

# Thrush

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In the proper balance, yeast can be beneficial to our bodies. But when it becomes too abundant, problems, such as thrush, can develop, making breastfeeding painful. Massachusetts mother Carol Anne Uphold tried the usual recommendations for easing sore nipples, but found that none of them worked. "By the end of my third week at home it was almost unbearable! I could not even put Gregory against me to burp him. At Gregory's six-week checkup the doctor discovered that he had thrush and explained to me that this had been transferred to my nipples and was causing most of my soreness. He treated us both, the problem cleared up, and it has been smooth sailing ever since."

Candida albicans, the organism that causes thrush, is a fungus that thrives on milk on the nipples, in the milk ducts, and in the baby's mouth.

In the baby, possible symptoms of thrush include:

- diaper rash,
- white patches on the inside of the mouth, cheeks, or tongue,
- refusing the breast or a reluctance to nurse (because baby's mouth is sore). The baby may also be without symptoms. In other words, a mother may have thrush on her nipples even if her baby has no sign of it.

In the mother, possible symptoms of thrush include:

- prolonged or sudden onset of sore nipples during or after the newborn period (the nipples may be pink, flaky, crusty, and itchy, or red and burning)
- cracked nipples,
- a vaginal yeast (monilial) infection.

An intense stabbing or burning pain in one or both breasts during or shortly after feedings may mean that a secondary yeast infection has developed within the milk ducts. This seems to be more common if mother or baby has been on antibiotics (because antibiotics kill the beneficial bacteria in the body that keep yeast under control) or if the mother has had cracked nipples (the fungus can enter the breast through the cracks).

Thrush is more likely to develop if either mother or baby has been treated with antibiotics, the mother's diet is high in sugars, the mother has diabetes, or the mother's resistance is low, due to fatigue or other health problems.

Although thrush is usually not serious, it can definitely be a nuisance. In a few reported cases, mothers have chosen to wean their babies because of the severity and persistence of thrush. Before reaching that point, however, a number of steps can be taken to solve the problem. Fortunately, the treatment for thrush need not interfere with nursing.

### ***Treating Thrush***

The first step in treating thrush is to contact a health-care provider. Mother and baby need to be treated simultaneously for at least two weeks, and breastfeeding need not be affected. In *Breastfeeding: A Guide for the Medical Profession*, Ruth Lawrence, MD, recommends doctors prescribe liquid nystatin for the baby's mouth and a nystatin cream for the mother to apply to her nipples and areolae (the dark areas around the nipples). Nystatin pills or liquid for the mother may be necessary if deep breast pain develops or if the thrush recurs after a full course of treatment. Some strains of thrush have become resistant to nystatin, so if the nystatin does not bring relief, other drugs may be necessary. Over-the-counter preparations and other prescription drugs are available and may be used on the recommendation of a health-care professional.

In mild cases of thrush, once treatment has begun, relief may be felt in twenty-four to forty-eight hours. In severe cases, the symptoms may take three to five days to disappear. It is important that the medication be continued for the entire time recommended, since the thrush may recur if the medication is stopped when the symptoms disappear.

### ***Comfort Measures during Treatment***

When treatment for thrush is started, the symptoms may seem worse for a day or two before they improve. To help speed relief, try rinsing the nipples with clear water and air drying them after each nursing, as thrush thrives on milk and moisture.

Before the pain is gone, the following suggestions may help make nursing more comfortable:

- offer short, frequent feedings,
- nurse first on the less sore side (if there is one), and
- break the baby's suction before taking him off the breast by gently pulling on the baby's chin or by inserting your finger into the corner of his mouth.

### ***Preventing Recurrence***

Thrush can be harbored in many places, including milk. Once thrush has been confirmed, the following precautions may help prevent recurrence:

- Wash your hands often, especially after diaper changes and after using the toilet.

- Expressed milk can be fed to the baby, but milk expressed during a thrush outbreak should not be saved and frozen. Freezing deactivates yeast but does not kill it (Rosa 1990). So if the frozen milk is given to the baby after treatment is completed, it could cause the thrush to recur.
- If the baby uses pacifiers, bottle nipples, or teething rings, boil them once a day for twenty minutes to kill the thrush. After one week of treatment, discard them and buy new ones.
- If a breast pump is used, boil daily all parts that touch the milk (except rubber gaskets).
- Disposable nursing pads should be discarded after each feeding. Cloth nursing pads should be changed after each feeding and not used again until they've been washed in hot, soapy water.
- If the baby is old enough to play with toys, anything the baby puts into his mouth should be washed frequently with hot, soapy water so that he does not reinfect himself or spread thrush to other children.
- Add *Lactobacillus acidophilus* to your diet to re-colonize your digestive tract with the good bacteria that can keep yeast in check.
- Consider eliminating sugar, yeast-containing foods and supplements, and other highly processed foods from your diet. The yeast won't have anything to feed on and you may find yourself healthier and more disease resistant in general.

Also, men can have thrush without symptoms. Thrush can be passed back and forth between husband and wife during sexual relations. If thrush continues to recur after mother and baby have had two full courses of treatment, all members of the family may need to be treated simultaneously.

### ***Don't Give Up***

If sore nipples persist, don't suffer unnecessarily. Rhode Island mother Diane Malczewski called her La Leche League Leader about sore nipples when her baby was three weeks old and dismissed thrush as a possibility, because "the pediatrician had seen Matthew two days before and told us that he was in perfect health, so I felt that thrush must be out of the question." Three weeks later she was still miserable. "One evening, the pain was so intense that I decided to wean my baby. After two hours of both mother and baby crying, my husband suggested that I call my Leader just one more time. My Leader informed me that a baby can have thrush without patches on the gums. I had tried everything else at this point, so I thought why not. After a phone call to the pediatrician, I received a prescription over the phone. After a day on the medication, I could nurse without tears. In three days, the pain was gone, and I began to enjoy nursing as I should have from the start."

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