



# Thrush /Yeast Infection

## What is Thrush?

Thrush is a common infection caused by an overgrowth of yeast which grows normally on the mucous membranes and the skin.

It can occur on the nipples or in the breast of a nursing mother and in the mouth or on the diaper area of her baby.

Often a yeast infection in the baby's mouth spreads to the mother's nipples during nursing. Thrush can persist for several weeks or longer, and may recur occasionally. Sometimes only the mother or baby will have symptoms. Many times, however, both will develop symptoms of thrush eventually unless both are treated at the same time.

## Symptoms in the Mother

- cracked nipples which do not heal
- itchy, burning or tender nipples – may be very painful during and between nursing
- shooting pains in the breast during or after feedings
- red or bright pink nipples which may be flaky and slightly swollen
- symptoms may begin suddenly after a long period of pain-free nursing
- deep breast pain.

A breastfeeding mother is more likely to develop thrush when she has had one or more of the following:

- a baby with thrush in his mouth or on the diaper area
- recent treatment with oral or IV antibiotics
- several episodes of mastitis
- nipple damage before being exposed to thrush from baby
- has recently had a vaginal yeast infection
- diabetes.

## Symptoms in the Baby

- diaper rash: raised, red, sore-looking pustules or scalded-looking buttocks  
and/or
- creamy white patches on the inside of the mouth, on the gums, inside the cheeks, or on the tongue. These patches do not rub off.

Baby may also refuse to nurse, may pull off of the breast repeatedly, or be fussy and have more gas than usual.

## Suggestions for the Treatment of Thrush

Thrush is not a serious condition but it may be very painful for the breastfeeding mother. Breastfeeding can and should continue during treatment.

**Both baby and mother should be treated at the same time even if only one has symptoms.**

### Mother:

1. After each feeding at the breast, rinse your nipples with clear water. Air dry or use a hair dryer on low setting. Yeast grows quickly on the sugar in the milk and in moist, dark areas. Then apply a topical antifungal cream such as Nystatin (Nilstat). Other options may be Clotrimazole (Canesten) or Miconazole (Monistat).  
How to use:
  - rinse nipples with water
  - air dry well
  - apply the cream to nipples and areola sparingly
  - gently massage the cream into the entire area of the nipples
  - continue for the entire time your infant is being treated even if your symptoms have disappeared.
2. Expose your nipples to sunlight briefly (3 to 5 minutes) twice a day.
3. Wash your hands frequently, especially before and after feeding. Use paper towels to dry.
4. Use washcloths and towels only once before washing them.
5. Change nursing pads after every feeding – use disposable pads without plastic coating, if possible, and throw them out after each feeding.
6. Wash your bra daily.
7. Wash all bras, breast pads, nightgowns, etc. (anything that comes in contact with your nipples). Add 1 cup of white vinegar to the rinse water. Dry in a dryer at high setting or hang it in the sun to dry.
8. Do not save milk expressed during a thrush infection to be frozen and fed later. Yeast is not killed by freezing. You may feed your baby any fresh milk you have expressed.
9. If you are using a breast pump, wash all parts well with hot, soapy water after each pumping session. Each day boil (for 5 minutes) all parts that come in contact with the milk.
10. If you also have a vaginal yeast infection your sexual partner may also need treatment.

#### **Suggestions for making nursing less painful during a thrush infection:**

- Shorter, more frequent feedings will be more comfortable.
- Begin nursing on the least sore side. Switch to the sore side after a letdown has occurred.
- Position your baby carefully at the breast, especially if he is fussy and pulls off the breast during feedings.

## Baby:

### 1. Thrush in the mouth:

Your doctor will prescribe oral antifungal drops to be used 4 times a day for 14 days. In some cases you will need to continue the treatment longer for all the symptoms to disappear.

How to use:

1. Wait 15 minutes after nursing and first rinse the baby's mouth with clear water.
2. Pour the dose into a small medicine cup and use a Q-tip to swab onto the patches of white. Let the baby suck on the Q-tip to get all the medicine. Give the rest of the medicine with the dropper, ½ into each side of the mouth.
3. Wash the dropper in hot, soapy water before replacing it in the bottle.
4. Continue to use the drops for a **full two weeks** even if the symptoms have disappeared. This will prevent the thrush from coming back.

If your baby uses soothers, bottle nipples, or teethingers, boil once a day for 20 minutes. Throw them away after one week if the plastic is getting sticky.

Have several soothers and use a clean one after each dose.

If your baby is old enough to play with toys, wash them frequently in hot, soapy water.

### 2. Yeast Diaper Rash:

Apply topical antifungal cream (e.g. Nilstat) to the rash as directed by your doctor (usually 4 times a day). The cream can be purchased over the counter at the pharmacy.

How to apply:

1. Wash the diaper area with warm, soapy water.
2. Rinse and dry well using a clean cloth each time.
2. Apply the cream to the entire diaper area.

Avoid using premoistened commercial "wipes". These keep the baby's skin moist.

Avoid using cornstarch or a talc containing cornstarch on baby's bottom since the Cornstarch may serve as food for yeast.

Expose baby's bottom to the air as much as possible.

Wash diapers and any washcloths/towels used at diaper changes in very hot water. Add 1 cup of bleach to the water before the diapers or cloths are loaded. Add 1 cup of vinegar to the rinse water. Dry in a dryer at high setting or hand in the sun to dry.

Be careful to wash your hands after changing diapers.

**If your baby's yeast infection shows no improvement after 7 days of treatment ask your family doctor or public health nurse about the following treatment options:**

- \* Treat using **Gentian Violet** (only effective in treating thrush in the baby's mouth, not in the digestive tract or on the diaper area). Check with your pharmacist or health care provider regarding use.
  
- \* Make **changes in your diet** to reduce the sugar and yeast-containing foods in your diet:
  - foods usually omitted are alcohol, cheese, bread, refined starches (white flour), peanuts, sugar, honey, melons, grapes, and dried fruits.
  
  - if you have had previous antibiotic treatment you might add yogurt to your diet to help restore the "good" bacteria in your digestive tract which the antibiotics may have killed.
  
- \* The source of your yeast infection might be **another member of your family**:
  - your sexual partner, especially if you have recently had a vaginal yeast infection
  
  - or
  
  - an older child with thrush who uses the same toys or puts his fingers in the baby's mouth.
  
- \* **Oral** antifungal medication for you as prescribed by your family doctor. Your baby should continue oral treatment while you are taking the medication.

The following website may be helpful for further information about the treatment of thrush:  
<http://www.thebirthden.com/Newman.html#Dr.%20Glenn%20Berall>. Look under the Candida Protocol.

**Some thrush/yeast is resistant to the usual treatments. Please consult your Public Health Nurse or Family Doctor if the treatments listed in this handout are not effective.**

References:

Amir, L., Hoover, K.L., **Candidiasis and Breastfeeding** (Unit 6) Lactation Consultant Series, Las Leche League International, 2002.  
Hoover, K.L., "Yeast Infections of the Nipples and Breasts", **Medela Messenger**, Issue 18.3, 2001.



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