

Breastfeeding with Thrush

Hertfordshire Community NHS Trust

Unit 1a Howard Court

14 Tewin Road

Welwyn Garden City

Hertfordshire AL7 1BW

Phone: 01707 388 000

Fax: 01707 321 840

www.hct.nhs.uk

References

EMC MEDICINE 2014 Daktarin oral gel (updated 08/12/2014) accessed 02/08/2015

Jones W 2013 Breastfeeding and Medication .Routledge

Jones W & The Breastfeeding Network 2014 Thrush & Breastfeeding

NICE 2014 (National Institute for Health and Care Excellence) Clinical Knowledge Summaries Breastfeeding Problems. Accessed 02.08.2015



USEFUL CONTACTS

www.hertsdirect.org/breastfeeding

National Breastfeeding Helpline 0300 100 0212

National Childbirth Trust 0300 330 0771

Breastfeeding Network Support line 0300 100 0210

Association of Breastfeeding Mothers Helpline 0300305453

La Leche League 0845 120 2918

The Breastfeeding Network Support in Bengali/SYLHETI 0300 456 2421

Candida albicans, commonly known as thrush, is one of the most painful breastfeeding conditions and is caused by a fungal infection. Thrush always occurs in **BOTH** breasts and usually present following a period of pain free feeding. Mothers describe the pain as intense , like feeding through broken glass ,nipples feel sensitive and sore.

BREASTFEEDING SHOULD BE PAINFREE from the moment the baby attaches to the breast.

It is important that a breastfeed is observed by your health visitor, midwife or volunteer breastfeeding supporter to ensure that the baby is attached well to the breast as the most likely cause of pain is ineffective attachment and not Thrush.

Signs and symptoms for the mother

Nipples / areola

- Itching ,burning or stinging of the skin over the nipples / areola for a period of time which is unresponsive to position change
- Colour change of the skin of the nipple / areola becoming bright pink following feeds
- Skin of the nipple/areola may appear shiny, moist / soggy
- Cracked nipples that will not heal
- Nipples may be sensitive to the cold and touch.

Other helpful measures

- Use the treatment as prescribed and continue to breastfeed.
- Wash your hands frequently especially after nappy changes. Thrush can be passed between you and your baby.
- Wash clothing that comes into contact with the breast and towels in hot water. Hot water will kill thrush, cold will not.
- Replace breast pads regularly
- Steam sterilise or boil (for at least 20 minutes) all items such as dummies, teats, nipple shields, plastic toys and bottles during the infection.
- As thrush survives in cold temperature, breastmilk should not be frozen as mother and baby may be re-infected.
- Taking a probiotic (Jones & BFN 2014) may help restore your bodies own normal bacteria, particularly if a course of antibiotics has recently been prescribed.

Baby

Nystatin oral suspension

This is the first line of treatment for the baby. A dose of 1ml following feeds 4 times daily usually for 7 days should be dropped into the mouth with the aim of covering the tongue and inside of the cheeks. (continue use for 48 hours after symptoms have cleared). It is important to ensure that the dropper does not come into contact with the baby's mouth as this may contaminate the remaining medicine.

Alternative treatment for baby

Miconazole Gel

This product may be prescribed by a General Practitioner (GP) or an Independent Prescriber (Practice Nurse)

Instructions for use :

Use 2.5 ml twice daily smeared around the inside of the babies mouth using a clean finger .The dose may be divided into smaller portions to prevent choking.

Miconazole Gel should never be given from a spoon.

If symptoms do not improve after treatment your baby may be referred to your GP for further assessment.

Breast

- Deep pain that often subsides during the feed, only to return following feeds (pain from thrush begins after the feed).
- Shooting / stabbing pain in the breast.
- **There should be no change in the colour or shape of the nipple following feeds : this is likely to indicate poor attachment.**
- Your baby may become windy, fretful and fidgety during feeds.
- Your baby may pull away from the breast and appear uncomfortable.

Signs and symptoms for the baby

- Your baby may have signs of thrush in the mouth .This looks like white patches particularly on the inside of the cheeks and tongue that cannot be wiped off .In the early weeks some babies have white tongues which is not related to thrush but how they feed.
- Your baby's lips may appear white
- Your baby may have a nappy rash—a red rash with red spots The skin may look as though it is peeling.
- Your baby may become windy, fretful and fidgety during feeds.
- Your baby may pull away from the breast and appear uncomfortable.

Treatment

To prevent reinfection it is important that both you and your baby are treated simultaneously, even if only one show symptoms of thrush. Once treatment has been started symptoms should improve within 2-3 days. Treatment should NOT be stopped before 10-14 days. Some mothers experience a recurrence of the pain for about 24 hours around day 7-10. Continue with the treatment as prescribed.

Mother

Miconazole Cream 2%

This is the first choice of antifungal cream. A small amount of the cream is applied sparingly to the nipples/areola twice daily following breastfeeds. Try to allow at least 12 hours between treatments. It is important to continue treatment for 10 days after symptoms have cleared. There is no need to wash the breasts before feeds as any cream not absorbed will be left on the breast pad or clothing. However, any visible cream should be removed prior to the next feed.

Clotrimazole 1% may be used as an alternative treatment. Please follow the same application advice for **Miconazole Cream 2 %**.

Always check the product information leaflet before use and inform the dispensing pharmacist of any previous sensitivity to any topical agents.

For the treatment of severe persistent deep breast pain following topical treatment

This may require treatment with oral antifungal medication prescribed by the GP. Please consult your Health Visitor, midwife or local breastfeeding support group for further advice.

How long does it take for the pain to go away ?

- Once treatment has started for both mother and baby the pain will usually improve within 2-3 days.
- There may be a period of approximately 24 hours 7-10 days after starting treatment when the pain recurs. Following this, pain will normally improve. It is important to continue the treatment until symptoms have cleared
- If your symptoms do not improve within 7 days please speak to your Health Visitor. The cause of pain may not be caused by thrush.

It is important that a full breastfeeding assessment is completed .This should include the observation of a feed.