

# Managing Thrush During Pregnancy and Breastfeeding: Symptoms, Treatment, and Prevention



## Highlights

Thrush is a yeast infection that can cause vaginal discomfort, itching, and discharge, and is more common during pregnancy.

During breastfeeding, thrush can affect the nipples and a baby's mouth.

If symptoms appear during pregnancy or breastfeeding, it is advisable to consult a doctor, as safe treatments are available.

Thrush does not harm the baby.

Prevention measures include wearing cotton underwear, loose clothing, and avoiding scented products in the vulval area.

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## **Understanding Thrush**

Thrush is an infection caused by a yeast called candida. It often affects the vagina and vulva. If breastfeeding, it can also affect the breasts, nipples, and the baby's mouth or bottom.

## **Recognizing Symptoms of Thrush**

If experiencing vaginal thrush, symptoms may include itching, discomfort, and redness in the vaginal area. There may be a white, cottage cheese-like discharge. Pain or discomfort while urinating or during intercourse is also possible.

Nipple thrush symptoms include pain, itching, and sensitivity to touch. The nipple may appear pink and shiny, with a dry, red areola. Pain might continue even between breastfeeding sessions. In some cases, there may also be deep shooting pain in the breast, extending to the back or arms.

If a baby has thrush, there may be a white coating on the tongue or inside the cheeks, as well as a red nappy rash surrounded by small dots.

## **Causes of Thrush**

Thrush is caused by an overgrowth of candida, which is normally present in the body. Several factors contribute to its multiplication:

Reduced levels of lactobacillus bacteria, which normally control yeast growth. This often happens after taking antibiotics.

High levels of estrogen, which raise sugar levels in the vaginal area and promote yeast growth.

Warm, damp conditions, particularly in the nipple area during breastfeeding.

Cracked nipples, allowing yeast to enter and cause infection.

## **Thrush and Pregnancy**

Yes. Pregnancy increases the likelihood of developing vaginal thrush due to higher estrogen levels.

## **Safe Treatment During Pregnancy**

Antifungal vaginal creams or pessaries containing clotrimazole or nystatin can be used safely during pregnancy. A 6-day treatment course is often recommended over shorter options. If using pessaries, it is advisable to avoid the applicator.

Although these medications are available over the counter, consulting a doctor is recommended to rule out other causes of symptoms.

Oral antifungal tablets are not recommended during pregnancy unless prescribed by a doctor.

## **Does Thrush Affect the Baby?**

Vaginal thrush does not harm the baby. If present during labor, there is a small chance the baby may develop thrush, but it is easily treated.

## **Managing Thrush While Breastfeeding**

### **Vaginal thrush**

If vaginal thrush occurs while breastfeeding, antifungal creams or pessaries containing clotrimazole, miconazole, or nystatin can be used. Single-dose oral tablets containing fluconazole may also be an option, as only a small amount passes into breast milk and is not harmful to the baby. Consulting a doctor before starting treatment is recommended.

### **Nipple thrush**

If experiencing nipple thrush, both the parent and baby should receive treatment to prevent reinfection.

Babies are usually prescribed miconazole oral gel. A small amount should be

rubbed onto the baby's tongue and inside the cheeks after feeding. Nystatin drops may be an alternative, though less effective.

Antifungal cream (miconazole or nystatin) can be applied to the nipples after feeding. This does not need to be wiped off before the next feed.

Oral antifungal tablets may be prescribed if necessary.

Additional care measures include:

Sterilizing bottle teats and dummies daily.

Changing breast pads frequently.

Washing bras and towels in hot water and drying them thoroughly.

If symptoms persist, further medical evaluation may be required.

### **Continuing to Breastfeed with Thrush**

Yes, breastfeeding can continue with both vaginal and nipple thrush. Expressed breast milk does not need to be discarded.

### **Preventing Thrush**

Wear cotton underwear and loose clothing.

Wipe from front to back and wash hands after using the toilet.

Avoid scented soaps and products in the vulval area.

Wash hands thoroughly after changing nappies.

Dietary changes or probiotics do not have proven effectiveness in preventing thrush.

### **Tools and Assistance**

If you are dealing with thrush during pregnancy or breastfeeding, several practical tools and types of support can help:

**Medical Guidance:** Always consult with a healthcare provider such as a doctor, midwife, or lactation consultant. They can confirm whether symptoms are caused

by thrush or another condition and recommend safe treatment options.

**Pharmacy Support:** Pharmacists can assist with over-the-counter antifungal creams and pessaries and advise on how to use them safely during pregnancy or breastfeeding.

**Breastfeeding Support Services:** Specialists like lactation consultants can help manage nipple thrush, show you how to maintain hygiene, and ensure your breastfeeding technique doesn't contribute to cracked nipples.

**Home Hygiene Practices:** Keeping your environment clean helps prevent reinfection. This includes: Washing bras, towels, and baby items in hot water.

Changing breast pads often. Sterilizing bottle nipples and pacifiers daily.

Air-drying nipples after feeds if possible.

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**Comfort and Symptom Relief Tools:** Cotton underwear and loose clothing help reduce irritation. Fragrance-free personal care products lower the risk of triggering or worsening symptoms. Nipple creams prescribed by your doctor can soothe discomfort while treating the infection.

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**Emotional Support:** Thrush can be frustrating, especially when it disrupts breastfeeding. Connecting with other parents, support groups, or a counselor can help you stay motivated and feel less alone.

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Changing breast pads often.

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Air-drying nipples after feeds if possible.

Cotton underwear and loose clothing help reduce irritation.

Fragrance-free personal care products lower the risk of triggering or worsening symptoms.

Nipple creams prescribed by your doctor can soothe discomfort while treating the infection.

If symptoms persist or frequently return, keep a log of when they occur and how you treat them. This can help your healthcare provider identify patterns and adjust treatment more effectively.