

## What is Thrush?

Thrush/nipple yeast and vaginal yeast are caused by the one-celled organism, *Candida albicans*. It is a fungus that thrives in moist, dark environments (like the nipples, milk ducts, mother's vagina, baby's mouth and/or baby's diaper area). The use of antibiotics by mom or baby is a contributing factor in the occurrence of yeast. A cracked or sore nipple can also contribute to yeast occurrence.

Here are a few questions to help you determine if you or your baby has a yeast overgrowth. A consultation with your health care provider is also important. If you answer yes to one or more of these, you may have thrush.

- Have you noticed white spots in your baby's mouth?
- Does your baby have a bright red, pimply diaper rash?
- Is your baby gassy, fussy or not nursing well due to oral thrush?
- Is the area around your nipple pink, red, itchy, flaky or shiny?
- Do you feel a burning sensation on your nipples either during or between feedings?
- Do you have a cracked nipple that won't heal?
- Do you feel shooting pains in your breast (different from the sensation of let-down)? Some women describe the feeling as “a piece of glass” or “stabbing”.
- Have you or your baby completed a recent course of antibiotic treatment?
- Did you have a cesarean birth or were you diagnosed with a vaginal Strep-B infection?

\*\*Note: It is rare for a mom to have a red rash or white spots on her nipples with a nipple yeast infection.\*\*

**Here are some common treatments for thrush.** It is very important that both mom and baby are treated at the same time, even if only one of them show signs of yeast. Yeast/thrush is highly contagious, and if not treated together, they will keep passing it back and forth to each other. Be sure to continue treatment for at least 2 WEEKS after the signs of Thrush/yeast have gone away.

- Your health care provider can prescribe a prescription of Nystatin for you and baby - a cream for mom to use on her nipples and oral liquid for baby. Make a run to the store for yogurt containing live, active cultures (especially *L. acidophilus*). The yogurt cultures (*acidophilus*) will help get rid of the yeast. If your baby is old enough, you can offer him some, too.
- *Acidophilus* supplements. This does the same thing as the yogurt. You should be able to find *acidophilus* in the health food section of your grocery store/pharmacy or at a natural foods store. This can also be crushed (or, if you have the caplets, opened) and sprinkled directly on your nipples. If you wish, you can do this just prior to feeding so your baby gets a dose of *acidophilus*, too.
- Gentian Violet. You should be able to find this in your local health food/natural foods store or in the natural food or vitamin section of your store. Using a clean cotton swab, rub some on each nipple. In order to treat baby, also, it works best to put some on your nipple and then latch baby on to nurse. It will coat baby's mouth while he is nursing. It is a bit messy, so you'll want to make sure you are wearing clothes you won't mind getting purple stains on. This should only be used for 3 days.
- Grapefruit Seed Extract. (not grape seed extract, ACTIVE INGREDIENT MUST BE “CITRICIDAL”), 250 mg (usually 2 tablets) three or four times a day orally (taken by the

mother), seems to work well in many cases. If preferred the liquid extract can be taken orally, 5 drops in water three times per day (though this is not as effective). Oral GSE can be used before trying fluconazole, instead of fluconazole or in addition to fluconazole in resistant cases.

- Dr. Newman's All Purpose Nipple Ointment (from his Candida protocol handout): Mupirocin 2% ointment (15 grams), Betamethasone 0.1% ointment (15 grams), and miconazole powder so that the final concentration is 2% miconazole. This combination gives a total volume of just more than 30 grams. This cream requires a prescription.

The combination is applied sparingly after each feeding (except the feeding when the mother uses gentian violet). "Sparingly" means that the nipple and areola will shine but you won't be able to see the ointment. Do not wash or wipe it off, even if the pharmacist asks you to. I used to use nystatin ointment or miconazole cream (15 grams) as part of the mixture, and these work well enough, but I believe the use of powdered miconazole (or even clotrimazole powder) gives better results. These ointments can be used for any cause of nipple soreness ("all purpose nipple ointments"), not just for Candida (yeast). Use the ointment until you are pain free and then decrease frequency over a week or two until stopped. If you are not having less pain after 3 or 4 days of use, or if you need to be using it for longer than two or three weeks to keep pain free, get help or advice.

- Vinegar Wash: 1-cup water and 1 tablespoon of vinegar. Use at least 4 times per day, after nursing. Use a clean cotton ball/swab to apply every time and let air-dry.
- Cut back on your sugar intake. Yeast also loves sugar, so the less that is in your body, the less the yeast has to thrive on.
- Sterilize anything that goes into your baby's mouth or has contact with your nipples. This is necessary to kill the yeast that is on those items and prevent it from reinfecting you. This includes any toys, pacifiers, bottle nipples, breast pump parts and your bras.
- Wear disposable breast pads. Change them with each nursing and just toss them out. This way, you're not sterilizing your bra every night.
- Some moms have found swimming in a chlorinated pool to clear up their nipple yeast very quickly.
- Diflucan/fluconazole is a prescription medicine that is commonly used to treat vaginal yeast infections. It has been shown to be effective against nipple yeast/thrush, especially when the yeast has survived all other treatments or it is a ductal yeast infection (meaning it is in your milk ducts, not just in the nipple area). The dosage for proper treatment is: 400mg loading dose on day one, then 200 mg per day for 13-28 days after that.