Phone: 01702 710131

1643 London Road

Leigh on Sea

Essex

SS9 2SQ

#### Tel 01702 710131

Thrush

The hidden deterrent to breast feeding

**How is the baby treated?**

The baby should be treated for oral thrush regardless of whether symptoms are present. This prevents cross infection.

Nystatin drops or Daktarin oral gel should be given after each feed for 10 days.

Peri-anal Thrush should be treated if present.

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Thrush is a yeast-like fungus, which inhabits the mouth, gastrointestinal tract, and vaginal in 80% of healthy individuals. It is not usually found on the nipples or within breast tissue, but during lactation, thrush (candida) can invade these tissues causing extreme pain. Without effective treatment and relief, the woman may abandon breastfeeding prematurely.

***How do women get thrush of the breast?***

 Vaginal candida can infect the baby’s mouth during vaginal birth. The baby then infects the mother’s breast when feeding, this results in a “ping-pong” effect between mother and baby.

 Nipple damage allows access for the organism to travel up to the lactiferous ducts and alveoli.

 A past history of long term antibiotics or a recent course, eliminates bacterial competition and allows an opportunist growth of thrush.

***What are the mothers symptoms?***

 Severe shooting type breast pain, deep within the breast is the classical symptom.

 The pain usually begins with the milk ejection reflex, continues throughout the feed and may last for several hours after the feed.

 The nipples remain sore despite correct positioning.

 The areola is inflamed and a rash with tiny blisters may also be present.

# *What is thrush?*

**How is the mother treated?**

**Superficial treatment of nipples and areola:**

Canestan (clotimoxazole) cream or Daktarin (miconazole) cream applied after each feed for 10 days. The cream does not need to be washed off before the baby feeds.

**Systemic treatment of thrush within the breast:**

Nystatin oral solution 100,000units four times per day for 7 to 14 days.

Or

Fluconozole tablets 150mgs stat followed by 50mgs for 10 days.

It has been reported that Fluconozole is rapidly effective in curing deep breast pain and reoccurrence is rare, whereas Nystatin can take up to 10 days to relieve breast pain and reoccurrence is not uncommon.

**What advice should be given to women?**

 Continue breastfeeding on demand.

 Ensure breast pads are changed frequently.

 Bras and washable breast pads, towels and nappies should have a separate hot wash or one cup of white vinegar should be added to the rinse water.

 Dispose of any milk that has be expressed during the thrush outbreak, freezing does not kill the bacteria.

 Pacifiers, nipple shields or plastic toys should be washed and sterilised.

 Advice on the importance of personal hygiene: hand washing after nappy changes and breastfeeding. Use separate towels for each family member.

 Advice early treatment of vaginal thrush.

**What advice should be given to women?**

 Oral thrush (strongly associated with causing thrush of the breast.

 Perianal Thrush.

 The baby is fussy at the breast and keeps pulling away during the feed because of its sore mouth.

 The baby is windy, fretful and difficult to settle.

It is important to note that the baby may not display any of the above symptoms.