IS THRUSH CAUSING MY SORE NIPPLES?

From website: https://www.llli.org/breastfeeding-info/thrush/

Persistent nipple pain in the early weeks of breastfeeding, or nipple pain that appears after several weeks or months of pain-free nursing, may be caused by thrush, which is a yeast infection of the nipples. Thrush is caused by a yeast fungus, usually *Candida albicans*. Additional symptoms can include:

- Itchy or burning nipples that appear fiery red, shiny, flaky, and/or have a rash with tiny blisters
- Cracked nipples
- Shooting pains in the breast during or after feedings
- Intense nipple or breast pain that is not improved with better latch-on and positioning

When thrush occurs, the discomfort tends to be reported in the nipple region and almost always in both breasts as it is very contagious. If baby is nursing at the breast, thrush may be indicated by obvious symptoms in baby's mouth which appear as white plaques on baby's cheeks or gum tissue. You may be at higher risk for developing thrush if you or your baby has had a recent course of antibiotics, your nipples are cracked or damaged, or you are taking oral contraceptives or steroids (such as for asthma).

In the past, nipple pain was often attributed to thrush, however current research suggests that it is not as prevalent as once believed. Be sure to examine other causes of nipple and breast pain. Positioning and latching problems are the most common causes of pain. Vasospasm of the nipple or a bacterial infection are often confused with thrush symptoms. Breastfeeding isn't supposed to hurt! Check out our post on Positioning and latch for more information.

TREATMENT FOR THRUSH

Thrush can be very difficult to treat for many reasons. Yeast is so prevalent on our bodies so that some strains are not impacted by initial interventions. Many of the interventions that are suggested for thrush can be drying or irritating to the skin of the nipple, making it difficult to determine whether the pain is caused by thrush or the "cure" itself.

It is essential for both you and your baby to be treated for thrush, because it is easily spread, and thrives in warm moist environments, such as your baby's mouth. A baby may also have yeast rashes in the diaper area. Any skin that touches other skin is especially vulnerable for the breastfeeding dyad: under arms or breasts, between fingers or toes, in the groin area, and even in the creases of the eyelid. Yeast can spread to other family members as well, especially with shared bedding or eating utensils or cups.

According to the Academy of Breastfeeding Medicine (ABM), nystatin should be the first choice for treating thrush[i]. The ABM is a worldwide organization of medical doctors dedicated to the promotion, protection, and support of breastfeeding. They recommend:

- Topical azole antifungal ointment or cream (miconazole and clotrimazole also inhibit the growth of Staphylococcus (bacteria) on nipples.[ii]
- Nystatin suspension or miconazole oral gel for infant's mouth.[ii]
- Gentian violet (less than 0.5% aqueous solution) may be used daily for no more than 7 days. Longer durations and higher concentrations may cause ulcerations and skin necrosis.

Of course, different people react better to different medicines, so you may have to try more than one. *Check with your health care professional about the medications listed and other options.*

After treatment for thrush begins, the symptoms may not disappear quickly. If the pain continues, offer your baby short, frequent feedings, beginning on the least painful breast. Some mothers use crushed ice to reduce pain before starting to nurse. Rinse your nipples with clean water and let them air dry after each feeding. If you find that applying cold to your nipples or air drying increases the pain, investigate whether the discomfort you are experiencing is related to nipple vasospasm. Taking mild over-the-counter pain medication (whatever you find effective for a headache) can also be useful. Wash your hands with soap and water very frequently during the treatment period – especially after nursing, diaper changes, and handling your breasts. Dry with a clean towel, or even paper towels during the treatment period.

Pumping your breasts and offering baby milk by a small cup may be another alternative, especially while you have cracked nipples. Just make sure you are sterilizing pump parts and feeding utensils after each use. (It is unclear whether the milk you pump during a thrush outbreak can be frozen and fed to your baby in the future as freezing does not kill yeast. Indicate on the bags whether they were pumped during thrush treatment and use if no alternatives are available or if you determine that you did not experience thrush in the first place.)

Yeast infections take some time to treat and heal. There is a section on treatment for other causes of sore nipples in this post.

Anything that goes into your baby's mouth (other than your breast or a finger) should be boiled for 20 minutes a day and replaced every week. Toys that go in your baby's mouth should be washed with hot, soapy water frequently

- In addition to the medical treatment, there are other steps which some people report as helpful. Wash all bras, bra pads, nightgowns, etc. (anything that comes in contact with your nipples) in HOT water with bleach and dry on hot in the dryer or in the sun.
- If you are using cloth diapers, wash with HOT water and bleach or a similar alternative.Consider using disposable diapers until the yeast infection is gone.
- Rinsing your nipples with a vinegar and water solution (1 tablespoon apple cider vinegar preferred to 1 cup water) or baking soda in water (1 tablespoon per cup) after every feeding is helpful. Use a fresh cotton ball for each application and mix a new solution every day. Wash your hands thoroughly.
- Many women report that reducing sugar, yeast, and dairy products in their diet helps.
- Consider switching to a non-antibacterial hand soap during this time. Antibacterial soaps kill both good and bad bacteria, and good bacteria keeps yeast in check.

Nonetheless, experience tells us that yeast infections on other parts of the body can often be addressed without these extra steps. If you decide to try these home remedies, they should be <u>in addition to</u> the medication, not instead of it.

PERSISTENT THRUSH

Maybe you and your family have been dealing with suspected thrush for weeks or months. Persistent pain can be exhausting, and you are to be commended for sticking it out so long through this challenge!

Remember, in cases of thrush it is important to treat the breasts and the baby's mouth at the same time consistently. If you find that all of these treatments for your yeast infection do not improve your situation, it is possible that you are experiencing a condition other than thrush. Discomfort related to a shallow latch remains the most common cause of nipple pain. Bacterial infections may be more prevalent than thrush or occur at the same time and require a different treatment regime. Pain from vasospasm of the nipple is often confused with thrush symptoms. If the symptoms seem consistent with thrush and continue to resist treatment, you might also want to have medical tests done to rule out other conditions including anemia and diabetes. Talk to your healthcare provider and a lactation consultant (IBCLC) about these possibilities.

Attend a La Leche League Group meeting in your area for additional information and support.

RESOURCES FOR ADDITIONAL INFORMATION

The Womanly Art of Breastfeeding, published by La Leche League International, is the most complete resource available for the breastfeeding mother. It contains a section on breastfeeding while treating thrush. (Softcover, 480 pages.)

ABM clinical protocol:
https://abm.memberclicks.net/assets/DOCUMENTS/PROTOCOLS/26-persistent-pain-protocol-english.pdf

Positioning and Latch Article

Medications: A Quick Guide For Parents

General Pain Article

Nipple Pain Article

[i] Berens, P., Eglash, A., Malloy, M., et al. (2016). ABM Clinical Protocol #26: Persistent Pain with Breastfeeding. *Breastfeed Med*.

[ii] Barrett, M. E., Heller, M. M., Fullerton Stone, H., et al. (2013). Dermatoses of the breast in lactation. *Dermatol Ther, 26*(4), 331-336.