

My Struggles with Thrush

By Rita Brhel, Fairfield, Nebraska

was unable to breastfeed my first baby. Born premature, she had several medical issues that required alternative feeding methods. I pumped and fed her my breast milk, first by nasogastric tube and eventually by bottle.

Early in my pregnancy with my second baby, I started to learn about breastfeeding. I talked with La Leche League Leaders and other parents, took a breastfeeding class at the local hospital, and read several books including The Womanly Art of Breastfeeding. I was determined to breastfeed. When my daughter arrived, we both took to breastfeeding easily. I do have inverted nipples, and I was a little surprised by the pain during the first couple of weeks when my daughter was learning to latch on correctly, but otherwise we enjoyed a year of smooth breastfeeding. When she was about one year old, I started her on solids. The change in her nursing pattern decreased my milk supply significantly and I decided to wean. I was surprised by how much I missed the nursing sessions. No matter how much we cuddled and snuggled, nothing we did could mimic breastfeeding.

My third baby is now four months old. I always knew I wanted to breastfeed him—this time into the toddler years. It's been a difficult four months. Breastfeeding this time around is completely different, and I'm very glad to have had the wonderful experience I had with my second child. Many of the obstacles with feeding my son have centered on yeast and my complicated medical situation.

Yeast and Me: An Uneasy Truce

Yeast is nothing new for many breastfeeding mothers, or for most women, for that matter. This common fungus comes in a variety of strains and is blamed for infections in different locations on and inside our bodies. If we haven't experienced it in the breast or on the nipple, we've probably had a vaginal yeast infection. I've had a couple yeast infections each year since I was 14 years old. Only now am I starting to get to the bottom of this recurring infection.

I knew that yeast could infect the nipple or the breast. I had read about it and heard horror stories about it from other women. Horror, as in how much horrible pain this could inflict during breastfeeding. I always thought, I hope I never have to deal with that. Unfortunately, wishing it away doesn't necessarily keep it

I felt a little vaginal itchiness the day before I went into labor with my son, but after he was born, I didn't feel an infection coming on. With my first baby, I had a chronic vaginal yeast infection for about three months, and after she was born, the yeast infected the stitches from a fourth-degree vaginal tear. With my third baby, though, I didn't feel any of the familiar itching and pain.

Breastfeeding began as it had with my second baby. I was sore as my son learned to pull out my inverted nipples. He was a vigorous sucker from the start, and I had a quarter-inch gaping tear at the tip of my left nipple by the third day. I knew from my previous experience that the first four to six weeks after birth can be spent adjusting to breastfeeding so the latch problems, engorgement and leaking, irregular feedings, and fussy baby moments weren't a surprise. However, the continued pain was unexpected. Part of it was the tear that would not heal. As soon as it would scab over, the next nursing would break it open again. Part of it was also continued sore nipples. They looked healthy. I visited a lactation consultant who confirmed that my baby's latch was good. So why did it still hurt so badly? The only relief I could find between nursings was applying nipple cream.

Three weeks postpartum, my birth doula asked me if it felt like shards of glass coming out of the nipple. I had never thought of that before, but it was the perfect analogy. My left breast also hurt inside, but the outside of the breast wasn't red or hard, and I didn't have a fever. "It sounds like a yeast infection," she said.

Armed with this newfound knowledge, I returned to the lactation consultant. She



agreed with my doula's suspicion and sent me on to my doctor. Little did I know that I would be seeing both the lactation consultant and the doctor two to three times a week (sometimes more) for the next few weeks.

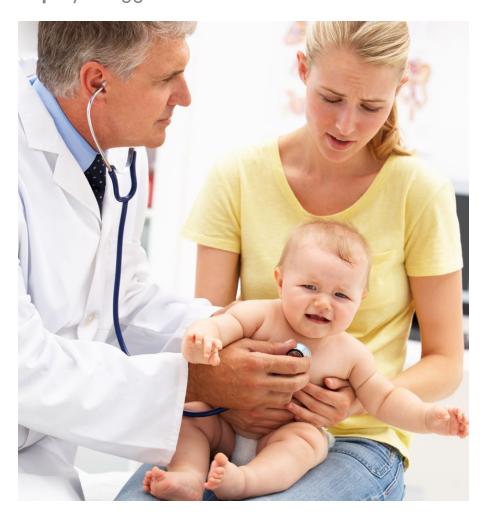
The front line treatment was fluconazole. or Diflucan, since the yeast was obviously systemic. I not only had it on my nipple but in my breast, and I also had a vaginal infection that hadn't yet responded to my over-thecounter treatment.

My doctor prescribed a large daily dose of Diflucan for a period of two weeks. A couple days into the treatment, I began to notice changes to my nipple skin—it was very itchy and bright red. I looked it up on the Internet and thought it might be a reaction to the yeast die-off. The next day, I broke out in hives, facial swelling, and had a full-blown anaphylaxis reaction. The Diflucan went into the trash.

My vaginal yeast infection did go away, but my nipple and breast yeast infections did not. The next treatment was a Lotrimin skin ointment. It gave me hives. Scratch that off the list. The last medication approach to try was nystatin, usually the least effective of the antifungals approved for breastfeeding women. I didn't have an allergic ▷▷



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reaction to this cream and was able to get the yeast to go away on the right nipple, the one where the breast itself wasn't also infected.

During this time, my son was also being treated for thrush with a nystatin suspension. He didn't have thrush in his mouth but he did have a little grouping of red dots on his bottom that wouldn't respond to over-thecounter creams. Ultimately, what did clear up the rash was a clotrimazole cream applied to his bottom, but perhaps the nystatin helped to stop the back and forth re-infection between my nipple and his mouth. I also used a pacifier, which I never used with my second baby, so that my son could suck for comfort when my nipples were too sore. Nursing would bring tears to my eyes, and I had to bite my lip and squeeze my eyes shut to keep the latch from literally making me jump off my chair.

The nystatin didn't seem to touch the left nipple. This was also the nipple with the tear, which was getting bigger, slowly encircling the tip of the nipple. The yeast was also becoming

visible on my left nipple, with scaling and white patches. And my baby was refusing to nurse from my left side. My lactation consultant suggested this might be because the pain of the latch prevented my milk from letting down effectively.

With my doctor saying there was nothing else I could do from the conventional medical route, she sent me back to the lactation consultant, who advised me to stop using the nipple cream I'd been using all along as it contained a steroid that could actually cause skin to break down after long-term use. Gentian violet didn't have time to work as my skin reacted strongly to this, too. I kept my nipples open to the air and often exposed them to the sunlight, but nothing seemed to be making a dent in the yeast. I was at a loss.

Then, a month postpartum, the tear on my left nipple began to ooze pus. An infection would typically be treated with antibiotics, but because of my troubles with drug allergies, my doctor decided to forgo a systemic antibiotic

and to apply an antibiotic ointment to the tear itself, being careful not to get the antibiotic on any more of the yeast-affected skin than necessary. I began pumping on the left side, which was less painful than nursing and kept pressure off the raw spot at the tip of my nipple. Within a few days, I had a fever and was tired, signs that the bacterial infection had spread from the tear to become mastitis. I was watched closely by my doctor and lactation consultant for the development of an abscess, working out a suspicious blocked milk duct, and was able to bypass the need for antibiotics as my body fought off the infection on its own. However, it would take another month for the tear to heal, and the yeast was still there.

My goal was to keep the right nipple—the side my son nursed on—free of yeast and to be able to produce enough milk on its own that my son would only need to nurse off that one side. Here we are, at four months postpartum, continuing with that goal. I pump the left breast every six hours and nurse only from the right breast. I am able to produce enough milk on just my right side to nurse my son exclusively. I still have yeast on my left side, but the tear is now healed. At one point, I thought the yeast had disappeared "enough" from the left side and tried to nurse on that side but promptly re-infected the "good" nipple on the right side, which thankfully cleared up quickly with nystatin. After that attempt, I decided that pumping would be a long-term deal and I would be glad that I'm able to nurse at all!

I mainly use lifestyle changes to control the yeast. My shirts, pajamas, and bras are washed in hot water and vinegar after every wearing; my bra pads are changed after any leakage, or daily if I don't leak. I disinfect all pump parts, bottle parts, pacifiers, and toys with a vinegar solution after every use. I wash my hands in hot water and soap often and use disposable paper towels to dry off with, so I'm not inadvertently re-infecting myself. I eat yogurt with live probiotic cultures and take Lactobacillus acidophilus supplements. I change out everyone's toothbrush regularly and promptly treat any yeast infection-like symptoms that either of my daughters may complain about. If I feel the slightest sting in the healthy nipple that could be construed as the beginning of a yeast infection, I rub on nystatin.



The Root of It All?

Last December, I was feeling very ill and, at the beginning of January, I was diagnosed with celiac disease, an autoimmune disorder linked to aluten intolerance, which includes a reaction to eating wheat, barley, and rye. Celiac disease causes inflammation in the small intestine, which leads to malabsorption and malnutrition. I was so low in many of the vital nutrients that I had developed multiple types of anemia and was also contracting all sorts of infections that a healthy immune system is usually able to fight off. In addition to the typical celiac disease, I had also developed dermatitis herpetiformis (DH), another autoimmune disorder linked to celiac disease and gluten intolerance that causes a persistent skin rash.

Since I am newly diagnosed, I am still researching celiac disease and DH, but I believe there may be a link between my yeast problems and these diseases. For one, I was severely malnourished when I was diagnosed with celiac disease. Over the years I became deficient in some nutrients. As my body depleted them, the gut stopped absorbing them. I have dealt with recurrent yeast infections for years; it could be that my impaired immunity is a result of long-standing malnutrition. It is also well known that yeast feeds on sugar, and as I found out when I started a gluten-free diet, it's much easier to cut sugar out of your diet when you eliminate gluten grains.

With the DH, my skin seemed to be becoming more and more hypersensitive through the years. In fact, many hypoallergenic items would cause reactions on my skin. It's just a theory, but I wonder if, once the DH resolves, my skin will react as strongly to substances as it does now.

I am looking forward to seeing if the treatment for celiac disease and DH will help with the stalled treatment of the nipple yeast infection. I have a hunch that treatment for the malnutrition and anemia, which includes lots of vitamins, will go a long way in helping to resolve my yeasty situation. \Box

Rita Brhel lives in Nebraska with her husband and three children.

Photo on page 7 courtesy of Rita Brhel.

Points to Consider with Recurrent Yeast

Points to Consider with Recurrent Yeast By Karen Zeretzke, taken from "Yeast Infections and the Breastfeeding Family," http://www.llli.org/llleaderweb/lv/ lvoctnov98p91.html Read the entire article for a great overview of yeast infections in the nipple and breast. The LLLI FAQ "Is Thrush Causing My Sore Nipples?" also contains helpful information: http://www.llli.org/fag/ thrush.html

- Avoid sugar, including fruit and artificial sweeteners; anything with yeast including breads; anything fermented, like wine and vinegar; and dairy products, except yogurt with live cultures. Cut back on high carbohydrate foods.
- Set your dishwasher to heat the water hot enough to kill yeast on glasses, dishes, and utensils for oral yeast in family members using these dishes. If you hand wash, dip the dishes and utensils in a bleach solution first.
- Eliminate the use of natural B vitamins such as Brewer's Yeast for a time.
- Brush your tongue as well as your teeth.
- Replace toothbrushes regularly. Boil or soak in a 10% bleach solution after each bout of thrush
- Disinfect dental or orthodontic appliances each and every time they are removed from the mouth.
- Discard roll-on or solid deodorant after the initial yeast outbreak has cleared.
- Use regular, rather than antibacterial soap. Killing bacteria can make yeast overgrowth more likely.
- Check for yeast growing in or under/ around finger or toenails, under arms or breasts, in the groin or baby's diaper area.

- Does baby suck thumb, finger or knuckles? Check them carefully. Wash baby's hands frequently. Also check the finger and toenail beds and where skin touches skin for the entire family.
- Take precautions to avoid the spread of yeast with family underwear, bras, and towels.
- Wear pantyhose with a cotton crotch, cut the crotch out of the panty or wear thigh-high hose.
- Avoid synthetic underwear and tight jeans.
- Change quickly out of sweaty exercise clothes or wet swimsuits.
- Notice any correlation between your menstrual cycle and thrush reoccurrence, particularly a few days before menses starts.
- Ask your partner to be checked for a veast infection.
- Wash your hands every time you use the toilet, handle your breasts or milk, put your fingers in your own or your baby's mouth, or change diapers.
- To kill yeast, treat every single thing possible that you put in your mouth or your children put in theirs.
- Disinfect inhalers or breathing treatment machines for asthma or other conditions between uses.
- Replace makeup after clearing up a yeast infestation. Yeast can live on lipsticks, lip and eyeliners, eye shadows, mascaras, foundations and powders. Disinfect or replace makeup applicators.
- Check everyone in the family for cracks in the corner of the mouth.
- Have a veterinarian check animals for yeast. Pets with fur can harbor yeast, particularly in their ears. Feathered pets can have yeast overgrowths, too.

