



CLINICAL PRACTICE GUIDELINE

Breastfeeding challenges: Thrush in lactation

This document should be read in conjunction with this [Disclaimer](#)

Aim

- To provide information on the diagnosis and management of thrush in lactation as detecting and diagnosing *Candida albicans* can be difficult and there are numerous nipple and breast pain causes.

Key points

1. Breast and nipple thrush is due to an overgrowth of *Candida* (there are many strains), on the nipples and in the breast ducts, which can cause significant breast and nipple pain. Without prompt diagnosis and treatment the pain of maternal thrush infections may lead to early breastfeeding cessation.
2. **It is important to differentiate between thrush and a staphylococcal infection.** See Clinical Guideline Breastfeeding Challenges: [Nipple Trauma](#).
 - When nipple trauma is present research suggests that a bacterial infection is more likely and the mother may benefit from appropriate antibiotic management.
3. Thorough history and physical examination is required.
 - **The mother** may have a past history of:
 - Nipple trauma
 - A predisposition to candida infections
 - Antibiotic treatment antepartum, intrapartum or postpartum
 - Vaginal thrush
 - The nipple/areola area may be burning or stinging during and after feeds.
 - The nipples may appear pink, shiny and are often tender to touch.
 - The areola may be red, dry or flaky.
 - The pain may be bilateral or localised to one nipple or breast
 - Shooting, stabbing or deep aching in the breast during and after feeds can be perceived as candidiasis, however it is vital to exclude staphylococcal infection.

4. **The baby** may have:

- Recent use of antibiotics
- Oral signs of thrush such as white plaques on the gums, cheeks and palate
- A red papular rash with satellite lesions around the anus or genitals
- A white appearance of the tongue is often a milk coating and may be indicative of poor tongue movement not thrush

Management

- Corrective position and attachment is important to resolve nipple pain and trauma and to ensure adequate drainage and an ongoing milk supply
- Expressing and giving expressed breast milk 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.
- If mother or baby have signs and symptoms of Candida growth then both should be treated simultaneously.

Pharmacological treatment of nipple/breast pain

Apply miconazole **cream** to nipples after each feed. Removal is not indicated as this may cause further nipple trauma and the medication is compatible with breastfeeding (poor oral absorption).

Fluconazole can be purchased over the counter at retail pharmacies. A course of fluconazole 150mg (once every second day, until breast pain is resolved¹) is recommended if:

- There is a history of persistent thrush
- A deep aching breast pain is present

Pharmacological treatment of baby

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

Miconazole oral gel (Daktarin)- see [Neonatal Drug Protocol: Miconazole](#)

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 nystatin oral drops. It should be noted that nystatin drops are not as effective for oral thrush as miconazole oral gel.

- 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:
 - apply with a clean finger or cotton bud, to the inside of the cheeks and over the tongue

Candida nappy rash treatment

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

Additional suggestions

- 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 expressing equipment, teats and 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 suggestions

- It is important to maintain a healthy, well balanced diet.
- Try to reduce the following foods:
 - Refined sugars and saturated fats
- Consider taking Probiotics, Garlic, Zinc and B vitamins. Probiotics have been demonstrated to reduce candidiasis in a variety of infections.

References

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Related WNHS policies, procedures and guidelines

Obstetrics & Gynaecology guidelines:

- Newborn Feeding: Breastfeeding and Breastfeeding Challenges

[Neonatal Medication Protocol: Miconazole](#)

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