

How can I prevent it in the future?

- Wash your hands with soap before and after feedings and diaper changes.
- Try rinsing your nipples with plain water and let them air dry after feeds.
- Wash any clothing that contacts parent's milk, and baby's diapers in very hot water. Dry well in hot dryer or sunlight.
- Change absorbent pads or clothing soiled with milk with every feed.
- Change clothing that contacts the breast/chest every day.
- Boil all items in contact with baby's mouth or parent's milk for 20 minutes once a day, such as bottle, bottle nipples, soothers/pacifiers, sippy cups, and breast/chest pump parts. Wash these items in hot soapy water after every use.
- If you are pumping milk, use this milk while you have the yeast infection. Do not save this milk for later. It could infect your baby again.



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For breastfeeding help:

- See Baby's Best Chance
or
- Contact your local Health Unit:

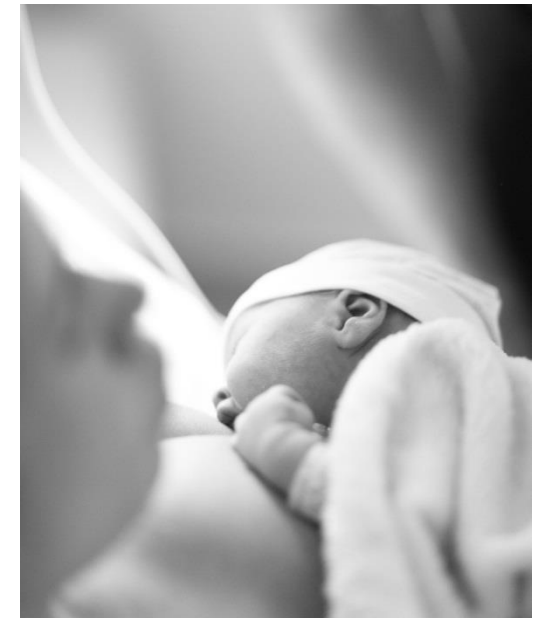
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Catalogue #255491 (March 2022)
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Yeast and Thrush Infections



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Information for
Breastfeeding/Chestfeeding Parents



What is a yeast or thrush infection?

Yeast (*Candida*) is a fungus, which often lives in humans.

Too much yeast can lead to an infection. It can be found in the baby's mouth (called 'thrush') and/or diaper area. It can be found in the vagina and on the skin or nipples of the breastfeeding/chest feeding parent.

You are more likely to get a yeast infection if you have been taking antibiotics, have damaged nipples, or have had a yeast infection before. It is more common in people with certain medical conditions such as diabetes.

What signs should I watch for?

Parent

- Your skin or nipples might be itchy, flaky, shiny, or red looking.
- You might notice a sudden nipple soreness or pain after several weeks of pain-free breastfeeding/chestfeeding.
- You might have burning or pain while breastfeeding/chestfeeding even when position and latch are good.
- You might have sharp pains in the breast/chest tissue towards the end of or after a feed.

* If possible, continue breastfeeding.

Baby

- You might see creamy white patches in the mouth (on gums, roof of mouth, lips or insides of cheeks).
Do not try to wipe the patches away, as area could become red and sore.
- Baby might be fussy at the breast because of a sore mouth.
- You could see a diaper rash that looks red and rough, with well-marked edges or lacy pattern, and does not improve with a barrier cream (such as zinc oxide).

* A white tongue with no other signs is likely not thrush.

How is it treated?

You and baby must both be treated to prevent the infection being passed back and forth (unless the infection is only on baby's diaper area).

Yeast infections found in other areas of your body and/or your baby's body should also be treated at the same time.

You and baby should see a doctor, midwife, or nurse practitioner to confirm that it is a yeast infection and treat it. Infections from bacteria can look and feel the same.

Parent

- Nystatin cream is typically the first choice in treating this. Other options include miconazole cream, clotrimazole cream, or oral fluconazole pills.
- Apply nystatin cream onto nipples and skin after each feed. No need to wash off before the next feed.
- Take acetaminophen and/or ibuprofen for pain if needed (They are safe for breastfeeding/chestfeeding).
- If you take other medicines, check with your pharmacist about how they might affect the treatment and feeding.
- Talk to your doctor, midwife, or nurse practitioner before starting any medicines.

Baby

- Nystatin liquid is usually the first treatment for thrush.
Use a clean Q-tip to paint medication on all parts of the baby's mouth (top and bottom of tongue, cheeks, gums, lips, and roof of mouth) as often as ordered. Nystatin is safe when swallowed.
- If your baby has diaper rash from yeast, your doctor, midwife, or nurse practitioner might prescribe nystatin ointment.
If prescribed, apply nystatin ointment with each diaper change.