



Thrush

Most women nurse their babies without complications. When complications do occur the best way to resolve the situation is early identification and treatment. Often thrush can lead to premature termination of breastfeeding when left untreated. Thrush may persist for several weeks or longer and reoccur sporadically. While symptoms are generally present, it is possible for thrush to be present **without visible signs in mother or baby**. This is generally unresolved nursing pain for mother without any other correctable conditions at time of lactation evaluation. **To correct this persistent fungus, treatment of both mother and baby must be done simultaneously. If there are no visible signs present on you or your baby, consult with your doctor to determine whether you may have an infection and may need treatment.**

Signs and Symptoms	
Mother	Baby
Complaints of sudden onset of sore nipples after a period of "normal nursing"	A sore mouth exhibited by fussiness or pulling away from the breast after beginning to nurse
Shooting pains in the breast during or after a feeding	Whitish plaques or patches on the inside of the mouth, gums or tongue
Itchy, burning or tender nipples	A bright red "monilial" diaper rash that doesn't improve with ordinary treatments
Bright red or pink, flaky nipples	Inadequate weight gain (rare)
Cracked nipples – this provides an entry point for yeast	
No visible signs may be present	No visible signs may be present

Recommended Treatment

- Be sure to nurse in a comfortable position with support to back and baby, observing for proper alignment and latch-on
- Nurse frequently, do not allow baby to remain on the nipple after regular suck/swallow rhythm has stopped or baby has fallen asleep
- Start on least sore side at each feeding for a couple of days or until symptoms are relieved
- Cleanse nipples after each feeding with clear water or solution of one cup water/one Tbs white vinegar. Use a clean cotton ball or cleansing pad for each nipple.
- Wash hands well after cleaning nipples
- Allow nipples to air dry (do not apply expressed milk while treating thrush)
- Change breast pads whenever they become wet
- If pumping, boil all equipment for 20 minutes daily. **Do not freeze breast milk for future use while experiencing thrush – you may be reinfected at a later date.**

- Apply topical medications 3-4 times a day after nursing as recommended by your doctor
- Take Ibuprofen for pain as needed
- Medication to the infant's mouth and/or bottom as ordered by your baby's doctor
- If using pacifiers or bottles, boil equipment daily for 20 minutes and replace weekly
- Follow recommended treatment for minimum of 2 weeks or for one week following no further signs or symptoms
- Wash toys (or anything baby puts in mouth) with hot, soapy water
- Decrease use of sugars and dairy products
- Increase use of yogurts containing live acidophilus cultures, garlic, zinc and B vitamins