



Information on Yeast Infection Care while Breastfeeding



CLS

Informational Handout

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WHAT IS YEAST?

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Candida (also called **yeast**, or **thrush**) is a fungus that occurs naturally in your body. It is found on the mucous membranes (such as the mouth and vagina) and on the skin. A yeast infection is when there is an excessive (overgrowth) of that fungus.

Overgrowth of yeast can happen with the use of antibiotics because they also kill off “good bacteria” that keep the yeast from multiplying too quickly. If you have received antibiotics during labor, or recently, and you suspect that you have a yeast infection as a result, you will want to explore treatment options.

Yeast infections are more common during pregnancy because high levels of estrogen lead to increased levels of sugar, and yeast loves sugar!

Other factors that may make you more likely to get yeast are if your nipples are cracked, if you are on steroid medications or hormonal contraceptives, or if you have a chronic illness such as diabetes or anemia.

HOW DO I KNOW IF MY BABY MAY HAVE YEAST?

- The symptoms of thrush in your baby include **creamy white spots or patches in the mouth** (gums, tongue or cheeks). The spots may look pearly, and may be surrounded by redness. You will not be able to wipe the patches off as you would with milk in your baby’s mouth.
- **Other symptoms** of yeast in your baby are that your baby may be fussy and gassy and may seem like suckling is uncomfortable. Your baby may pop on and off the breast or refuse to nurse at all. Of note, it is possible for your baby to have yeast and have no symptoms visible.
- Your baby may also have a **diaper rash** that is bright red and may also be **scaly**. Using the usual diaper rash creams will not clear this rash, in fact it may make it worse.

HOW DO I KNOW IF I MAY HAVE YEAST?

- Some symptoms of yeast in a nursing mother include severe stinging, burning pain that may be on the surface of the nipples, or may be felt deep inside the breast. Pain often continues throughout the feeding and in between feedings – especially immediately after.
- Sometimes sharp, shooting pain radiates from the nipple into the breast or into the back or arm. The pain has also been described by some as a very deep ache in the breast while nursing.
- Nipples are sensitive to light touch and it may hurt to have clothes rubbing against them or to have hot water from a shower touch the breast.
- Mothers describe the pain as “liquid fire”, “hot needles”, “razor blades”.
- Your nipples may look puffy, scaly, flaky, weepy or have tiny blisters. They may feel itchy and the color may be deep pink. It is also possible for the nipples to look completely normal.
- Sometimes milk production goes down during the infection due to less nursing or pain inhibiting the let down reflex. When the infection clears up, you should be able to build your supply again.
- You may also have a vaginal yeast infection (itchy, cottage cheesy discharge), sores in the corners of your mouth or swelling around tissues such as toes or fingernails.
- Pain often starts after a period of pain free breastfeeding affecting one or both nipples. Most often it is seen on both sides.

WHAT CAN I DO IF I THINK I MAY HAVE YEAST?

Diagnosis of yeast (Candida Albicans) is most often made based on symptoms. It is possible to culture for yeast from your nipples, but the test is not always reliable. It is important to rule out other causes of severe nipple soreness such as improper latch on and positioning (the most common cause of nipple pain), mastitis, eczema, herpes, ringworm, Raynauds Syndrome (associated with history of poor circulation and pain made worse with cold) and psoriasis. See also CLS handout "Information on sore nipples".

If you or your baby have symptoms as described above, contact your health care provider to proceed with treatment. It is important for both you and your baby to be treated. Contact both your health care provider and your baby's doctor. If you are nursing your baby and a sibling (tandem nursing), you may want to consider treating the sibling as well.

If you or your baby have symptoms as described above, contact your health care provider to proceed with treatment.

SOME IDEAS TO HELP CLEAR YEAST

- Wash your hands with soap (avoid antibacterial soaps) and water often, including before and after nursing, after using the bathroom, and before and after changing your baby's diaper. Use paper towel to dry your hands.
- If you are finding breastfeeding is painful, you may want to consider nursing more frequently for shorter amounts of time. Start nursing on the least sore side. As mentioned, be sure baby has a good latch each feeding.
- If it is generally safe for you to take Ibuprofen (Advil, Motrin), this may help with the swelling and the pain.
- Try drinking green tea 3 - 4 times a day. It may help cleanse your system of excess yeast.
- Eat yogurt with live cultures.
- After nursing, rinse your nipples with a solution of one cup of water plus one tablespoon of vinegar. Air dry well.

- **Discuss using antifungal creams with your doctor.** Lotrimin (Clotrimazole) and Monistat (Miconazole) are available without a prescription. If pain is severe, apply the cream sparingly after each feed. Then apply 3 – 4 times a day. The cream is absorbed quickly, and does not need to be removed before baby nurses. If you feel some ointment remains on your nipple, you may want to gently press a damp warm washcloth on the nipple and areola before nursing. Your doctor may prescribe Nystatin cream for your nipples. Yeast is becoming more resistant to Nystatin so it is helpful to know other methods to help clear.
- **Disposable nursing pads** should be thrown away as soon as they become damp, because it is a good idea to keep your nipples as dry as possible. Change your bra daily, wash in hot soapy water and dry in the dryer.



- **Decrease** the consumption of foods containing high amounts of **sugar** and/or yeast (such as beer, wine, sodas, bread, desserts etc).
- Dietary supplements that may be helpful include: **Lactobacillus acidophilus** (to help promote the growth of “friendly” bacteria).
- All-purpose nipple ointment (**APNO**) is a prescription ointment (ordered by your doctor) that consists of two antifungals, an antibiotic and a steroid. The three ingredients are mixed together by a pharmacist to make a cream. This combination can help deal with multiple causes or aggravating factors of sore nipples.

- Another anti-fungal treatment that may be recommended by your physician is **gentian violet**. It can be used on your nipples and the baby’s mouth and diaper area. It is very messy (it looks like purple ink and stains anything it comes into contact with, so wear old clothing. It is usually a one percent solution, and you will want to dilute down to a ½ percent solution. Apply to nipples, your baby’s mouth or diaper area once or twice daily for 3 days (no more than 7 days). You may continue to use a topical ointment at the same time. To apply, dip a cotton swab in the gentian violet and swab your baby’s mouth. When baby latches onto the breast, your nipple is treated also. Some clinicians advise that the mother also swab both of her nipples once a day. Gentian violet is available at most pharmacies over the counter.
- For **yeast in your baby’s mouth (thrush)** your pediatrician will probably prescribe oral nystatin drops. After each nursing session (or as often your doctor recommends) rinse your baby’s mouth with water by offering a sip of water (for older babies) or wipe mouth with a damp washcloth. Then apply the medication according to directions. Put the medicine in a spoon or paper cup and use a Q-tip to swab in your baby’s mouth. Don’t put the dropper directly in his mouth and then back into the bottle to avoid contaminating the medication. A complete course of treatment usually takes several weeks. If there is no improvement in a few days, ask your doctor about also adding the ½ percent solution of gentian violet for a few days.
- **Continue using the medication for at least 2 weeks** after symptoms are gone. If the nystatin and gentian violet are not clearing up the thrush in your baby’s mouth, ask your pediatrician about Diflucan suspension.

- For yeast on your baby's diaper area, ask your doctor which medication he/she suggests. Often the same antifungal ointment used on your nipples (whether prescription or over the counter) can be effective for diaper rash. If your baby's bottom is very red and sore, ask your doctor about an ointment containing cortisone (such as Mycolog or Lotrisone). If the rash does not clear in a few days, ask your doctor about also adding a ½ solution of gentian violet for a few days.
- To kill yeast on surfaces other than skin, immersion in very hot water (122 F) will work in minutes. A bleach solution (10% bleach with 90 % water) will also kill the yeast but will discolor fabric and irritate skin. Exposure to sunshine also kills yeast so hanging clothing outside to dry may help. Yeast can live on towels and wash cloths, so they should be used once, washed in very hot water and then consider drying in the sun.
- A few other supplements that some mothers have found helpful are garlic supplements (consider adding 4 - 6 capsules of odorless garlic to your diet during the yeast outbreak and for 1 - 2 weeks after symptoms are gone), echinacea to boost your immune system and grapefruit seed extract. As with all supplements, discuss use with your physician.
- Boil any object that goes in the baby's mouth such as bottle nipples, toys and pacifiers for 20 minutes each day. Add some vinegar to the boiling water.
- Some moms find they cannot tolerate the baby nursing until the nipple pain has decreased. Using an automatic breast pump and then feeding your baby the pumped milk is an option until the pain is more bearable. Freezing does not kill yeast, so this milk should not be stored for feeding after the yeast infection has cleared. If you decide to keep the milk for later use, another option is to pasteurize the milk before feeding it to your baby.



WHAT TO EXPECT IN HEALING

- After 24 - 48 hours, you should notice some improvement. Sometimes, the symptoms get worse before they get better. In severe cases, it may take 3 - 5 days to notice improvement.
- If you do not notice an improvement, try a different antifungal cream.
- If yeast infection on your nipples is not responding to topical treatments, then contact your doctor about the possibility of using a systemic treatment that is taken in a pill form such as Diflucan.
- Be persistent in treating yeast. Once you have it, it tends to stick around and may take time to get rid of it.
- Yeast infections during lactation can be very painful and it is easy to become discouraged and even consider weaning your baby. It is important to remember that weaning will not necessarily make the yeast go away.
- Try to remember that the yeast is a medical condition that, with consistent treatment of mom and baby, can be cleared up completely.
- Finally, *take care of yourself* during this time. Be sure to rest, take a nap when you can and eat healthy foods. Take a walk, get some fresh air when you need a new perspective. Your milk is a wonderful gift for your baby today and will make a difference in long term health also!

REFERENCES

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Contact us!

My Lactation Consultant's name &
number are:
