

# Thrush & the Breastfeeding Family

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, but can overrun almost any part of the body



under the right conditions. For breastfeeding mothers this includes the breasts and nipples because thrush thrives in warm, moist conditions. The best defence against an overgrowth of yeast is a healthy body in balance.

Although the symptoms of thrush are very annoying, they do not cause severe illness. Breastfeeding can continue while treating the

problem. Understanding the causes and minimizing a yeast friendly environment has helped mothers to clear up thrush.

## Symptoms

The first symptom of thrush is usually pain. Many mothers describe the pain of thrush as a burning or stabbing pain in the nipple, breast or both. The pain may begin during a feeding and continue between feedings. Pumping is usually painful as well.

- Thrush may cause nipple itching or flaking, redness or shininess, or, rarely, white spots on the nipple or areola. Sometimes there is a red or pink rash with small blisters on the nipple or areola.
- The mother may have a vaginal yeast infection or have had one recently.
- The baby may have signs of oral thrush: a “mother of pearl” look to the saliva or white patches in the mouth which look like left-over milk but will bleed if scraped.
- The baby may also have a bright red diaper rash that doesn't respond to usual treatments.

- The baby may be fussy or gassy or find nursing uncomfortable or painful. The baby may become fussy at the breast, refuse the breast, or go on and off the breast frequently.
- There may be no visible symptoms in either the mother or the baby but pain is usually combined with other signs. Pain may be the main symptom, but not all pain is thrush (see note at end).

## Diagnosis & Treatment

An appointment should be made with a health care provider to confirm the diagnosis. Thrush is more likely if there are at least two symptoms present. Possible treatments that may be suggested:

- medications requiring a physician's prescription,
- over-the-counter and/or herbal medicines,
- home management techniques, which work in conjunction with other forms of treatment.
- treatment of both the mother and child even if only one shows symptoms. Most experts agree this is the best way to clear up thrush completely.

## Medications:

If only the nipples appear to be involved, your health care provider may prescribe a topical antifungal (ointment or cream) to be used on the nipples. A liquid version is often prescribed for treatment of the baby's mouth.

Systemic antifungals may be prescribed if the milk ducts also appear to be involved or topical treatment has been unsuccessful. Sometimes treatment needs to continue for as long as two weeks. To avoid recurring infections, you should follow instructions about taking the medication (usually to complete the treatment even if you feel better).

Gentian violet is an antifungal that does not require a prescription but it should not be used without consulting your health care provider as it can be dangerous if used improperly or for too long. Guidelines for treatment are available (see references) to discuss with a health care provider.



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## Herbs/Alternative Treatments:

Herbal or natural remedies are highly effective for some people. A naturopathic doctor (ND) or a qualified herbalist can help.

Grapefruit seed extract is a potent antifungal which can be diluted with distilled water and applied to nipples.

A vinegar and water solution (one tablespoon vinegar to one cup water) is an easy and effective treatment for nipples, especially when used in conjunction with other treatments. Apply to the nipples and areolae with a clean cotton ball after each feeding. Allow the nipples to air dry.

Oral supplements of probiotics contain beneficial bacteria. These can help to limit the candida in the digestive tract. Many different formulations of probiotics are available. Some are in the refrigerator of the 'natural' food section, some in capsules in the pharmacy—speak with an ND or pharmacist for guidance. For best results, probiotics should be taken for two weeks beyond the end of the symptoms.

## Home Care Measures

All toys, pacifiers, bottle nipples, pump kit parts, breast shells, nipple shields, and anything else that came in contact with your breast or baby should be boiled daily for twenty minutes. Pacifiers and other rubber nipples need to be replaced weekly. Any items that are damp or come into contact with the baby's saliva or your breast milk may harbour yeast.

Wash breast pads, bras, and cloth diapers in hot soapy water. Bleach (one cup) in the wash water, Grapefruit seed extract (15-20 drops) in rinse water or vinegar (one cup) in the rinse water can be effective to kill yeast. Items should be dried in a hot dryer or line dried in the sun. The heat of an iron can kill yeast on clothing.

Avoid use of antibacterial soaps. Consider using paper towels for handwashing during treatment, and wash bath towels after every use. Change toothbrushes frequently.

Yeast infections appear in many different forms, for example: vaginal yeast, jock itch, finger/toe nail yeast infections, and diaper rash. Even pets can harbour yeast. Treating any and all yeast infections in the family lowers the chance of you and your baby getting thrush. Dietary changes can also help minimize yeast growth. Decreasing

the sugars on which yeast thrives, reducing consumption of dairy products or yeast-containing foods, including alcohol, can all be helpful. Attending to chronic illness, stress or nutritional deficiencies can support the immune system. This can help to keep yeast in check.

Milk expressed during an outbreak can be fed to the baby. However, current recommendation is not to freeze and store it, as freezing does not kill the yeast.

## Other Causes of Nipple/Breast Pain

Positioning and latch-on problems should always be ruled out when considering sources of pain. Other conditions can cause breast or nipple pain which may seem like thrush. The conditions include but are not limited to: bacterial infection, Raynaud's phenomenon, contact dermatitis, herpes, mastitis, eczema, psoriasis, poison ivy, ringworm, improper use of a breast pump, allergies, or nipple injury. Each of these should be considered before pursuing yeast treatment, or when treatment for thrush has been unsuccessful.

## References

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**For breastfeeding support contact: 1-800-665-4324 or**

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