

## Fungus Face-off: Treating and Preventing Thrush

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**T**hrush. If you have ever experienced this uncomfortable infection, the name alone may be enough to make you shudder. Mothers report experiencing a great deal of stress both in battling the infection and in getting a proper diagnosis in the first place. With multiple treatment interventions often required to rid the body and the home of this pesky intruder, it is no surprise that thrush puts incredible strain on mothers and their nursing infants. It is crucial to be educated about the condition and take steps to treat it effectively in order to heal as well as preserve the nursing relationship.

Thrush is a fungal infection usually caused by *Candida albicans*. This fungus is common in the vagina and in the mouth and is not ordinarily a problem. However, given the right conditions, it can multiply rapidly, causing an overgrowth. In women who are not lactating,

a fungal infection of the breast or nipple is rare. Milk production turns an ordinarily dry area into a wet environment in which yeast can thrive. The natural sugars present in breast milk further entice this yeasty fungus to stick around and multiply. Yeast can also be present on dry surfaces such as clothing or furniture. Moisture can reactivate this adaptable organism, allowing it to begin the multiplication process once more.

### Symptoms

If you notice that you have sore nipples after a period of breastfeeding in comfort, thrush is a possibility. Pain is generally the first symptom in nursing mothers, although signs may not always be evident in the breast area. This pain is often described as an itching, burning, or stabbing pain deep in the breast. Some mothers report that the pain is so intense that wearing clothes is unbearable. The nipple or

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areola may change in appearance, though this is not always the case. Nipples may appear darker than normal, red or purplish red, and may be shiny or swollen. Nipples that are very dry, flaking, or peeling, have cracks that don't heal as expected, or have a rash-like appearance on and around the nipple are also signs of thrush. White dots on the nipple may be present as well.



In many cases of thrush, the breasts and nipples appear normal, but there may be other signs of a yeast infection. For example, recurrent mastitis, a vaginal yeast infection, cheesy appearance in skin folds, or yeast infections in other parts of the body (between fingers or toes, under arms, behind knees or elbows, under breasts, or in corners of the mouth) are signs that yeast is present and can lead to the suspicion that thrush may be the culprit for breast pain. Be on the lookout for thrush if you are currently breastfeeding and your baby has oral thrush.

This infection can easily be passed back and forth from mother to child during nursing sessions. Babies may have no outward symptoms, and this infection is often more of a nuisance for infants than a serious medical complication. However, you may notice fussiness, trouble nursing, or even refusal to nurse. A slight clicking sound may be heard when nursing, although newborns often make this sound during normal breastfeeding sessions. The child may have yeast in other areas, most commonly in the diaper area in the form of a rash. This diaper rash will often be unresponsive to normal attempts to calm the skin through diaper rash creams. The child's mouth may be perfectly normal, which makes diagnosis difficult. More commonly with oral thrush, you may notice opaque or pearly-looking saliva or velvety white patches in the mouth or on the gums that do not rub off or will bleed when you touch them. If the mother is tandem nursing an older child, the older nursling will need to be monitored and treated to avoid recurrent infections within the family.

## Predisposing Factors

Anything that throws off the internal balance between yeasts and bacteria can lead to candida overgrowth. Antibiotics can cause an overabundance of yeast as they tend to kill off the beneficial bacteria that ordinarily keep this fungus in balance within the body. Hormonal changes including pregnancy and childbirth along with taking oral contraceptives can also alter the pH balance (balance of acidity in the skin and tissues) in the body, making an infection more likely during these times. Mothers with yeast infections at the end of pregnancy may pass the infection along during delivery.

Warmer weather can make yeast overgrowth more likely as it predisposes individuals to

increased warm, wet areas on the body where fungus can multiply. Damage to the nipple may also make infection more likely as it gives the infection a place to take hold. Smokers and women with diabetes are more likely to get opportunistic infections like thrush as well.

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## Treatments

It is important to note that because many mothers have pain as the initial symptom with nipples that appear normal, some practitioners may be reluctant to prescribe medications right away, as many things can cause nipple pain. Having a health care provider who is schooled in breastfeeding issues is important.

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Most doctors will prescribe anti-fungal medication. Topical creams are usually prescribed first before resorting to internal medications. Nystatin oral suspension is often given to infants to treat the infection in the mouth and must be swabbed inside the mouth several times a day, with swabbing after each feeding increasing the effectiveness. *The Breastfeeding Answer Book* (Third Revised Edition) does note, however, that nystatin often takes longer and is less effective than other treatment options.

Gentian violet is another treatment many mothers have found useful in treating both themselves and their infants. **(Editor's note:** See box on next page and cautions on using gentian violet.) Messier than other treatment options, it can dry out the nipple area as well as stain clothing. *The Womanly*

*Art of Breastfeeding*, 8th Edition, suggests using gentian violet once a day for three or four days. Spreading a small amount of acidophilus powder on the nipple area twice a day for a week will also help in combination with other treatments.

Miconazole is an over-the-counter anti-fungal medication that may be used as well. A health care professional should be consulted to ensure that these methods do not interfere with other prescribed medications and should be used in addition to, not instead of, prescribed medications. While treatment should have some effect within 36 hours, the symptoms may appear to worsen before they get better.

If wearing clothes is uncomfortable, go without whenever possible. Just as it is recommended to allow an infant with a yeasty diaper rash to roam without diapers, many women find that this topless regimen coupled with treatment clears the fungus more quickly. When clothes are a must, plastic nipple shields may cover the area and help avoid rubbing. In some cases the treatment can be painted on under these shields, although many women find it helpful to allow the cream to dry before applying the shields.



If breastfeeding is painful, try offering short, frequent feedings beginning with the least painful side. Try different nursing positions as well. If nursing cannot be tolerated at all, try expressing milk using a pump and feeding the baby with a syringe, dropper, or tube device. Washing the nipple area with ▷▷



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a solution of one tablespoon white vinegar to one cup water and drying well after feeding or pumping will help to create an environment that is less hospitable for the infection.

Washing out the baby's mouth after eating by offering water will also make it more difficult for yeast to grow.

Anything that comes in contact with infected areas should be washed every day. Pacifiers or bottles should be boiled for 20 minutes each day. Breast pump parts will also have to be treated. Please note that any milk pumped during this time may be fed to the baby but not frozen for later use. Freezing will not kill the infection. As difficult as it may be to see it wasted, any unused milk pumped during an infection should be discarded in order to prevent reinfection.

Any toys that are in contact with the baby's mouth should be washed in hot, soapy water if they cannot be boiled. Exposure to sunshine will also kill yeast on objects, so washing clothing in hot water and drying in the sun may help to destroy *Candida albicans*. Clean underwear can be microwaved on high for five minutes. Take care with personal products such as makeup, deodorant, and toothbrushes. Consider discarding these as an outbreak clears to avoid recurrence, particularly if the infection is widespread.

Probiotics can make a big difference in the treatment and prevention of thrush. Yogurt and kefir are good choices as they provide live cultures that should help to attack the yeast by restoring beneficial bacteria such as *Lactobacillus acidophilus*. Garlic and ginger have been shown to have healing properties as well. Any additional therapies considered should be discussed with a physician to ensure that no interactions occur among treatments.

Excess sugar can make those prone to infections succumb to an overgrowth quite quickly. Yeast thrives on sugars, hence its attraction to the sweetness of breast milk. Essentially, all sweeteners that affect blood sugar will cause candida to grow more rapidly. These include fructose, corn syrups, malodextrin, brown sugar, molasses, saccharin, aspartame, and even honey. Sweet fruits are also associated with some increase in potential to encourage yeast

growth, particularly fruit juices which do not include the fiber. Stevia and xylitol do not seem to have this effect. These may be good choices to assist with the sweet craving often associated with yeast overgrowth.

Along with removing processed sugars, many have found that removing refined grains, including white flour, is helpful in controlling outbreaks. Removing foods that contain yeasts can also help in the case of severe or recurrent fungal infections.

Because stress can cause hormonal imbalance, potentially creating an environment favorable for thrush, finding and utilizing emotional support will also be helpful. While this may not clear the infection by itself, talking to others who have had similar experiences or who understand your nursing goals can be instrumental in maintaining a level head during a difficult situation. As with any breastfeeding challenge, having social support systems can be pivotal in helping mothers overcome the challenge and continue breastfeeding. Contact your local La Leche League Group for additional resources and support. □

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**Editor's note:** Resources used in research for this article include *The Womanly Art of Breastfeeding*, *The Breastfeeding Answer Book*, and the LLLI website at [lli.org](http://lli.org). For a more detailed bibliography, including several medical studies, please contact the managing editor at [nbeditor@llusa.org](mailto:nbeditor@llusa.org)



Gentian violet should be used sparingly and with caution. There is a risk of irritation to baby's mouth if gentian violet is not used carefully. Gentian violet is typically recommended as a last resort for treatment of thrush.

Dr. Thomas Hale notes in the 2010 edition of *Medications and Mothers' Milk* that: "Gentian violet (GV) solutions generally come as 1-2% Gentian violet dissolved in a 10% solution of alcohol. For use with infants, the solution should be diluted with distilled water to 0.25 to 0.5% Gentian

violet. This reduces the irritant properties of GV and reduces the alcohol content as well. While the alcohol is irritating to the nipple, it is not detrimental to the infant. Higher concentrations of GV are known to be very irritating, leading to oral ulceration and necrotic skin reactions in children. If used, a small swab should be soaked in the solution, then swabbed in the infant's gingivae (gums and tissues of the mouth). Apply it directly to the affected areas in the mouth no more than once or twice daily for no more than 3-7 days. Direct application to the nipple has been reported."