

Interrupting breastfeeding is rarely necessary, even in cases of extreme soreness.

In most cases, mothers with sore or cracked nipples will find that breastfeeding is no longer painful once they have achieved good positioning and latch-on.

In the rare instances when the mother feels her nipple soreness is interfering with her relationship with her baby, she can express her milk and feed the milk to her baby for a short time by using one of the alternative feeding methods described in “The Use of Breast Pumps and Other Products.” Make sure that the method of expression she chooses is gentle but effective and will not contribute to her soreness.

Swallowing blood from damaged nipples will not harm the baby.

Assure the mother that any blood her baby swallows from damaged nipples will not be harmful to him. Emphasize that finding the cause of her nipple damage will allow her to correct it, so that her damaged nipples can heal and the bleeding will no longer be a concern.

Assure the mother that sore nipples do heal and that she and her baby can go on to enjoy the benefits of breastfeeding for many months.

A mother who is experiencing a lot of discomfort from sore nipples will need reassurance about the benefits of breastfeeding that make it worthwhile to continue. It may take patience and determination to discover the cause of her nipple soreness and help the nipples to heal if they have been seriously injured.

## FLAT AND INVERTED NIPPLES

### Types of Nipples

Flat nipples are those that do not protrude or become erect when stimulated or cold.

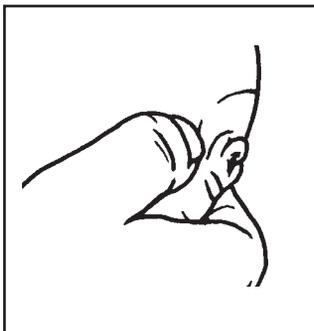
A true flat nipple is one that cannot be compressed outward (see the next point) and does not protrude or become erect when stimulated or cold. If the mother discovers during pregnancy that she has flat nipples, encourage her to use the treatments mentioned in the next section to help draw out her nipples.

If the mother first notices a flat nipple after her baby’s birth, consider the possibility that it may be due to engorgement, as this can flatten a protruding nipple. Or the mother’s areola may be swollen due to excess fluids from IVs used during her labor.

If the nipple becomes erect or protrudes when stimulated or compressed, it needs no treatment before breastfeeding begins.

Inverted nipples retract rather than protrude when the areola is compressed.

The mother can determine whether or not she has true inverted nipples by gently compressing the areola about an inch (2.5 cm) behind the base of the nipple. If her nipple protrudes, it is not truly inverted and no special treatment is needed. If the nipple retracts, or becomes concave, it is a true inverted nipple.



*Inverted nipple*

There are different types of inverted nipples, which may explain in part why the literature offers different explanations of their causes. According to one widely held theory, nipple inversion is caused by tiny bands of connective tissue, called adhesions, which attach the nipple to the inner breast tissue and pull in the nipple. Another theory attributes nipple inversion to very short lactiferous sinuses, which draw the nipple inward (Chandler 1990). Another theory holds that nipples invert because there is less dense connective tissue beneath the nipple than is found in women with everted nipples (Terrill and Stapleton 1991; Schwager 1974).

If the mother discovers an inverted nipple during pregnancy, she can try the treatment options listed in the next section to draw out her nipple before her baby is born. She should also concentrate on learning good positioning and latch-on skills and plan to get good breastfeeding help in the early weeks of breastfeeding.