

8 NEWBORN FEEDING

8.2 BREASTFEEDING CHALLENGES

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8.2.1 Flat or inverted Nipples
Section B
Clinical Guidelines
King Edward Memorial Hospital
Perth Western Australia

8.2.1 FLAT OR INVERTED NIPPLES

AIM

To provide staff with the information to assist a woman with flat or inverted nipples to breastfeed successfully.

POSTNATAL MANAGEMENT OF NIPPLE VARIATION:

1. Keep mother and baby skin-to-skin for as long as is medically possible after birth. Teach the mother to watch her baby for early feeding cues, e.g., mouthing, hand to mouth, rapid eye movement.
2. If baby is unable to attach effectively, record on variance sheet 'MR 261.10 Flat or Inverted Nipples'.
3. Express the colostrum and feed the baby by cup or finger feeding. Regular expression 8-10 times (using hands, an electric pump or a combination of both) in 24 hours will be necessary to establish lactation. See Clinical Guidelines, Section B, 8.3.1). Ensure only a gentle even pressure is exerted on the breast tissue by the shield of the electric pump and ensure the correct size shield is used. Reassure the mother that with the onset of lactogenesis II she will start to obtain expressed milk.
4. Continue to offer breast regularly before expressing.
5. If the baby cannot attach to the breast and no colostrum can be expressed continue to offer skin-to-skin contact. Use the double pump with Symphony and the correct sized shield.

Note: Formula feeds may need to be medically ordered until lactation is established if no milk can be expressed.

NIPPLE SHIELD USE

- Once lactogenesis Stage II has occurred, a nipple shield may be effective in enabling breast attachment¹⁻³
- The Lactation Consultant or an experienced midwife should review feeding prior to using/introducing nipple shield.⁴
- See [Clinical Guidelines, Section B 8.3.2 Use of nipple shields](#).

DISCHARGE PLANNING:

1. Continue the Flat / Inverted Nipple Variance Sheet MR 261.10 and give to the mother to take home.
2. Arrange breast pump hire. Provide a nipple shield to be introduced by the Visiting Midwife where appropriate.
3. Arrange a follow-up appointment in the Breastfeeding centre.

REFERENCES

1. Walker M. **Breastfeeding Management for the Clinician - using the evidence.** Jones and Bartlett; 2010.
2. Watson C. **Supporting sucking skills in breastfeeding infants.** Jones and Bartlett; 2008. p. 37.
3. Wilson - Clay B. **The Breastfeeding Atlas.** 4th ed; 2008.
4. Jonanna Briggs Institute. Breastfeeding: Flat or Inverted Nipples and the use of Nipple Shields. 2011.
5. Chetok IR. Reexamination of ultra-thin nipple shield use, infant growth and maternal satisfaction. *Journal of Clinical Nursing.* 2009 18(21) p2949-55.