Tips from the Trenches – #6

Candida / Yeast Infections in Breastfeeding Dyads –

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About the Organism—

1. The term “yeast” does not refer to a specific organism/germ. It is a generic term for a family of single-celled fungal organisms.

2. The organism responsible for most “yeast infections” in humans is Candida albicans. Others include Candida glabrata and a few other species.

3. These are NOT the same yeast that makes bread rise or ferments hops into beer, and they are NOT the same as Brewer’s Yeast nutritional supplement.

4. Like all yeast organisms, Candida species like to live in dark, moist places with an alkaline environment. They feed on various types of sugar, and give off carbon dioxide.

5. They multiply very rapidly, and can double their numbers in less than 2 hours.

6. Their “natural enemies” in the human host are various species of Acidophilus and Lactobacillus bacteria – commonly called “good bacteria”. These keep things in balance.

Risk Factors for Getting the Infection—

7. If baby gets oral Candidiasis, also called “thrush”, in his mouth, he can give it to mom through breastfeeding.

8. Baby can get thrush after treatment with antibiotics, which kill the “good bacteria” that normally live in the mouth, allowing the Candida to grow faster and take over.

9. Baby can also get it after treatment with steroids, which decrease his natural immune balance.

10. Mom can be the first to get Candida on her nipples and give it to baby.

11. If nipples aren’t allowed to air-dry after feedings, if you leak milk a lot so your bra pads stay damp, if you perspire a lot, if you’re clothes are often wet for any reason, or if you live in a hot humid climate, Candida will multiply faster and could take over.

12. If mom had gestational diabetes during pregnancy, this can lead to vaginal yeast infections, which then infect baby as he passes through the birth canal.
13. A history of Polycystic Ovary Syndrome sometimes causes glucose intolerance as well (due to insulin resistance), which can be a risk factor for yeast infections.

14. If mom is treated with antibiotics or steroids for any reason during pregnancy or while breastfeeding, Candida may overgrow and cause problems.

15. If mom and baby are not treated together / at the same time, they can give it back and forth to each other.

Symptoms –

16. Baby may have a white coating on the tongue that doesn’t wipe off. (If it wipes off, it’s milk.) It may be only on the back part of the tongue and be hard to see without a tongue depressor and a bright light.

17. Thrush lesions may also be present on the insides of cheeks, or on inner parts of lips without being present on the tongue at all.

18. Baby may have a diaper rash that is bright red and has speckles or dots near the edges.

19. Many parents report that baby has been gassier than usual, due to the fermentation of milk sugar in the baby’s intestines.

20. Mom’s nipples may be pinker than usual, or lose some of their skin pigment.

21. Nipples can be shiny, flaky, or swollen.

22. Or, they may look completely normal.

23. Tiny cracks that bleed may develop right where the nipple and the areola meet, due to the tissue becoming more fragile than usual. This is especially likely if mom pumps for any reason.

24. Nipple pain is the most common symptom of Candidal infection in the breastfeeding mom. It is usually on both sides, and can get quite severe. It has been described as burning, “shards of glass”, “stabbed with a jagged knife”, etc.

25. Pain is often worst at the moment baby latches on for a feeding, and then eases a little after a few seconds. It may last throughout the feeding, though at a lower intensity.

26. It can also occur between feeds, with water (like in the shower), when someone hugs you, or if clothes rub.

27. It can also radiate/shoot deep into the breast, or around your ribs, or up into your shoulder.

28. If you have nipple cracks, these may also get a bacterial infection, which would be treated differently – see a Breastfeeding Medicine specialist!
Gentian violet—

29. Use only 1% gentian violet. If what your pharmacy has is 2%, mix with an equal amount of water to make 1%.

30. First, coat baby’s lips with lanolin. This keeps the purple IN his mouth. Then, dip a cotton swab (Q-tip) into the gentian violet and touch the center of baby’s tongue. (It only takes a drop, which isn’t enough for him to swallow.) Then nurse on both sides.

31. Or, dip a cotton swab into gentian violet and paint each nipple and as much areola as your baby’s mouth covers when he’s latched on well. (Use a separate swab for each nipple.) Then nurse before it dries – baby will get enough this way.

32. As long as the result is a purple mouth for baby and two purple nipples for mom, you’ve done it right.

33. Do this treatment ONCE DAILY for a week. Many moms have found that doing it at night keeps the purple mess to a minimum.

34. If baby is teething, or is a “drooler”, keeping a bib on will help prevent staining of clothes.

35. If gentian violet does get on clothes or burp rags, etc., Oxyclean will get it out!

36. If gentian violet gets spilled on a hard surface, rubbing alcohol will help get it off.

Azole creams –

37. Common ingredients are clotrimazole and miconazole. These can be applied to mom’s nipples AFTER each feeding.

38. These don’t need to be wiped off, if most has absorbed into skin by next feeding. (Both can also be taken internally.)

Vinegar rinses

39. Make a vinegar rinse solution by mixing one teaspoonful of white vinegar into one cup of water. This can be swabbed on mom’s nipples several times throughout the day to make the skin surface slightly more acidic, which will keep the Candida from multiplying as fast.
40. You can also add a cup of white vinegar to the rinse cycle of your washing machine to help get rid of yeast on clothing.

**Grapefruit seed extract—**

41. Please note, this is NOT grape seed extract--

42. Look for the liquid concentrate. Mix 10 drops into an ounce (2 tablespoons) of *non-chlorinated* water. Chlorine inactivates grapefruit seed extract.

43. Soak cotton balls in this solution and wipe on nipples up to every hour during the daytime. It’s best to do right after a feeding, so it’ll stay on for awhile.

44. One way is to mix up 2-4 oz in a small plastic jar or cup with an airtight lid, then add enough cotton balls to absorb all the liquid. Keep this in your diaper bag or purse, and it’ll always be ready when you need it. Mix up more GSE solution and/or add more cotton balls as needed.

45. If using a cream on your nipples, either over-the-counter or a prescription, it’s ok to use the grapefruit seed extract solution, let it dry, then apply the cream on top.

46. This solution can be used in baby’s mouth also– use a Q-tip to swab on white patches – but many babies don’t like the taste.

**Tea tree oil aromatherapy—**

47. Tea tree oil has anti-fungal effects (as well as anti-bacterial), and aromatherapy products made with it smell nice.

48. Use the essential oil in a room diffuser.

49. Use bath soap made with tea tree oil, but be sure to rinse well.

50. DO NOT apply tea tree essential oil directly to skin, as it can burn.

**Diet –**

This is likely a “body chemistry” effect, because some people seem to have yeast recurrences if they eat the slightest amount of sugar; for others, it doesn’t seem to matter. If you get yeast infections extremely easily, you should probably be checked for diabetes and/or impaired glucose tolerance.
Some practitioners recommend a diet with no simple sugars (only whole grains or complex carbs) and no dairy while being treated for yeast.

Probiotic supplements—

51. Capsules are a better idea than yogurt, because you’ll get a bigger dose faster.

52. The most active are the ones that have to be refrigerated, and have the largest number of different species.

53. Let the capsule come to room temperature before swallowing and take with room temperature water for best potency.

54. Don’t take within 2 hours of an antibiotic dose.

55. To give to baby, dip a moistened finger in the powder (open a capsule), and let baby lick it off. Breastfeed immediately afterward, as breastmilk facilitates re-establishment of *bifidus* as normal intestinal flora. Don’t mix into anything for babies under six months, as it may form lumps that young babies can’t handle.

Hygiene Measures –

56. Using anti-bacterial soaps too much may actually be a problem, since they kill off the good bacteria.

57. Good hand-washing practices after peri-care are a must, especially if you have any risk factors for a vaginal yeast infection.

58. Use disposable bra pads, and change whenever they get damp.

59. Wash all bras and any other clothing (including baby’s bibs) that touches nipples in hot water, with a cup of vinegar in the rinse cycle. There are laundry soaps commercially available now that also contain grapefruit seed extract.

60. Once daily, sterilize anything that touches nipples, milk, or baby’s mouth (all washable breast pump parts, bottles and nipples, pacifiers) by boiling for 20 minutes.

61. After treatment is finished, replace all bottle nipples and pacifiers, as they are more porous and could still harbor spores that could reinfect. (Pacifier use has been shown to increase incidence of oral thrush in babies.) If baby has teeth, replace his toothbrush also!

62. Don’t freeze milk pumped during yeast for later use without pasteurizing first. Freezing doesn’t kill yeast spores.
63. If you have frozen milk that you think may contain yeast spores, you can pasteurize it before giving to baby.

64. To pasteurize your milk at home (“Holder pasteurization”), heat milk in double boiler on stovetop to 145 degrees F or 62.5 degrees C. Lower heat to keep the milk at that temperature for 30 minutes. Allow to cool completely before giving to baby or freezing.

**Prescription Meds –**

65. Baby may be given a prescription for Nystatin. This is a topical / mouthwash to treat oral thrush that is safe to swallow, but not necessary.

66. To use nystatin orally for baby, did a Q-tip and swab onto white patches in baby’s mouth – roof of mouth, tongue, inside cheeks, inside lips. Just don’t double-dip.

67. If baby is given Diflucan (fluconazole) suspension, this does need to be swallowed, as it works through the bloodstream. Try to give at the same time each day.

68. If “All-Purpose Nipple Ointment” is recommended for mom, there will be a prescription for Bactroban (mupirocin) ointment that should be mixed in equal amounts with over-the-counter Lotrimin ( clotrimazole 1% or 2%) and Cortaid (hydrocortisone 1%).

69. Use “APNO” on nipples after feedings and rub in well.

70. “APNO” can also be used on baby’s bottom, if he develops a yeasty diaper rash. But please, no double-dipping!

71. If Diflucan (fluconazole) tablets are prescribed for mom, take 2 on the first day, then one daily for 2 weeks. (The “one tablet” dose for vaginal yeast infections is not adequate for nipple yeast.) Try to take at the same time each day. Swallowing with diet soda helps absorption.

72. One potential side effect of yeast or of Diflucan itself is vasospasm of the nipple. If your nipple turns white and aches or burns in response to cold, let your practitioner know.

**Other points—**

73. Since yeast multiplies so rapidly, it takes awhile for treatment to completely get rid of it.

74. The usual course is that pain goes from “excruciating” down to “annoying” within the first week, but may remain “annoying” for quite awhile.

75. It will have a waxing and waning pattern, depending on flare factors – stress, weather, other risk factors, -- and treatment. I.e., it’s a war, not just a singular battle!
76. Like with any war, persistence is key. It IS worth it.

77. Both baby and mom must be treated simultaneously to keep them “on the same side” in this war – until both have won! Keep using BOTH baby’s mouth treatment (whether it’s diflucan OR nystatin OR grapefruit seed extract) AND mom’s nipple treatment (whether it’s topical grapefruit seed extract OR all-purpose nipple ointment) for at least a week BEYOND when mom’s pain and baby’s white patches are gone.

78. Moms and babies who’ve won the war against yeast together are often better bonded for the experience!