

# Thrush and Breastfeeding Information 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.*

## Optimal treatment choice

- **Swab mother's nipples and baby's mouth to confirm thrush**
- **Ensure breastfeeding and particularly latch are pain free**

## If swabs positive:

- **Topical treatment**
  - **Miconazole oral gel applied gently a small amount of time to baby's mouth four times a day**
  - **Miconazole cream applied sparingly to mother's nipples after every feed and not washed off**
- **If symptoms persist**
  - **Ongoing topical treatment plus**
  - **Oral fluconazole tablets 150-400mg as a start dose and 100-200mg daily**

*"I had been breastfeeding without problem for 5 months then suddenly developed terrible pains after every breastfeed. I hadn't changed anything and I was very confused. I noticed my baby's tongue was white. The doctor took swabs of my nipples and my daughter's mouth which confirmed we had thrush. It cleared up with treatment within a week"*

*"I was told I had thrush when my baby was 4 weeks old but I could feel her clamping onto my nipple to slow my really fast flow. I went to see someone else who helped me to sort out my baby's attachment at the breast and the pain went without any medicines."*

*"Who'd have thought such pain could stem from just an incorrect latch on. He fed for longer and it definitely didn't hurt as much afterwards. I'll keep on working to improve the attachment."*

## Signs of thrush in you

Thrush (*Candida albicans*) infection can affect a mother's breast while she is breastfeeding but it is being over-diagnosed at the moment. Symptoms of thrush are a sudden start of breast and/or nipple pain in BOTH breasts after some weeks of pain free breastfeeding – pain is severe and can last for an hour after EVERY breastfeed. It should be confirmed by a swab of your nipples.

**To talk to a mum who knows about breastfeeding call the National Breastfeeding Helpline 0300 100 0212**

*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.*

Thrush should not be diagnosed if:

- There is pain in only one breast/nipple
- You have never had pain free breastfeeding
- If your nipples are shaped oddly after breastfeeds
- If your nipple is white at the tip after breastfeeds
- If the pain is different at different times of the day
- If your baby has a tongue tie which you are waiting to have snipped.

[www.breastfeedingnetwork.org.uk/differential-diagnosis-of-breast-pain/](http://www.breastfeedingnetwork.org.uk/differential-diagnosis-of-breast-pain/)

### **Signs of thrush in your baby**

- Creamy white patches in your baby's mouth, on the tongue and may be far back or in the cheeks. Patches do not rub off.
- Baby's tongue/lips may have a white gloss

It should be confirmed by a swab of the baby's mouth.

### **If you think you have thrush**

Before treating either you or your baby you should ask the person supporting you with breastfeeding to watch a full breastfeed from the moment the baby goes to the breast to the moment he/she comes away from the breast at the end of the feed. They need to look at your nipples at the end of the feed to look for change in colour and shape

If your baby has a white tongue but you are not experiencing pain, be aware of the risk of thrush but do not treat either of you immediately. Some babies have white tongues in the first few weeks after birth or this may be associated with tongue tie where the milk is not thrown to the back of the mouth.

If breastfeeding itself hurts check this information: [www.breastfeedingnetwork.org.uk/if-breastfeeding-hurts-05-may-2015/](http://www.breastfeedingnetwork.org.uk/if-breastfeeding-hurts-05-may-2015/)

Diagnosis should be confirmed by nipple swabs cultured for fungal and bacterial infection

**BREASTFEEDING SHOULD BE PAIN-FREE from the point of attachment (the moment the baby goes to the breast) onwards.** (Pain from thrush begins after a feed). There should be no change in the shape or colour of the nipple after a feed. Even good attachment can often be improved and help to relieve symptoms of pain.

### **Other causes of nipple pain:**

- attachment of the baby to the breast may need fine-tuning
- eczema including reactions to breast pads or creams
- tongue-tie in the baby
- Reynaud's syndrome (associated with history of poor circulation and pain made worse when cold)
- white spot which produces pin-point pain
- bacterial infection which appears as a yellowy, thick discharge
- vasospasm which is associated with less than perfect attachment of the baby at the breast and produces white nipples (particularly at the tip) after breastfeeds

[www.breastfeedingnetwork.org.uk/if-breastfeeding-hurts-05-may-2015/](http://www.breastfeedingnetwork.org.uk/if-breastfeeding-hurts-05-may-2015/)

## Self-help measures

- Thrush can be passed between you and your baby – and also between you, your partner and other children
- Anecdotally some mothers find acidophilus capsules can help to restore bacteria which can keep thrush under control (available from health food stores or chemists)
- It is necessary to be very careful with hygiene in order to get rid of thrush completely – be sure to wash your hands well after each nappy change
- Use a separate towel for each person in the family
- Anecdotally some mothers find reducing the level of sugar and yeast in their diet helps

**IMPORTANT** – To make sure that you get rid of thrush infection, both you and your baby need treatment. Usually once treatment begins the pain and other symptoms will begin to improve within 2 or 3 days. It may take longer for full recovery.

**If there is no improvement at all after 7 days, consult your breastfeeding helper again as the cause of the pain may not be thrush.**

## Treatment

Ongoing attention to positioning and attachment because even the best latch can slip a little sometimes.

- Miconazole cream applied to your nipples after every feed – sparingly and without washing off before the next feed
- Miconazole oral gel applied gently to your baby's mouth 4 times a day a small amount at a time

If symptoms persist you may need fluconazole 150-400mg as a loading dose followed by 100-200mg daily for at least ten days. This is rarely necessary if your baby is less than 6 weeks old and could cause vomiting and stomach pains.

More detailed information can be found at [www.breastfeedingnetwork.org.uk/thrush-detailed](http://www.breastfeedingnetwork.org.uk/thrush-detailed).