

NOTE: The following suggestions are provided as information only. If you have any concerns about your particular situation, please check with a Lactation Consultant, Doula, healthcare professional or your own doctor.

If you or someone you know is experiencing severe nipple or breast pain, the babies have 'shiny' patches in the mouths and/or a diaper rash which will not clear up, it may be that thrush is the problem. *Thrush is common for mothers who have had a c-section and received antibiotics to help with healing. Thrush is also more likely in families with multiples if they have the below Predisposing Risk Factors.* Thrush is painful, makes breastfeeding a challenge, is highly contagious and can be passed back and forth between babies and mother. Fathers / partners can be asymptomatic carriers. If mother and babies are not responding to treatment, it will be important that the whole family be checked out and perhaps put on a regime to clear up the situation and allow you to get back on track.

The following has been compiled to offer information, ideas for treatment and further resources should you or your babies contract thrush.

Definition: *Thrush (to indicate that within the baby's mouth) and yeast (to indicate that on the mother's nipples or within her breast) is a fungus that thrives on milk on the nipples, in the milk ducts, and in the baby's mouth. Thrush and yeast can both be present in non-lactating women and men too. The medical term for this conditions is candidiasis.*

Predisposing Risk Factors for Yeast

All of the following have been known to increase mother's and baby's risks for yeast:

- Vaginal yeast infection in the mother either during pregnancy or shortly before or during the time that other yeast symptoms occur. Mothers who have a history of frequent vaginal yeast infections are also more vulnerable
 - if mom has asthma and uses corticosteroids she may be at higher risk for thrush, and it may take longer to get it under control
- Antibiotics administered to the mother during pregnancy, during labour and delivery (eg. during a c-section), or shortly before or during the time that yeast symptoms occur. Please note that antibiotics are always administered when a caesareans section is performed or when GB Strep is diagnosed or is being treated preventatively prior to delivery. A history of long-term or frequent antibiotic use in the mother is also a predisposing factor for yeast
- Antibiotics administered to one, both or all babies
- Long term or frequent use of steroids in either mother or babies
- Nipple trauma such as cracks. The breakdown of the skin allows for the entrance of yeast as well as bacteria. Cracking is not normal. This type of nipple trauma should be addressed quickly by a lactation consultant
- Maternal use of oral contraceptives containing estrogens

- Allowing damp nursing pads or bras to stay up against nipple tissue for long periods of time
- Using plastic lined nursing pads which prevent good air flow to the nipple area
- Pacifier use in the babies; sharing of pacifiers
- Excessive consumption of dairy products, artificial sweeteners, or sweets in the mother
- Diabetes in the mother
- Anemia in the mother

Signs and Symptoms of Thrush

In the Mother:

- intense nipple or breast pain that occurs from babies' births, lasts throughout the feeding or is not improved with better latch-on and positioning
- sudden onset of nipple pain after a period of pain-free nursing
- cracked nipples
- nipples that are itchy and/or burning and that may appear pink or red, shiny or flaky and/or have a rash and tiny blisters; nipples may also appear normal
- shooting pains in the breast during or after a feeding if the yeast has invaded the milk ducts
- nipple or breast pain with correct use of an automatic electric breast pump
- a vaginal yeast infection

In One, Both or All Babies:

- diaper rash that does not respond to typical rash ointments
- creamy white patches that cannot be wiped off on the inside of the mouth, along the inside of the gums, inside of the cheeks, roof of the mouth, throat or tongue
- a shiny or "mother or pearl" look on the inside of the mouth
- breast refusal, pulling off the breast or a reluctance to nurse due to mouth soreness
- repeated clicking with the tongue during nursing
- excessive gassiness due to the yeast's invasion of the gut

The babies may also be without visible symptoms.

Source, printed (and adapted) with permission: Becky Flora-Waterman, BSed, IBCLC, RLC *Breastfeeding Essentials*, <http://www.breastfeed-essentials.com>

Course of Treatments

Note: not all doctors will treat Mom and all babies if one or more are not showing any signs of infection. Breastfeeding literature, however, indicates that Mom and all babies need to be treated or there is risk of reinfection. Treatment needs to continue 1-2 weeks after all signs of infection have cleared up.

For Mom:

- stop using breast pads
- avoid sugar in all forms as well as foods with yeast, artificial sweeteners and soda pops
- Dr. Jack Newman's' prescription: mupirocin 2% and betamethasone 1% and miconazole powder. Use on the nipples and do not wash or wipe off
- if mom has a vaginal yeast infection, it needs to be simultaneously treated
- it is recommended to throw out all nipples and pacifiers. Purchase new ones after all signs of infection have cleared up, should you wish to do so
- wash hands with regular soap, not antibacterial, and use paper towels to dry hands
- wear a clean bra every day or change as soon as the bra gets damp from milk
- freezing breast milk does not kill the yeast within it. Frozen breast milk needs to be boiled before it can be safely used
- mom can take acidophilus 1 to 3 tablets three times daily for a minimum of six weeks.
- grapefruit seed extract 250 mg x 3 times daily
- add lots of garlic to mom's diet or three garlic tablets 3 times daily
- zinc 45 mg daily and vitamin B (but not brewers yeast)

For the Babies:

- avoid pacifiers if at all possible—do not share them between/amongst the babies

Thrush and Breastfeeding Multiples

- nystatin can be used by the baby in a dropper in each cheek for up to 8 times daily for two weeks—best after a feeding
- gentian violet can be used 3-7 days (FYI: this product turns nipples and babies' mouths purple)
- can be used with the antifungal
- antifungal prescriptions that can be made into an oral gel by the pharmacist and applied to babies' mouth

Adapted from: The Breastfeeding Answer Book, La Leche League Canada

Compiled by Lynda P. Haddon, Vera Teschow and Erin Shaheen

Documents and Articles

Multiple Births Canada Fact Sheets on various multiple birth related topics

Additional Resources:

www.breastfeedinginc.ca Dr. Jack Newman

www.babycenter.ca/baby/health/thrush

www.canadianbreastfeedingfoundation.org

www.breastfeeding.about.com/od/problemssolutions/a/thrush.htm

www.multiplebirthsfamilies.com

Recommended Sources of Information:

La Leche League of Canada Referral Service

www.lalecheleague.org

Lactation Consulting Services Canada

www.breastfeedinghelp.ca

MBC Breastfeeding Peer Support Network

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