

# THRUSH

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Thrush (candidiasis or yeast) is a fungal infection caused by an overgrowth of the *Candida* organism. *Candida* normally inhabits the mouth, gastrointestinal tract and vagina. It can grow in almost any part of the body. *Candida* likes warm, dark, moist areas such as the breasts, nipples and baby's bottom. Pregnancy, illness, antibiotic use and other factors can lead to an overgrowth of *Candida* yeast. When this happens it is often called "thrush".

The symptoms of thrush are annoying and often painful. However, they do not cause severe illness. Breastfeeding can continue while treating the infection. Understanding the causes of thrush can help you to decrease the growth of *Candida* yeast in your body. Consult a healthcare provider if you think you might have thrush.

## Other Causes of Nipple/Breast Pain

It is valuable to consider other causes of nipple pain before concluding it is thrush. If pain is present in the absence of thrush symptoms then other causes of the pain should be considered first. The most common cause of nipple pain is positioning and latch problems. Other causes may be:

- tongue-tie and lip-tie
- nipple injury
- bacterial infection
- Raynaud's phenomenon or vasospasm
- plugged ducts or mastitis
- skin issues: contact dermatitis, eczema, psoriasis
- allergies
- herpes
- poison ivy
- ringworm
- improper use of a breast pump



Also, if you experience a decrease in milk supply after the first couple of months, the slower milk flow can cause your baby to latch poorly. Your sore nipples may be misdiagnosed as thrush.

## Symptoms and Diagnosis



Healthcare providers usually diagnose thrush based on the symptoms present. Rarely are diagnostic tests done. Yeast culture tests are often unreliable. Thrush is more likely if there are at least two symptoms present.

**There is an increased likelihood for thrush if the mother has damage to the nipples and/or has recently taken antibiotics.**

The first symptom is usually pain in the nipples and sometimes also in the breasts. The pain may begin during a feeding and continue between feedings. Pumping is usually painful as well.

### PAIN IS OFTEN DESCRIBED AS:

Burning  
Stabbing  
Shooting

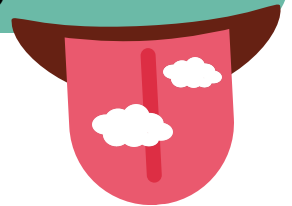


### SYMPTOMS ON THE NIPPLES AND/OR AREOLAE CAN INCLUDE:

- Itchy, flaky skin
- Shiny skin
- Red, inflamed-looking skin sometimes with small blisters
- White spots (rarely)

### BABY MAY ALSO HAVE SYMPTOMS OF THRUSH SUCH AS:

- White patches in the mouth on the tongue, gums and cheeks. They will appear red or may even bleed when scraped. (Note that babies often have milk residue that is found only on the tongue.)
- Diaper rash that is red or contains red spots and does not respond to usual treatments.
- Fussiness or gassiness or discomfort while nursing. This may cause the baby to pop on and off the breast frequently.



### OTHER POSSIBLE SYMPTOMS:

- Pain deep in the breast
- A current or recent vaginal yeast infection



# TREATMENT



## Medications:

Healthcare providers often begin by prescribing a topical antifungal (ointment or cream) such as miconazole, ketoconazole or clotrimazole to be used on the nipples. If topical treatment has been tried and is unsuccessful, a systemic or oral antifungal like fluconazole, may be prescribed. It is important to follow the prescription instructions. Treatment is usually needed for two weeks or longer, even if the symptoms disappear sooner.

It is important to treat your baby at the same time as yourself even if your baby has no symptoms. Treatment usually consists of oral drops or an oral gel of miconazole, clotrimazole, fluconazole or nystatin. It should be noted that nystatin is significantly less effective than other antifungals. Nystatin cures thrush in only about one third of cases. If your baby has a diaper rash associated with thrush, the healthcare provider may prescribe an antifungal ointment or cream for your baby's bum.



## Alternative Treatments:

Natural remedies may be effective treatments for some mothers. Parents can consult with a naturopathic doctor (ND) for guidance.

A solution of one tablespoon of vinegar mixed with one cup of water may be effective particularly when used with other treatments. Apply to the nipples and areola (darkened area around nipple) with a clean cloth or cotton ball after each feeding. Allow the nipples to air dry.

Oral supplements of probiotics contain good bacteria. They can help to limit the *Candida* in the digestive tract. For best results, probiotics should be taken for two weeks after the end of your symptoms. Some people even find eating natural yogurt containing good bacteria to be helpful.





## Home Care Measures

Any items that are damp or come into contact with your baby's saliva or your breast milk may contain yeast. To prevent or treat another yeast infection, the following can be helpful:

- Wash your hands and baby's hands frequently. Replace the hand towel daily or use paper towels to dry your hands.
- Boil for 20 minutes daily all toys, pacifiers, bottle nipples, pump kit parts, nipple shields and anything else that comes in contact with your breast or the baby's mouth. Even with daily boiling, pacifiers, bottle nipple/teats and teethingers should be replaced weekly.
- Wash breast pads, bras, cloth diapers, and towels in hot water with detergent after every use. One cup of bleach or vinegar added in the rinse water can also be effective in killing yeast. Items should be dried in a hot dryer or line dried in the sun.
- Yeast infections appear in many different forms, for example: vaginal yeast, jock itch, finger/toe nail yeast infections, and diaper rash. Even pets can have a yeast infection. Treating any and all yeast infections in the family can reduce chances of thrush happening again.
- Some people find dietary changes such as reducing sugar intake helpful to decrease yeast growth. A naturopathic doctor (ND) or registered dietician can provide guidance.
- Milk expressed during an overgrowth of yeast does not need to be discarded.



## References

- Berens, P., Eglash, A., Malloy, M., et al. (2016). ABM Clinical Protocol #26: Persistent pain with breastfeeding. *Breastfeeding Medicine*, 11(2).
- Hale, Thomas (2021). *Medications and Mothers' Milk* (19th ed.). New York, NY: Springer Publishing Company.
- Morbacher, Nancy (2020). *Breastfeeding Answers* (2nd ed.). Arlington Heights, IL: Nancy Morbacher Solutions, Inc., 726-31.
- Newman J. (2021) Candida Protocol. International Breastfeeding Centre. <https://ibconline.ca/information-sheets/candida-protocol/>
- Wambach, K. (2021). Breast-related problems. In K. Wambach & B. Spencer (Eds.), *Breastfeeding and Human Lactation* (6th ed., pp. 281-312). Burlington, MA: Jones and Bartlett Learning.