NSW Medications in Pregnancy & Breastfeeding Service

THRUSH IN PREGNANCY

Information in this leaflet is general in nature and should not take the place of advice from your health care provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect.

What is a thrush infection?

Thrush (also known as "yeast") is a common fungal infection of the vagina caused by excessive growth one of the *Candida* species. *Candida albicans* is the organism in most cases[1]. It is quite normal to have *Candida* living in the gut and mucous membranes (including the vagina), although this usually produces no symptoms. However, *Candida* can multiply when conditions are favourable. Thrush is twice as common in pregnant woman compared to those who are not pregnant, as higher oestrogen levels increase the chance of developing vaginal thrush. *Candida* also thrives after treatment with a broad-spectrum antibiotic, or in women with raised blood sugar levels, especially those with diabetes.

Symptoms of vaginal thrush

Many women have *Candida* present in the vagina, but are unaware because they have no symptoms. When the organism multiplies, symptoms can then develop. The typical symptoms are itching, stinging and burning, with redness of the vulva and a thick, white, odourless vaginal discharge. However, self-diagnosis is not reliable. It is highly recommended to consult a doctor to confirm diagnosis before starting treatment, as it may be necessary to have a swab taken for microbiological testing. This is especially important if symptoms do not improve after treatment or infection recurs. Other species of *Candida* may be present, and these may not respond to the commonly used antifungal treatments.

Issues for pregnancy

There is a possible link between the presence of vaginal *Candida* and premature birth. Researchers are currently investigating whether treating women with asymptomatic vaginal thrush is effective in reducing spontaneous preterm birth. Hopefully, these studies will show if eradicating *Candida* in pregnancy helps to reduce the rate of preterm birth and late miscarriage. Symptomatic vaginal thrush is not harmful to the developing baby, but the infection is debilitating, and women are advised to use effective treatment during pregnancy. There is also a risk that the *Candida* organism can be passed to the baby during childbirth.

Diet & lifestyle changes

There are many factors that are thought to contribute to a woman developing vaginal thrush, though there is very little research on this topic. Wearing tight pants or synthetic underwear may encourage thrush. It is generally recommended that woman avoid vaginal douching or using perfumed or antiseptic products in the vaginal area[1]. There is limited research to support dietary changes, but oral probiotics and a low sugar diet are often suggested for women who have repeated thrush infections.

Medicines recommended [1,2,3]

All these medications are available over the counter from a pharmacy.

1. **Vaginal antifungal preparations** are the treatments of choice in pregnancy. There is reassuring safety information from animal and human studies, and these medications are all classified Category A in pregnancy[4]. In addition, systemic absorption is very low.
- **Clotrimazole** 1% cream – one applicatorful inserted into the vagina at night for 6 days.
- **Clotrimazole** 100 mg pessary - one pessary inserted in the vagina at night for 6 days.
- **Miconazole** 2% thrush cream - one applicatorful into the vagina once daily for 7 days.
- **Nystatin** 1000,000 units/dose - 1 applicatorful into the vagina twice daily for 7 days OR daily at bedtime for 14 days.
- Vaginal applicators may be used with care in pregnancy.
- 6-7 days of treatment is more likely to be effective than shorter courses.
- Vaginal creams and pessaries are most conveniently used at night just before going to bed. Wearing a sanitary pad overnight will soak up any leaking medication.
- These antifungal products are well tolerated, but very rarely can cause a skin allergy. Nystatin has a very low rate of side effects, but may be less effective treatment.

2. **Oral fluconazole** is considered second line treatment in pregnancy, and may be required if topical preparations fail to treat vaginal thrush or a woman does not tolerate topical therapy. Fluconazole is a Category D medication[4] as it has been associated with birth defects at continuous high dose (more than 400mg daily) in early pregnancy. However, studies show that there is no increased risk with fluconazole 150mg as a single oral dose, particularly when taken after the first trimester of pregnancy.[1,4,5]
3. **Hydrocortisone** (a low-potency topical corticosteroid), applied sparingly and short-term to the vulval area helps relieve redness or itch and is considered safe in pregnancy.[1,4]

Ask your midwife, doctor or pharmacist for the brand names of these medicines.
It is important to use the recommended dose and see your doctor if symptoms persist.

Partners

It is not considered necessary to treat sexual partners, as thrush is not a sexually transmitted infection. However, if a woman has recurrent thrush infection, it is advisable that her partner is tested and treated if infection is present.

References

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