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Treatment of Inverted Nipples Using Disposable Syringe

Unless recognized and corrected, inverted nipples can result in failure of lactation since, sucking is the most important stimulus for initiating and maintaining adequate breast milk supply. Inverted nipples must be recognized and corrective treatment instituted antenatally. Hoffman's exercise, breast shells, sucking on the nipple by mount and using a breast pump are some of the methods practised. We at the Department of Pediatrics have been using a simple device for the management of inverted nipples.

The Device

The *Figure* shows how the device is prepared. The nozzle end of a 10 ml disposable syringe is cut off (Step one) and the piston is introduced from the cut end side (Step two), as the cut end is ragged. The mother applies the smooth end to her areola and pulls on the piston gently for about a minute (Step three). Nipple will protrude into the syringe. She releases it reducing the traction. When the nipple has protruded, the baby should be put to breast. The baby can now easily 'latch' on to the breast. The nipple might retract slightly, but with each attempt, nipple protrusion improves.

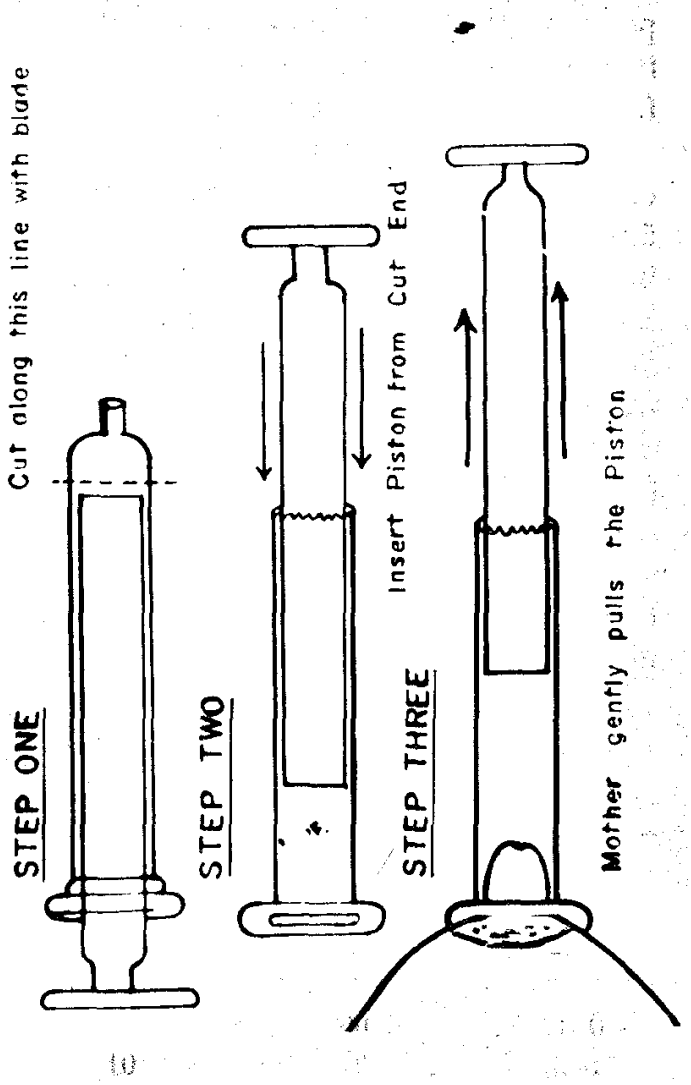

Fig. Step I. Take a 10 ml disposable plastic syringe, remove the piston and cut the nozzle end of the syringe (about 1 cm from nozzle end) as shown along the dotted line in the photograph.

Step II. Insert piston from cut end side.

Step III. Mother applies the smooth end to her nipple and areola and gently pulls on the piston. Nipple everts into the syringe.

The procedure should be repeated several times a day for 3 to 5 days. This will

permanently correct the retraction due to two actions: (*i*) Suction by the syringe, followed by (*ii*) Sucking by the baby.

We have used this procedure in 35 cases of inverted nipples and in 34 we have been successful in establishing breastfeeding. *Table* shows that all except one mother were able to get the baby to latch on the breast by 1 to 4 days. The time interval between use of syringe and establishment of full breastfeeding varied from 3 to 7 days in all except one case. Failure in one case was due to severe invertion due to tethering of nipples. On follow up, all the babies were continuing to breastfeed and nipples had permanently everted.

TABLE–*Showing Time Needed for Initiating and Achieving Full Breastfeeding.*

No. of days	Time to successfully latch on breast	Time to full breastfeeding
0–1	00	00
1–2	07	01
2–3	17	06
3–4	10	18
4–5	00	07
5–6	00	02
6–7	00	00
7–8	01	01
Total	35	35

With this method, the struggle of putting the baby to the breast experienced by the team of doctors, nurses and mothers came to an end so quickly, that we did not resort to any other method. Hence, there were no mothers belonging to control group in this study.

Breast pumps are expensive and they can't provide steady pressure. Hoffman's procedure is not very effective. Nipple shields give nipple confusion and also carry risk of infection. Sucking at breast by older children is not feasible as older children often refuse to suck on the breast. The device we have described has been successfully used in the last two years. It is effective in corrective the inverted nipples.

I have received personal communications from Pediatric and Obstetric colleagues who were encouraged to use this method. They have successfully initiated breastfeeding by using this method in patients with inverted nipples. This simple method, can be used at home and can also be taught to peripheral workers.

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Polioparalysis in Immunized and Unimmunized Children

Despite agressive vaccination programmes in India, like the expanded programme of immunization and universal immunization programme, physical disability due to poliomyelitis continues to be a significant problem in India. It is estimated that in India about 2.4 million children have been handicapped by poliomyelitis and 70,000 newborn children develop the disease every year(1). Recently, there have been diverging views on effects of partial immunization on the severity of muscle paralysis in poliomyelitis(2-5). To clarify this situation in our setting this study was undertaken.

This was a retrospective study of 40 cases of poliomyelitis diagnosed clinically admitted to the Pediatric Department in