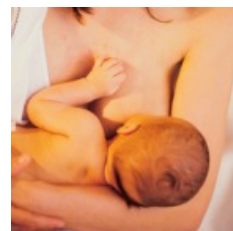




Possible Problems: Inverted, Flat, or Pierced Nipples

Inverted or Flat Nipples

One breast characteristic you should certainly point out to your obstetrician and pediatrician is inverted or flat nipples. Inverted nipples retract inward toward the breast instead of protruding out when the areola is gently squeezed. Flat nipples neither retract nor protrude but remain more or less flat. When not compressed, some inverted nipples appear normal. Others contain a small dimple or may have a clear indentation at all times. You can test your own nipples by gently compressing the areola about one to two inches behind the nipple. If your nipples draw inward or remain flat, tell your obstetrician and pediatrician.



Inverted nipples, and to a lesser extent flat nipples, can create a problem during breastfeeding by making it more difficult for the baby to properly latch on to the breast. In some cases, inverted nipples may actually impede the flow of milk. They are also more prone to injury of the nipple surface. Fortunately, a woman with inverted or flat nipples can still breastfeed if her nipples can protrude outward with stimulation. In addition, inverted and flat nipples sometimes become sufficiently everted, or normally protruding, on their own during pregnancy, so that by the time the baby is born, breastfeeding can proceed without problems. Even if the nipples don't evert on their own, this characteristic should not prevent most women from successfully breastfeeding their children.

Some methods used in the past to correct inverted nipples during pregnancy may actually reduce breastfeeding success and are no longer routinely recommended. These include using breast shells—plastic cups with a hole in the center that are pressed against the breasts, leaving the nipples exposed. (Breast shells may be helpful after childbirth, although their benefit has not been proven in studies.) Manual exercises to encourage the nipples to protrude, called nipple rolling, have no effect. Experts now agree that it is best to wait until after childbirth to address inverted nipples—but your medical support team certainly should be informed about your situation to better guide you.

Pierced Nipples

In most cases, pierced nipples do not interfere with breastfeeding, though any rings or studs should be removed prior to a breastfeeding session to prevent choking. If your piercing became infected at the time of the piercing or later, inform your doctor. Such infection, as well as any scarring that may have occurred, can make nursing more difficult. While breastfeeding, some of your milk may leak through the pierced hole. This is usually not a problem, but if you have any questions, be sure to ask your pediatrician or a lactation specialist to check that your baby is nursing well.

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The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

[Back to Top](#)