THRUSH AND BREASTFEEDING

Breastfeeding provides enormous health benefits for mothers, babies and families. Human breastmilk is the ideal food for babies, and exclusive breastfeeding is recommended for the first six months of life. The risks and benefits of any medication, and the benefits of breastfeeding should be considered if a breastfeeding mother requires medication.

Vaginal Thrush in Breastfeeding Women

Vaginal thrush infection occuring during pregnancy which is not diagnosed or adequately treated will usually persist after childbirth. In new mothers with extreme stress or fatigue, or who have been treated with antibiotics, the thrush infection can actually get worse. It may be further complicated if a mother has stitches to repair a perineal tear or episiotomy.

Treatment of Vaginal Thrush

The recommended treatments for vaginal thrush in breastfeeding women are the same as those recommended for pregnant women (link to Thrush in Pregnancy factsheet).

Thrush in Babies

The *Candida* organism which causes thrush can be passed on to your baby during or after the birth. As newborn babies' immune systems are still maturing, they are more susceptible to infections, and premature babies have an even greater risk of developing thrush. Thrush is usually seen as cottage cheese–like plaques inside the baby's mouth on the gums, cheeks and palate. These resemble milk curds, but are not easily removed. If the baby's mouth is sore, it may be difficult to feed properly. Thrush plaques are also sometimes seen in the nappy area if a baby has nappy rash. In many cases, thrush will clear up without any treatment, but if symptoms persist it is advisable to discuss appropriate treatment with your child health nurse, doctor or pharmacist. Nystatin oral drops and miconazole oral gel are the recommended treatments and are recommended for the treatment of oral thrush even in very young babies.[1]

Nipple Thrush in Breastfeeding Women

A mother's nipples can become infected if oral thrush is not treated in her breastfed baby. This is more likely in mothers with cracked or grazed nipples (usually due to poor attachment of the baby when breastfeeding), in those who have been treated with antibiotics, or who have had recent vaginal thrush infection themselves.

Nipple thrush is difficult to diagnose, but symptoms include[1]

- Severe pain in both breasts while breastfeeding, which may continue for some time after breastfeeding, and typically described by mothers as stabbing, shooting or deep cords of pain.
- Flaky, sensitive skin on nipple and areola.
- Red or shiny areola.

Thrush infection in the milk ducts in the breast is even more difficult to diagnose and some researchers have questioned whether ductal thrush infection actually exists, as it is hard to culture *Candida* from breast milk samples. A lactation consultant or a health care professional

with appropriate breastfeeding knowledge should observe a mother breastfeeding to rule out other causes of nipple pain before diagnosing a thrush infection in the breast.[2]

Treatment of Nipple Thrush[1]

It is important to treat both the mother and baby at the same time to prevent re-infection.
Topical antifungal preparations are recommended as first line treatment in breastfeeding.
A small amount of nystatin cream or miconazole cream should be applied to the nipple after each breastfeed (or every 3-4 hours during the daytime). These antifungal agents are more effective if massaged into the nipple and areola for a few minutes, and do not need to be washed from the nipple before the next breastfeed. Any excess cream can be gently wiped away with a cream tissue. Both mother and baby need to be treated for a week or even longer, though the breast pain and other symptoms should show some improvement within 2 – 3 days.
NB. A topical cream preparation is preferred, as the oral liquid and gel are not formulated for skin application[3] and are less likely to be effective. Moreover, miconazole gel can cause skin irritation in some mothers when applied directly to the nipple.
If symptoms do not improve with topical treatment, women are advised to consult their medical practitioner. There are prescription antifungal medications, shown to be effective in treating thrush in the breast which are considered safe to take while breastfeeding.[1,4]

Ask your midwife, doctor or pharmacist for the brand names of these medicines.

Additional measures to help prevent thrush[1,3]

Change breast pads often, as the thrush organism thrives in a moist and warm environment.
Wash hands thoroughly, particularly after each nappy change.
If using a dummy, boil dummies daily and replace every week.
Use a separate towel for each family member and wash towels daily.
Dietary changes such as reducing the level of sugar and yeast in the diet are often tried to reduce the incidence of thrush, however there is no evidence that these are effective.
Some mothers find that taking an acidophilus supplement helps to control thrush.

References

1. The Royal Women's Hospital. Policy, Guideline and Procedure Manual. Breast and Nipple Thrush. Melbourne 2013. Available from https://thewomens.r.worldssl.net/images/uploads/downloadable-records/clinical-guidelines/breast-and-nipple-thrush.pdf
2. Mannel R, Martens P, Walker M, editors International Lactation Consultant Association. Core Curriculum for Lactation Consultant Practice, 3rd ed. Massachusetts: Jones and Bartlett; 2012.
3. The Breastfeeding Network. Thrush and Breastfeeding. Paisley, Scotland; 2013. Available from http://breastfeedingnetwork.org.uk/dibm/Thrush_and_Breastfeeding_Feb_2013.pdf
4. Hale TW. Medications and Mothers' Milk. 15th ed. Amarillo TX: Hale Publishing; 2012.

Other resources

1. RWH Candida Guide in Nipple or Breast (algorithm) https://thewomens.r.worldssl.net/images/uploads/downloadable-records/clinical-guidelines/breast-and-nipple-thrush.pdf
2. Link to MotherSafe "Thrush in Pregnancy" factsheet

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