Dear Colleague

This letter authorises the extended use of the following guidance until 1st September 2018:

**NHS Grampian Guidance For The Treatment Of Breast Candidiasis**

The review of this Guideline is currently underway and the updated version will be available later in 2018.

If you have any queries regarding this please do not hesitate to contact the Pharmacy and Medicines Directorate.

Yours sincerely

Sandy Thomson

Interim Chair of the Medicines Guidelines and Policies Group
# NHS Grampian Guidance For The Treatment Of Breast Candidiasis

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<th>Co-ordinators:</th>
<th>Consultation Group:</th>
<th>Approver:</th>
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<tr>
<td>Lisa Lawrie</td>
<td>See Page 6</td>
<td>Medicine Guidelines and Policies Group</td>
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<td>Health Visitor/Infant Feeding Coordinator</td>
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### Executive Sign-Off

This document has been endorsed by the Director of Pharmacy and Medicines Management

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Organisation Wide

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Lead Author/Co-ordinator: Lisa Lawrie, Health Visitor/Infant Feeding Coordinator

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Clinical Guidance

Document application: NHS Grampian

Purpose/description: The purpose of this guidance is to ensure that all staff working with breast feeding women in NHS Grampian understand how to diagnose and treat both mother and child with breast thrush.

Responsibilities for implementation:

Organisational: Chief Executive and Management Teams

Corporate: Senior Managers

Departmental: Heads of Service/Clinical Leads

Area: Line Managers

Hospital/Interface services: Assistant General Managers and Group Clinical Directors

Operational Management: Unit Operational Managers

Unit:

Policy statement: It is the responsibility of all staff to ensure that they are working to the most up to date and relevant policies, protocols procedures.

Review: This policy will be reviewed in two years or sooner if current treatment recommendations change.
This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245.

Responsibilities for review of this document: Lisa Lawrie, Health Visitor/Infant Feeding Coordinator

Responsibilities for ensuring registration of this document on the NHS Grampian Information/Document Silo: Pharmacy and Medicines Directorate

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Job/group title of those who have control over this document: Infant Feeding Coordinator

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Revision History:

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* Changes marked should detail the section(s) of the document that have been amended i.e. page number and section heading.
NHS Grampian Guidance For The Treatment Of Breast Candidiasis

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NHS Grampian Guidance For The Treatment Of Breast Candidiasis

1. Introduction

The purpose of this guidance is to ensure all NHS Grampian staff working with women and babies understand their role and responsibility to correctly diagnose thrush, (*Candida albicans*), in breastfeeding women and ensure appropriate treatment for both mother and baby.

All NHS Grampian staff are expected to refer to and follow this guidance.

1.1. Aim of the guidance

- To facilitate appropriate diagnosis of thrush in breastfeeding mothers and their babies.
- To reduce misdiagnosis of thrush and inappropriate prescribing of treatment to breastfeeding women and babies.
- To facilitate appropriate treatment of breastfeeding mothers and their babies according to recognised guidance.

1.2. For whom is this guidance intended?

This guidance is relevant to all midwives, nurses and health visitors and General Practitioners involved in the care of mothers and their babies.

2. Evidence Base

This thrush guidance is based on the advice from The Breastfeeding Network, supported by UNICEF; this can be accessed on:


3. Key Aspects of the Policy

3.1. What is thrush?

- *Candida albicans*, more commonly known as ‘thrush’, is a fungal infection that can affect the mother’s breast and the baby’s oral mucosa during the
breastfeeding period. Thrush is one of the most painful breastfeeding conditions and can lead to the mother stopping breastfeeding prematurely. The fungal infection usually starts after a period of pain-free breastfeeding or after a course of antibiotics (in either the mother or baby).

- Ductal thrush (also known as Deep Breast Thrush) is very rare, especially in the first 6 weeks after birth and other causes of breast pain should be ruled out before finalising a diagnosis. Thrush of the nipple is more common and should be treated appropriately. In both cases it is important to simultaneously treat mother and baby to prevent re-infection.

3.2. Signs of thrush in breastfeeding women

Sudden onset of breast and/or nipple pain in both breasts after a history of pain free breastfeeding – pain is severe and can last for an hour after every breastfeed.

This should be confirmed by a swab of the nipple using a black charcoal media swab sent to microbiology requesting a culture for bacterial and fungal growth.

3.3. Reasons to check positioning and attachment rather than treat for thrush

- Pain in only one breast, or worse in one breast.
- Never having had pain free breastfeeds.
- Pain during the breastfeed.
- Nipples which are shaped oddly after breastfeeds.
- Nipples which are white at the tip after breastfeeds.
- Pain is different at different times of the day.

3.4. Other causes of nipple pain

- Poor positioning and attachment are the most common causes of breast pain.
- Uncoordinated suckling in the baby.
- Tongue-tie in the baby.
- Raynaud’s syndrome (associated with history of poor circulation and pain made worse when cold).
- Eczema, including reactions to breast pads or creams.
- Unresolved engorgement.
- White spot or galactocele – produces pin-point pain.
- Bacterial infection (may be present at the same time as thrush).

3.5. Signs of thrush in the baby

- Creamy white patches in baby’s mouth, on the tongue which may be far back or on their inner cheeks.
- Baby’s tongue/lips may have a white gloss.
Thrush should be confirmed by a swab of the baby’s mouth, using a black charcoal media swab sent to microbiology requesting a culture for bacterial and fungal growth.

4. Treatment Of Thrush

It is imperative to treat both mother and baby simultaneously to prevent re-infection – refer to GP for prescriptions.

4.1. Topical treatment of the mother

- Miconazole 2% cream is the first choice of anti-fungal cream. A pea-sized amount should be applied to the nipple and areola after each feed for 7 days. There is no need to wash off any unabsorbed cream as this will be left on the breast-pad. N.B. Daktarin® (miconazole) oral gel should not be prescribed for the mother’s nipples. It is not pharmacologically designed to penetrate the skin on the nipple and is unlikely to be effective.

- If the nipples are very red and inflamed, a mild steroid cream can be used to facilitate healing (miconazole 2% plus hydrocortisone 1% cream).

- Clotrimazole 1% cream has an increased association with allergic reactions when used for breast thrush and should be avoided.

- For nipple fissures with Staphylococcus aureus infection, fusidic acid cream or ointment may be prescribed, used concurrently with anti-fungal creams.

- If pain continues despite topical treatment then systemic treatment may be required see below.

4.2. Systemic treatment of the mother

- Fluconazole is not licensed in this country for lactating women, however there is growing evidence that it is a safe and effective form of treatment and its use enables women to continue breastfeeding. Due to the severity of the pain in deep breast thrush, few women are able to continue breastfeeding without treatment, and are therefore forced to stop breastfeeding earlier than they would have liked.

- The World Health Organisation classifies fluconazole as being compatible with breastfeeding – indicating that there are no known or theoretical contraindications for its use and it is considered safe for the mother to take and continue to breastfeed. **However, due to the unlicensed status, practitioners are required to take full liability for its use.**

- Fluconazole is given as a loading dose of 150-300mg depending on severity and how quickly treatment has been initiated, followed by 50-100mg twice daily for at least 10 days.
When taking 200mg fluconazole daily, the maximum dose transferred to the baby through the mother's milk is 0.6mg/kg/day – based on milk consumption of 150mL/kg/day. The licensed neonatal dose of fluconazole for mucosal candida is 3-6mg loading dose then 3mg/kg/day.

- Topical treatment for both mother and baby should continue throughout the course of oral therapy.
- Analgesia for breast pain can be given as required.

4.3. Treatment of the baby

- For babies under 4 months of age, nystatin suspension can be used from 1 month old. A dose of 1mL is given 4 times daily after feeds (maximum dose of 4mL daily). The included dropper should be used to measure the dose and then transfer the dose to a teaspoon. This prevents the dropper contaminating the whole bottle when replaced. Treatment is usually given for 7 days and continued for 48 hours after lesions have healed.

- For babies over 4 months*Miconazole (Daktarin®) oral gel is preferable to nystatin suspension, with greater efficacy in a shorter period. Application of 1.25mL (approximately the size of three small peas) to the tongue and oral mucosa, using a clean finger four times a day after feeds is required for resolution of symptoms.

- Due to the increased risk of choking, miconazole oral gel should never be given off a teaspoon, from an oral syringe, or in large quantities.

*Nystatin is fungistatic whereas miconazole is fungicidal and has been shown to be clinically more effective at eradicating oral thrush. Therefore this should be used first line when age allows.

*It should be noted that miconazole oral gel is unlicensed for babies under 4 months of age.

5. Additional Advice for Mothers

- Continuing to breastfeed your baby whilst you have thrush will not harm your baby.
- Ensure hands are washed before and after applying treatment and following nappy changing.
- Change your breast pads regularly.
- Boil wash underwear and clothing that comes into contact with the breast and use a separate towel for each family member.
- Anecdotally reducing sugar and yeast products in the diet helps.
- If your symptoms do not start to improve after 7 days of treatment, consult a healthcare professional as the cause of your pain may not be thrush.
6. References


- Manufacturer’s SPC available at https://www.medicines.org.uk/emc/


7. Consultation List

**NHS Grampian UNICEF Steering Group Membership**

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Distribution List

The policy will be distributed to all NHS Grampian staff via:

- NHS Grampian Document and Information Silo

The policy will be advertised to all NHS Grampian staff via:

- NHS Grampian Team Brief, Up Front and global email