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Thrush FAQs for mothers

The information provided is taken from various reference sources. It is provided as a guideline. No responsibility can be taken by the author or the Breastfeeding Network for the way in which the information is used. Clinical decisions remain the responsibility of medical and breastfeeding practitioners. The data presented here is intended to provide some immediate information but cannot replace input from professionals and voluntary breastfeeding personnel.

Q. How can I be sure that I have thrush in the breast?

A. It is very difficult to confirm the presence of thrush in the breast. Taking surface swabs or breastmilk samples does not always show growth of the organism that causes thrush. Typically the pain is worse after a feed and may go on for an hour or more. It may hurt to touch your nipples or to bear the feel of clothing against them. The pain normally starts after a pain free period of breastfeeding. Thrush is a diagnosis of exclusion, that is consider every other possible reason for nipple pain before treating as thrush – see sheet on diagnosis of nipple pain

Q. I have never had a pain free breastfeed. Could I have thrush?

A. It is unlikely that all the pain you are experiencing is due to thrush if you have never been able to feed your baby without pain. It is likely that your baby is not as well attached to the breast as he/she could be. Ask for help from a breastfeeding expert. No matter what others can see, if it hurts you, it isn't right. However if you have developed sore nipples and cracks from poor positioning and have had antibiotics recently, you may also have thrush. Once your baby is feeding well you may notice a different pain after the feed. This may be due to thrush and need treatment. There are other, more unusual causes of breast and nipple pain. Someone experienced in helping breastfeeding mothers should be able to identify if any of these are likely.

Q. Will I need to wash the cream off my nipples before I feed my baby?

A. If you apply a smear of cream after you have fed your baby, it is unlikely that there is enough remaining on the nipple at the next feed to cause any harm. Washing the nipples may cause more damage by removing the natural moisturiser. If you can see any cream, wipe it off gently before feeding your baby, otherwise carry on. If you can see cream on the nipple at the next feed you are applying too much, remember it should be a smear, similar to the amount of lipsalve used to treat sore lips. You should apply the cream sparingly to both nipples, after every feed.

To find your nearest Breastfeeding Supporter call the Supporterline 0300 100 0210

Calls to 0300 numbers cost no more than calls to UK numbers starting 01 and 02 and will be part of any inclusive minutes that apply to your provider and call package

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Q. How often should I use the medicine for the baby's mouth?

A. Apply the drops or gel four times a day, after feeds. Try not to touch the dropper on the baby's tongue. Make sure the drops or gel reaches all parts of the baby's mouth, particularly between the gum and the cheeks which is where breastfed babies tend to develop thrush. Apply the gel GENTLY, in small amounts at a time until all surfaces are covered.

Q. My baby does not have any signs of thrush; do I still need to treat him?

A. If your baby has a white tongue in the first few weeks of his life, but you are not experiencing any pain when feeding, be aware of the possibility of thrush infection but do not treat immediately. Some babies seem to have white tongues which cause no problems at all. If you are experiencing nipple pain after feeds (No pain on attachment or through the majority of the feed) your baby needs to have his mouth treated at the same time as your nipples are treated, even if you cannot see any obvious signs of thrush. If you do not do so you will pass it backwards and forwards to each other. It is important that you treat the baby regularly after feeds, even if that means waking him to do so.

Q. The doctor says that fluconazole should not be taken by breastfeeding women, but you are saying carry on feeding. Why is that?

A. Fluconazole is not licensed to be given to breastfeeding women. That means that the manufacturer has not chosen to include breastfeeding when applying for the licence to manufacture and sell the drug. It is licensed to be given directly to children in doses which are higher than those which the baby would receive through breastmilk ⁽¹⁾. A recent paper also reports its safe use in very tiny babies over longer periods ⁽²⁾.

Many GPs are unhappy about prescribing any drug which is unlicensed because they have to take ultimate responsibility for use and should there be any adverse effects would be liable to pay full costs. If they do not have sufficient information to be able to guarantee safety they should not prescribe it. Whatever decision they make they are trying to do the best for the patient from their perspective. We hope that the full list of references on the leaflet and below aid decision making

Q. I was told that fluconazole might affect my baby's liver. I'm scared of hurting him.

A. Fluconazole can affect the liver if given over prolonged periods but there have been no reports of this in the doses used to treat deep breast thrush ⁽¹⁾. One report measured the liver function of a mother and baby over 6 weeks of therapy and found no significant changes ⁽³⁾.

Q. How can I make sure I get rid of the pain in my breast?

Make sure that your baby is correctly attached to the breast and draining it properly. Seek information and help from someone who is skilled in helping women with breastfeeding. Ideally someone should sit with you through an entire feed to watch the baby as he/she comes to the breast, watches the feed and sees the shape of the nipple when the baby comes away from the breast. Sometimes books and pictures are not enough.

Avoid antibiotics unless you really need them.

If you need antibiotics take probiotic capsules to restore the natural balance of bacteria in your body.

Apply an anti-fungal cream to your nipples after every feed (miconazole cream appears to be most effective).

Apply the drops or gel to your baby's mouth four times a day, coating all the surfaces and not just the tongue. If the dropper touches the baby's mouth, sterilise it before replacing it in the bottle.

Take painkillers if you need to, to cope with the pain – paracetamol or ibuprofen will help and are safe for your baby whilst you are breastfeeding. See information sheet on *Analgesics and Breastfeeding* which can be downloaded from www.breastfeedingnetwork.org.uk/thrush-and-breastfeeding.html

If the pain persists deep within the breast, despite repositioning you may need to take a course of oral medication for 10-14 days (single doses are not sufficient). Fluconazole 150mg immediately then 50mg twice daily for 10 days (may be increased to 400mg at once and 100mg twice daily ⁽¹⁾).

See BfN leaflet "*Breastfeeding and Thrush*" which can be viewed at www.breastfeedingnetwork.org.uk/thrush-and-breastfeeding.html *Single printed copies available free on receipt of a Stamped Addressed Envelope, Available from BfN PO Box 11126, Paisley PA2 8YB*

See www.breastfeedingnetwork.org.uk/free-leaflet for more information.

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