NHS Lothian

Maternity And Primary Care Services, Pan Lothian

Guidelines for the topical treatment of thrush in the breastfeeding mother

---

1. INTRODUCTION:

Thrush infection, usually caused by *Candida albicans*, can cause significant pain in the nipple or breast while breastfeeding. It can occur at any time when the mother is breastfeeding although it is more likely after a period of well established pain free feeding. Thrush in the breasts, while breastfeeding, is a painful condition and nearly always occurs in both breasts simultaneously.

An assessment of breastfeeding must be carried out to ensure that a baby is well positioned and correctly attached to the breast as the pain from poor attachment can be confused with the pain caused by thrush, leading to misdiagnosis.

2. AIM:

- To correctly diagnose yeast infections in both mother and baby and treat effectively.
- To ensure bacterial infection is not missed
- To ensure poor attachment is not the cause of pain

As thrush is complex and often misdiagnosed; an assessment using a differential diagnosis should be worked through with positioning and attachment being optimised

3. SIGNS AND SYMPTOMS OF THRUSH FOR THE MOTHER:

- Severe pain, after every feed, normally in both breasts. Mothers usually have a period of pain free breastfeeding. The pain may initially be in one breast but quickly spreading to both.
- Pain often subsides during a feed only to return and last up to an hour
- Skin of the nipples or areola may be itchy and/or burning, look shiny and red
- It is more likely if mother has received intrapartum or postnatal antibiotics

SIGNS AND SYPTOMS OF THRUSH FOR THE BABY:

- White patches may be visible in the baby's mouth, cheeks or gums which do not rub off
- Baby may have nappy rash ie red spots and spots that look like the skin is peeling
- Baby may be fidgety during feeds and will pull away when feeding.

4. DIFFERENTIAL DIAGNOSIS

Please see attached :

Appendix 1 – Differential diagnosis of Breast Pain
Appendix 2 – Breastfeeding assessment tool
Appendix 3 – Template letter

This section to be completed by document control.

5. FOLLOWING THE DIAGNOSIS

It is recommended that mother and baby are treated simultaneously, even if there are no oral lesions visible in the baby's mouth.

Maternal: Topical miconazole cream 2% to nipple at least four times daily or after every feed for at least 10 days with advice to continue for 7 days after improvement noted.
Prescribing Note: *Any residual cream should be gently wiped off before the next feed, avoid washing it off as this will remove the natural moisture from the skin and may cause further damage*

Baby: Oral miconazole 2% gel - 1ml portion divided into four parts and smeared around mouth using clean finger four times daily after feeds for at least 10 days, with advice to continue for 7 days after improvement noted.
Prescribing Notes as per SPC guidance :

- *The oral gel should not be applied to the back of the throat. Observe the patient for possible choking.*
- *Seek pharmacy guidance if the patient is on any other medicine that prolongs QT interval , such as domperiodone*

Link to LJF sections: Adult
Children

In Primary & Secondary Care –full assessment of mother and baby to be completed by midwives, infant feeding advisors or health visitors, and if indicated treatment to be requested from GPs by prescription (template letter attached)

Patient review should be undertaken by trained practitioner at 7-10 days after treatment is started. If symptoms have not improved, treatment should be stopped and a repeat assessment of feeding should be completed

Hygiene advice: It is essential to wash hands after each nappy change. Clean the changing area thoroughly. Wash clothing in contact with the breast using the highest temperature indicated on the care label and tumble-dry if possible. A separate towel should be used by the person with the infection .Breast pads should be changed after each feed and use disposable where possible.

6. ASSOCIATED DOCUMENTS:

1. NHS Lothian Mastitis Guideline
2. Template for letter to General Practitioners – appendix 3
3. NHS Lothian Infant feeding Policy; NHS Lothian recognises that breastfeeding is the healthiest way for a woman to feed her baby. All parents have the right to receive clear and impartial information to enable them to make a fully informed choice as to how to feed and care for their babies. Healthcare staff will not discriminate against any woman in her chosen method of infant feeding and will fully support her when she has made that choice.

This section to be completed by document control.

7. REFERENCES

1 Breastfeeding Network. Thrush and Breastfeeding. 2008). *Thrush and breastfeeding,* published by the Breastfeeding Network [The Breastfeeding Network, 2009a]
2 Fraser and Cullen, 2 Wiener, S. (2006) Diagnosis and management of Candida of the nipple and breast. .Journal of Midwifery & Women's Health: 51(2):125-128.
3 Amir LH, Donath SM,Garland SM, et al. Does Candida and/or Staphylococcus play a role in nipple and breast pain in lactation? A cohort study in Melbourne, Australia. BMJ Open 2013;3:e002351.doi:10.1136/bmjopen-2012-002351
4 http://www.nipcm.scot.nhs.uk/documents/sbar-laundering-of-heat-labile-personal-items-clothing-in-health-and-social-care/

5 FURTHER INFORMATION

Nice Clinical knowledge summary –breast feeding problems

NES breastfeeding e- module- thrush

8. AUTHOR/S:

Author 1: Mandy Allison, GP Advisor in Health Promotion ,NHS Lothian Health Promotion Service & GP principle Craigmillar Medical Group
Author 2: Florence Fankam, Consultant Obstetrician
Author 3: Vivien Hutchison, Infant Feeding Advisor
Author 4: Melissa Kallat, Lead Infant Feeding Advisor
Author 5: Sherry Wright, Lead Pharmacist, Reproductive Medicine, RIE
Author 6: Karen Wight, Health Visitor

This section to be completed by document control.

Appendix 1

NHS Lothian

Differential Diagnosis of Breast Pain

Common causes of breast pain can be:

- **A blocked duct.**
- **Mastitis, see NHS Lothian Mastitis Guideline link**
- **Thrush. This can cause significant pain in the nipple or breast whilst breastfeeding.**

Please work through differential diagnosis below:

1. **What is the pain like?**

Before a feed or during the night – breast not being emptied properly – ducts become over distended. This may also be a symptom of unresolved engorgement. To address this, improve attachment and feed frequently to drain both breasts effectively.

During a feed – if the pain lasts for more than 5 seconds it is likely that positioning and attachment are not as good as they could be. Have someone observe a full feed, regardless of what appears to be good attachment; pain indicates something is wrong.

After every feed which lasts up to an hour – possibly thrush.

2. **How severe is the pain?**

Thrush tends to be extremely painful after every feed, not just uncomfortable after some feeds.

3. **Is the pain in both breasts?**

Thrush soon transfers from one breast to the other; pain is generally felt on both breasts except in the very early stages. If the pain affects only one breast and is experienced during the feed positioning and attachment on that breast should be optimised.

4. **How old is the baby?**

Blocked ducts or mastitis can occur at any stage of breastfeeding.

Thrush in the first few weeks of feeding should be rare unless the mother had vaginal thrush at delivery or had deep breast thrush at the end of a previous lactation. Less than perfect positioning and attachment with consequent damage are more likely to cause pain at this stage.

5. **What does the nipple look like when a feed finishes?**

If there is any flattening of the nipple from top to bottom or side to side positioning and attachment should be considered first. If even skilled help does not improve the nipple shape tongue-tie should be considered.

6. **Is there any change in colour of the nipple and areola?**

Thrush can cause a temporary reddening of the nipple and loss of colour in the areola. Temporary loss of colour which returns to normal within a couple of seconds does not suggest thrush but may be due to incorrect positioning or Reynaud's syndrome. Some mothers are aware that they always have cold extremities, reinforcing the likelihood of this as a cause of pain.

7. Can the mother point to a specific area from which the pain radiates?

There may be a white spot visible on the nipple, at the point which indicates a blockage in that duct and build up of pressure behind it. This causes a 'pin-point' pain which can be very severe. Gentle rubbing with a flannel may resolve the pain for a period but it may re-occur. The pain can be very severe.

8. What other symptoms does the mother have?

Thrush does not produce a fever, a red area on the breast or a yellowy discharge from the nipple. Skin may be sore but should not be excessively dry. If the baby has plaques in his/her mouth the mother may exhibit no symptoms but should be treated topically with the cream to prevent re-infection of the baby.
Thrush should be a diagnosis of exclusion, particularly after positioning and attachment have been optimised by an experienced breastfeeding worker.

Exposing mother and baby to topical or oral treatments unnecessarily is unethical and unfair for two reasons:

- **It may delay resolution of the true case of the nipple pain**
- **It necessitates the healthcare professional who prescribes or sells the medication outside of its licence application to take responsibility for the use of the product.**

We would strongly discourage the use of medication until positioning and attachment have been thoroughly explored by someone skilled in breastfeeding attachment difficulties.

Please contact your local infant feeding advisor or GP for further discussion if required.

Acknowledgements to the Breastfeeding Network's – Differential Diagnosis of Breast Pain (July 2015) from which this document has been adapted

Appendix 2 – Breastfeeding assessment tool

NHS Lothian

How you/your midwife/ health visitor/family nurse can recognise that your baby is feeding well

Baby Name________________ Baby CHI__________________ Baby DOB_________________ Hosp CMW HV/FN

What to look for/ask about: **Further information in Off to a Good Start** date:			
Your baby: yes/no/discussed (Y/N/D)			
Is alert and has at least 8-12 feeds in 24 hours (Be responsive to you and your babies needs)			
Is generally calm and relaxed when feeding and content after most feeds			
Around day 3-4 is taking deep rhythmic sucks and you will hear swallowing			
Will generally feed for between 5 and 40 minutes and will come off the breast spontaneously			
Has a normal skin colour			
Has weight loss of less than 10% (weigh if indicated by guideline then around day 5 and if indicated discharge to HV)			
Your baby's nappies:			
Wet: day 1-2 one or more, day 3-4 three or more, day 5-6 five or more, day 7-28 six heavy wet nappies in 24 hours			
Dirty: day 1-2 one or more dark green/black, 2-4 two or more changing colour, day 5-6 two or more yellow size of a £2 coin in 24 hours. Frequency of stools may change beyond 4 weeks of age.			
Your breasts:			
Breasts and nipples are comfortable			
Nipples are the same shape at the end of the feed as the start			
Other: (circle if using)			
How using a dummy/ nipple shields/ infant formula can impact on breastfeeding			
Date of assessment:			
Name of health care worker print here &sign in box			

If any responses are No or 'other' circled- watch a full breastfeed revisit positioning & attachment develop a care plan with mother

Care Plan commenced? Yes/ No (see over) and document in TRAK

Care Plan and suggestions discussed including breastfeeding support services.

Please date, sign and print name for each care plan below

Sender address

Lothian NHS Board

Recipient address

Date 28 August 2017
Patient Name patient name
Patient DOB patient DOB
Patient Address patient address

Enquiries to sender name
Direct Line telephone
Email email

Dear recipient,

Prescription request letter to GP:
for treatment of breastfeeding maternal nipple thrush and/or infant oral thrush

Patient name has been seen at by her midwife or health visitor for additional support with breastfeeding due to nipple or breast pain which is significantly affecting her ability to continue breast feeding. A full assessment and differential diagnosis of nipple pain has been completed. This included a direct observation of a feed to ensure correct attachment and positioning, and inspection of her breast and her baby's oral mucosa. Other causes of nipple pain have been considered and excluded, and I have concluded that she/her baby has a *Candida* or thrush infection.

Miconazole 2% cream and 2% oral gel has been approved by the Lothian Formulary committee for treatment of this infection. This has been shown to be more effective than other anti fungal agents, such as clotrimazole and nystatin.
LJF sections: Adult
Children

Recommended treatment:

Maternal: Topical miconazole cream 2% applied to nipple at least four times daily or after every feed for at least 10 days, with advice to continue for 7 days after improvement noted.
Note: *Any residual cream should be gently wiped off before the next feed. Avoid washing it off as this will remove the natural moisture from the skin and may cause further damage*

Baby: Oral miconazole 2% gel- 1ml portion divided into four parts and smeared around mouth using clean finger four times daily after feeds for at least 10 days with advice to continue for 7 days after improvement noted.
Note *as per SPC guidance*:
- *The oral gel should not be applied to the back of the throat. Observe the patient for possible choking.*
- *Seek pharmacist's guidance if the patient is on any other medicine that prolongs QT interval , such as domperidone*

It is recommended that mother and baby be treated simultaneously.

Mother and baby will be reviewed by the health visiting team after 7-10 days

For more detailed guidance: NHS Lothian Guidelines for the topical treatment of thrush in the breastfeeding mother 2016 NHS Lothian intranet: Reproductive Medicine / Policies & Guidelines
Other resources regarding breastfeeding: NHS Lothian 'Feeding Your Baby' website

NHS Lothian

If there are no contraindications I would be grateful if you would prescribe miconazole 2% cream and 2% gel as outlined above. Please do not hesitate to contact me if you require any further information

Yours sincerely

Sender name
Job Title