THRUSH IN LACTATION

AIM
To provide information on the diagnosis and treatment of thrush in lactation.

KEY POINTS
1. Breast and nipple thrush is the overgrowth of Candida (of which there are many strains), in the nipples and breast ducts, which can cause significant breast and nipple pain\(^1\). Without early diagnosis and treatment the pain of maternal thrush infections may lead to early weaning.

2. It is important to differentiate between thrush and a staphylococcal infection\(^2\). See Clinical Guideline Nipple Trauma.

3. The mother may have a past history of:
   - antibiotic treatment antepartum, intrapartum or postpartum\(^3\)
   - vaginal thrush.

4. The nipple/areola area may be burning or stinging during and after feeds.

5. The nipples may appear pink, shiny and are often tender to touch.

6. The areola may be red, dry or flaky.

7. The pain may be localized to one nipple or breast.

8. Shooting, stabbing or deep aching in the breast during and after feeds can be perceived as candidiasis\(^4\), however it is vital to exclude staphylococcal infection.

9. The baby may have:
   - oral signs of thrush such as white oral plaques in the mouth, either on the tongue or inside lips and cheeks
   - a red papular rash with satellite lesions around theanus or genitals\(^4\).

MANAGEMENT
- If mother or baby have signs of Candida growth then both should be treated simultaneously\(^5\).
- Expressing is an option if feeding is too painful.
- Nipple swabs and milk samples should be taken and sent to the laboratory for microscopy, culture and sensitivity to ensure there is no bacterial infection.
PHARMACOLOGICAL TREATMENT OF NIPPLE/BREAST PAIN

Apply miconazole cream to nipples after each feed\textsuperscript{6,7}.

Fluconazole can be purchased over the counter at retail pharmacies. A full course of fluconazole 150mg (once every second day, for 3 doses) is recommended if\textsuperscript{5,7}:

- there is a history of persistent thrush.
- a deep aching breast pain is present\textsuperscript{5}.

PHARMACOLOGICAL TREATMENT OF BABY:

If mother has signs and symptoms of thrush but baby has none, probiotics can be used.

Miconazole oral gel (Daktarin)\textsuperscript{6}

**Note:** In May 2006 Janssen –Cilag issued an alert advising pharmacists not to supply Daktarin oral gel for use in infants under 6 months of age. The medication itself was not the problem but the risk of a young baby choking when the gel was administered by teaspoon.

Healthcare providers must ensure that the client understands how to apply the product safely. If the client is unsure about the application she can be advised to use Nilstat oral drops. It should be noted that the drops are not as effective for oral thrush as the gel\textsuperscript{8}.

- Use for oral thrush or if the baby has a red papular nappy rash with satellite lesions.
- Administer a quarter of a teaspoon, 4 times a day:
  - applied with a clean finger or cotton bud, to the inside of the cheeks and over the tongue

Candidal nappy rash treatment

- Miconazole (Daktarin®) or Miconazole with zinc (Resolve®) cream over the affected area.

ADDITIONAL RECOMMENDATIONS\textsuperscript{9}

- Treat any other site of fungal infection in the whole family, i.e. vagina, nappy rash, feet.
- To prevent the spread of thrush, wash your hands thoroughly after nappy changes and before and after applying any creams/lotions/gels.
- Clean any expressing equipment, teats, dummies thoroughly after use and boil for 5 minutes or steam sterilize. Dummies should be replaced weekly.

Nipple and breast care

- Keep nipples dry by frequently changing breast pads
- Avoid the use of cloth breast pads
- Wash towels, bras, etc., in hot soapy water and air dry outside
DIETARY RECOMMENDATIONS

- It is important to maintain a healthy, well balanced diet.
- Try to reduce or omit the intake of the following foods:
  - Refined sugars and saturated fats
- Try to increase the intake of:
  - Probiotics, Garlic, Zinc and B. Vitamins

Probiotics have been demonstrated to reduce candidiasis in a variety of infections.

REFERENCES (STANDARDS)


RESPONSIBILITY

Policy Sponsor Nursing and Midwifery Director- OGCCU
Initial Endorsement November 2008
Last Reviewed January 2016
Last Amended Amended Sept 2017 (dietary recommendations)
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