Breastfeeding Challenges - Thrush -

SCOPE (Area): Maternity, Emergency, Paediatrics
SCOPE (Staff): Medical, Midwifery and Nursing

DESIRED OUTCOME/OBJECTIVE

To provide effective and early treatment for nipple and breast thrush infections during lactation.

DEFINITIONS

Thrush: A fungal infection caused by the candida albicans organism.

ISSUES TO CONSIDER

Thrush Infection

Thrush may affect the mother or the baby – or both. Regardless, both mother and baby will need to be treated to avoid repeated transfer of the infection between mother and baby, and to reduce the duration and severity of the infection.

Predisposing Factors

Sometimes there is no obvious reason for the development of thrush infections. However, the following factors do increase the chances of developing nipple and breast thrush infections during lactation:

- A history of vaginal thrush, particularly during late pregnancy.
- A history of long term or frequent antibiotic use / recent course of antibiotics, particularly during the perinatal period.
- Nipple damage.
- Maternal illness, stress, poor nutrition and vitamin deficiencies.
- Diabetes, thyroid or adrenal disorders.
- Steroid use: eg prednisolone, hydrocortisone
- Wearing synthetic or tight clothing.

Symptoms

Symptoms may vary widely and may include some or all of the following:

Mother

- Burning, stinging nipple pain and itching.
- Burning shooting breast pain radiating from the nipple back into the breast, sometimes into the back and down the arm.
- Nipples may appear mildly inflamed, shiny, swollen. Occasionally there may be traces of white in the folds. Often the nipples will appear normal.
Nipple and breast pain may be felt during or after feeds, or may be continuous. Pain may range from mild to severe and may be in one or both nipples. Pain may be worse fifteen minutes after the feed.

- Persisting nipple pain/damage despite correct attachment.
- Sensitivity of nipples to touch.

**Baby**

- Mild oral thrush – a white film adhering to the tongue, gums, buccal mucosa or roof of the mouth.
- Baby may pull on and off the breast due to oral discomfort if the infection is severe.
- Bright red nappy rash which may progress to small pustules. The skin on the buttocks may be inflamed, scaly or peeling.

**PROCEDURE**

Inform the woman that she will need to be very diligent in following all the directions given to her in order to manage and treat the thrush – and to prevent re-infection.

**Management**

**Breast management**

- Assess breastfeed to ensure correct positioning and attachment.
- Oral analgesia before feeds if required.
- Commence feeding on least affected side first.
- Express and feed EBM to baby by alternative means if pain severe. Consider alternating feeding with expressing.
- Air dry nipples after each feed.
- Change breast pads regularly.
- Air nipples in between feeds when possible, or wear breast shells.
- Avoid wearing a bra at night.
- Avoid synthetic bras and underwear in favour of cotton, this allows more air circulation.

**General Management and Hygiene**

- Consider treatment of partner – topical antifungal treatment of the penis.
- Advise use of condoms until all thrush symptoms disappear.
- Treat any local infections of the nails and feet. These are common sites of fungal infections.
- Emphasise importance of good handwashing.
- Use of fresh bath towel daily.
- Wash nappies, towels, breast pads, bras and underwear in very hot water. Dry in sunlight if possible.
- Use clean bra every day.
- Boil dummies, teats, breastpump kits and teething toys every day. Change dummies and teats regularly.

**Dietary Management**

Temporary dietary changes should be advised, particularly if the infection is not resolving.

- Reduce sugar and foods containing large amounts of sugar from the diet.
- Reduce or eliminate yeast products from the diet.
- Introduce acidophilus, either from natural yoghurt, capsules or powder.
- Increase garlic, zinc and vitamin B intake, consider supplements.
- Avoid all alcohol.
- Reduce dried fruits, grapes, cantaloupe, peanuts and other high glycaemic index foods.
- Avoid drinks with a high sugar content – Yakult, fruit juice.
- Drink plenty of water.
- Eat a well balanced diet.

Treatment

Mother
1. Oral antifungal medication
   → Fluconazole 150mg one tablet every second day for three doses.
   → Telephone review with Lactation Consultant after 1 week.
   → Followed by Nystatin 500,000 units per tablet / capsule, 2 tablets / capsules 3 times per day for 7-10 days.
   → If symptoms still persist Fluconazole course may need to be repeated.
   → If breast pain does not respond to Fluconazole reconsider the diagnosis or consider oral Ketoconazole (as the infection may be caused by non-albicans Candida which may be resistant to Fluconazole).

2. Topical antifungal cream
   → Nystatin or Miconozole cream
   → Apply cream to nipples and areola four times a day following a feed for 2 to 3 weeks and at least 1 week after symptoms have resolved.
   → Cream does not have to be wiped off before the next feed unless the baby wants a top up very soon after application.

Baby
1. Oral antifungal medication.
   a. Miconazole gel – drug of choice
      Using gel correctly
      → Use the spoon supplied to measure a ¼ teaspoon dose. The spoon is NOT to be used for administering the gel.
      → Using a clean finger, apply small amounts of gel to the inside of the baby’s cheeks, roof of mouth and over the tongue.
      → Apply the gel four times a day after feeds for one week then once a day for a further two weeks.
   b. Nilstat drops – not as effective as gel
      → Apply 1ml to the baby’s mouth four times a day for one week and then once a day for a further two weeks.

2. Antifungal ointment applied to buttocks if rash present. Allow baby to go without nappy where possible to allow air to circulate to buttocks.

Alternative nipple treatments

- Solution of bicarbonate of soda: one teaspoon bicarb to one cup of cooled boiled water. Keep in fridge and rinse nipples after each feed. Air dry then apply antifungal cream.
- Solution of vinegar: one tablespoon of vinegar to one cup of cooled boiled water. Rinse nipples after each feed, air cry, then apply antifungal cream.
Unresolved Thrush

- If not resolving check for presence of underlying bacterial nipple infection, dermatitis, eczema, psoriasis or vasospasm of nipple.

Follow-up

- Patient will need ongoing support from the Breastfeeding Support Unit and a Lactation Consultant until symptoms resolve.

RELATED DOCUMENTS

Internal

CGP/B029 Breastfeeding the Healthy Term Newborn

REFERENCES


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