below). Pull back slightly on the breast tissue to help your nipple protrude. Gently pressing your index finger below your breast, close to the areola without interfering with the baby’s latch, may cause your nipple to “pop out”.
  - ✓ Wait for open mouth, bring baby quickly to breast (not breast to baby)
- ◆ If baby gets upset, stop and calm him – offer him a finger to suck on or walk with him until he is settled. Then try again.
- ◆ If baby is not effectively sucking after latching on the breast, use breast compressions to encourage a longer feed. Compress the breast down towards the nipple using the c-hold. This will express some milk into the baby’s mouth to stimulate him to suck. Continue to do this each time the baby stops sucking.

## General Tips

- ◆ Avoid giving any artificial nipples (bottles or pacifiers) – your nipples will then be “normal” for your baby.
- ◆ Feed your baby frequently (every 2-3 hours) to prevent engorgement – engorgement flattens your nipples more and makes it more difficult for your baby to latch.
- ◆ Most mothers have one nipple that is easier to grasp. If your baby nurses well on one breast, you may want to continue nursing on that breast while pumping on the other side to maintain your milk supply.
- ◆ Some types of inverted nipples contribute to nipple soreness. The nipple retracts between feedings, causing the skin to stay moist and this leads to chapping. Pat the nipple dry after feeding and apply Lansinoh or Purelan cream.
- ◆ If your baby is refusing the breast, spend the day in bed with him. The extra skin to skin contact will be pleasurable for your baby and will give him many opportunities to attempt latching in a relaxed environment.
- ◆ If baby is unable to latch, make sure you maintain your milk supply by pumping with a hospital grade electric breast pump at least 8–12 times/24 hours.
- ◆ A nipple shield can sometimes be used to stimulate your baby to suck. However, a nipple shield will result in a decreased milk supply since there is less contact with the breast. If you are using a shield you will still need to pump 4–6 times/24 hours to maintain your milk supply.