



Medicalising Sore Nipples

THRUSH And Breastfeeding

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Breastfeeding and Medication
Pharmacist and Grandmother

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1

Possible causes for nipple soreness

- Poor latch
- Poor maternal position
- Poor break of suction
- Unrelieved negative pressure
- Flat/inverted nipples
- Use of bottle/dummy
- Sucking problems
- Nipple blisters or blebs
- Improper/excessive use of breast pump
- Improper use of nipple shield
- Sensitivity to nipple creams
- Prolonged contact with moisture
- Thrush infection
- Delayed initiation of breastfeeding
- Cleft lip/palate
- Short frenulum
- Teething
- Pregnancy
- Eczema, impetigo, allergy
- Herpes simplex
- Staph aureus infection
- Hypersensitive nipples
- Reynaud's phenomenon
- Neurological problem in infant
- Post traumatic stress in mother

Garrison C. Nipple Vasospasm, Reynaud's phenomenon and nifedipine. J.Hum.Lact 2002;18:382

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Hale's study

- Mums identified by Lactation Consultant with history suggesting thrush
- Took milk samples (didn't swab nipples)
- Couldn't grow candida
- But could grow candida in milk and in presence of lactoferrin and iron
- Conclusion – thrush doesn't exist
- But.....

Hale T et al. The absence of *Candida albicans* in milk samples of women with clinical symptoms of ductal candidiasis. *Breastfeeding medicine: the official journal of the Academy of Breastfeeding Medicine*, Vol. 4, No. 2, (June 2009), pp. 57-61

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Differentiating the pain

- Feed itself is pain free - particularly latch
 - Pain in both breasts,
 - Pain after every feed,
 - Pain the same regardless of time of day
- We used to think:**
- Nipples sensitive to touch
 - Recent antibiotics/history of vaginal thrush?

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Only definitive diagnosis

- Swabs of baby's mouth
- Swabs of mum's nipples
- Culture for bacterial and fungal infection
- Accurate?
- A swab should be taken using a sterile charcoal media swab and sent to the microbiology lab in a black swan tube requesting a culture for bacterial and fungal growth. The cost is under £5 (personal communication)



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White tongue in baby

- White tongue in tiny babies can be totally normal
- White tongue in baby with tongue tie is common
- Once we start scraping we can introduce thrush

Thrush is rare in first 6 weeks and highly unlikely if mum has never had pain free feeding

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Treating mother and baby

- If either mother or baby is confirmed as having thrush we have to treat both
- Thrush is contagious
- Thrush can be present in dad or other siblings particularly if tandem feeding

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What else could be causing the pain?

- Bacterial infection
- Vasospasm – due to less than perfect p and a and pressure on nipple cutting off the circulation
- Raynaud's phenomenon
- Tongue Tie

Less than perfect p and a – no matter how many times this has been checked if there is pain DURING a feed, needs to be checked again and a full feed observed

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How to differentiate thrush from other breast conditions

- A breastfeeding expert needs to watch a complete breastfeed
- And an expert needs to take a full breastfeeding history
- Doctors are not experts in breastfeeding and not all health visitors and midwives are as skilled as specialists
- Swabs of baby's mouth and mother's nipples are best way to be certain

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9

Over diagnosis of thrush?

- Baby < 6 weeks
- Mum has never achieved pain free breastfeeding
- Nipple is shaped/flattened after feeds
- Nipple colour changes after feeds
- Baby spaghetti slurps onto the nipple
- Still nipple damage?
- Tongue tie?

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Treating the baby



Nystatin

- Can be prescribed by nurse prescribers – even outside of license <6weeks
- Effectiveness?
- Disrupts cell membranes of fungi
- Fungistatic
- Application method?
- Why is it often recommended first line?

Miconazole oral gel

- Manufacturer recommends not used in babies <4 months (or <6m if resp problems)
- Risk of choking
- Evidence of effectiveness?
- Risk?
- Safe application
- Fungicidal



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Treatment for mum's nipples

- Miconazole Cream
- How much to apply and how often?
- Washing cream off?
- Packet leaflet – not for internal use
- Allergic reactions to clotrimazole?
- How long to continue treatment?



- **DO NOT APPLY Daktarin oral gel to nipples**

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Fluconazole

- Yes it is prescribed for babies in doses 10 times higher than pass through breastmilk
- But half life fluconazole in an adult is 30 hours
- Half life in a neonate (<6 weeks) is 88 hours
- In infants under 6 weeks it accumulates and can cause vomiting and stomach pain
- BUT if swabs confirm diagnosis and symptoms not responding to topical treatment it could be uses (200mg first dose then 150mg daily)

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13

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14