



BREAST AND NIPPLE THRUSH

Thrush is a fungal infection caused by the organism *Candida albicans* which can occur in the nipples or breast tissue or both (as well as other places in the body). It may cause significant nipple and breast pain. This pain may be severe enough to lead to early stopping of breastfeeding if not appropriately treated.

If you have nipple or breast pain, seek advice from your midwife, lactation consultant, maternal and child health nurse or other health care professional. If your pain is caused by thrush, early diagnosis and treatment will help you to continue to breastfeed and enjoy your breastfeeding experience.

Causes

You may have a history of vaginal thrush, recent antibiotic use or nipple damage. Often the cause is not known.

Symptoms

- » The most common symptom is nipple pain and breast pain.
- » Nipple thrush pain is often described as burning, itching, or stinging and may be mild to severe. The pain is usually ongoing and is not resolved with improved positioning and attachment of your baby to the breast. Your nipples may be tender to touch and even light clothing can cause pain.
- » Breast thrush pain can vary. It has been described as a stabbing or shooting pain, a deep ache, or a burning sensation that radiates through the breast. It may be present in one or both breasts.
- » Often the pain is experienced both immediately after and between feeds.

Signs

There are often no obvious signs of thrush on your nipples. However some signs may be present and include:

- » your nipple may appear bright pink
- » your areola may be reddened, dry or flaky
- » rarely a fine white rash may be seen
- » nipple damage (e.g. a crack), which is slow to heal
- » signs of thrush may be present in your baby's mouth or on your baby's bottom, or both
- » thrush in the mouth appears as a thick white coating on the tongue or white spots on the inside of the cheeks, or both
- » thrush on your baby's bottom appears as a bright red rash with spots around it which does not clear without antifungal treatment.

If you or your baby have been diagnosed with thrush you will both need to be treated.

Treatment

For mother

You will be prescribed an antifungal cream or gel, usually miconazole oral gel or cream or nystatin cream. If necessary your doctor may prescribe antifungal tablets as well, take these as directed.

- » Apply antifungal cream or gel as directed to both nipples, after each feed during the day, for at least seven days.
- » The gel or cream should be applied thinly and does not need to be wiped off before the next breastfeed.
- » Keep your nipples dry by frequently changing breast pads as thrush grows well in a moist warm environment.

For baby

Your baby may be prescribed gel or drops for the mouth, and possibly cream for the buttocks. Apply as directed. **If miconazole oral gel is prescribed, it is important to apply correctly*.**

The spoon provided with miconazole oral gel is for measuring the dose only.

Do not use the spoon to give your baby the gel.

How to apply miconazole oral gel

- » Use the spoon supplied to measure a quarter teaspoon dose.
- » Using a clean finger, apply small amounts of gel at a time to the inside of your baby's cheeks and over the tongue.
- » Apply the gel four times a day after feeds for one week then once a day for a further one to two weeks.
- » If you are unsure about using the gel or you are unable to purchase the product from your pharmacy, you could try another pharmacy or use nystatin oral drops. However, the drops are not as effective for oral thrush in infants as miconazole oral gel.
- » If using nystatin oral drops, apply 1ml to your baby's mouth four times a day for one week and then once a day for a further one to two weeks.

***Note:** *In May 2006, Janssen-Cilag (the manufacturers of miconazole oral gel) issued an alert advising pharmacists not to supply miconazole oral gel for use in infants less than six months of age. This alert is about the way that the gel is given to the baby rather than a concern about the medication itself.*

Other considerations

- » Treat any other site of fungal infection in the whole family, for example; vagina, nappy rash, feet.
- » Clean teats and dummies thoroughly after use and boil for five minutes. Replace weekly if possible
- » To prevent the spread of thrush wash your hands thoroughly after nappy changes and before and after applying any creams or lotions.
- » Wash towels, bras, cloth nursing pads etc. in hot soapy water and air dry outside.

Gentian violet for nipple thrush

Some mothers will be advised to use gentian violet for their nipple thrush. Gentian violet is an antifungal and antibacterial agent for use on the skin and is effective against fungi (such as *Candida albicans* which causes thrush) and bacteria (such as *Staphylococcus aureus*). In the past, it was commonly used to treat thrush infections in babies' mouths and on their nappy area.

How to use gentian violet

- » The recommended use is as a 0.5 per cent aqueous (water-based) solution. A prescription is required for this and can be made up in some pharmacies.
- » Apply twice a day to the nipples using a cotton bud. Breastfeed your baby **before** each application.
- » Apply for three to four days and no more than seven days.

When not to use gentian violet

- » If there is a known hypersensitivity to gentian violet.
- » Do not use on ulcerated, open or broken wounds, for example, cracked nipples.
- » Do not use near the eyes.

Side-effects

- » Temporary staining of the skin and clothing.
- » Skin irritation.

Note: Gentian violet is a purple dye and may stain any material it comes into contact with, for example, bathroom basin.

As with all medications it is important to store in a safe place away from children.

Where to get more information

Maternal & Child Health Line

Tel: 13 22 29 (24 hours)

Australian Breastfeeding Association

Tel: 1800 686 268 - Breastfeeding Helpline

Web: www.breastfeeding.asn.au