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Evaluation and management of candida/thrush

1. Definition or Key Clinical Information (Douglas, 2021; Merad et al., 2020; Vainionpää et al., 2020)
Candidiasis, or thrush, is a fungal infection caused by candida albicans, which although sometimes present as a commensal in humans, can become opportunistic under certain conditions. This infection affects the breasts, causing pain and other symptoms, and the oral mucosa of the infant, causing white patches and feeding difficulties. Candida albicans as the cause of mammary candidiasis is controversial and there is not conclusive evidence to support this thesis or the need for antifungal treatment.

2. Assessment

i. Risk Factors (Merad et al., 2020; Plachouri et al., 2022)
- History of antibiotic use for mastitis, in labor, or another reason
- History of vaginal candidiasis
- Physical damage to the nipple
- Residual breast milk/poor breast hygiene/wearing milk soaked breast pads
- Use of silicone or latex pacifiers or bottles
- Use of corticosteroids
- Excessive consumption of dairy, sugar, or artificial sweeteners
- Oral ties
- Diabetes or other endocrine disorders

ii. Subjective Symptoms (Merad et al., 2020; Plachouri et al., 2022; Vainionpää et al., 2020)
- Burning or sharp pain in nipples, radiating breast pain
- Nipple or areola appears red, shiny, or flaky, or with fissures
- White spots in the baby's mouth

iii. Objective Signs (Merad et al., 2020; Plachouri et al., 2022)
- Nipple or areola visibly shiny, red, and/or with fissures
- Positive fungal culture

v. Clinical Test Considerations (Merad et al., 2020; Plachouri et al., 2022)
- Fungal culture of nipple or infant's mouth

vi. Differential Diagnosis (Douglas, 2021; Merad et al., 2020; Plachouri et al., 2022)
- Poor latch, oral ties, milk coating on baby's tongue, nipple dermatitis, milk crust on nipple, nevoid hyperkeratosis of the nipple and areola or mycosis fungoides, Raynaud's Syndrome

3. Management plan

Practice Guideline for candida/thrush
Updated Summer 2025

i. Therapeutic measures to consider within the CPM scope (Douglas, 2021; Mohrbacher, 2020)

- Improve hygiene: frequently replace breast pads, air dry nipples and expose to sun when possible, wash hands frequently, sterilize bottles and pacifiers daily by boiling for 20 min and replacing after 1 week during treatment, wash undergarments with vinegar during treatment
- Reduce simple carbs, alcohol, and artificial sweeteners in diet
- Increase probiotic rich foods or begin a probiotic supplement (Fem-dophilus preferred)
- Topical coconut oil and/or calendula oil to promote healing
- Gentian violet
- Rinse nipples with vinegar solution made from 1 cup filtered water mixed with 1 tablespoon vinegar.
- Wet a q-tip with 1% Gentian Violet, then swab the nipple and the inside of the baby's mouth once daily for four days.
- Grapefruit seed extract - 250mg three times daily; or 5-15 drops in 5 oz water two to five times daily
- Garlic, zinc, and B vitamins - Three triple strength garlic tablets three times a day for two weeks, 45mg of zinc daily,
- and 100mg of each B vitamin
- Probiotics - Acidophilus bifidus 400 million to one billion units for at least two weeks
- OTC miconazole or clotrimazole - apply a pea size amount after feedings 4 times/daily. Wipe off before the next feeding.

ii. Therapeutic measures commonly used by other practitioners (Douglas, 2021; Merad et al., 2020)

- Topical antifungals and oral suspensions such as miconazole, clotrimazole, ketoconazole, fluconazole, or nystatin for mother and infant

iii. Ongoing care (Merad et al., 2020; Mohrbacher, 2020)

- Check in every 1-2 days until symptoms improve and breastfeeding is normal. Perform increased weight checks (every 1-2 days) when weight loss is a concern for baby

iv. Indications for Consult, Collaboration, or Referral (Douglas, 2021; Merad et al., 2020)

- IBCLC: To assess latch and positioning when this may be a factor, if antifungal treatment is ineffective, or if lactation support is desired or needed while being treated
- Pediatric Dentist: Potential oral ties as a cause of nipple damage or poor latch
- PCP, pediatrician, or CNM: For antifungal treatments that require prescriptions if no improvements after 3-4 days of OTC options

v. Client and family education

- Education on proper hygiene and risks factors for yeast
- Educate on probiotic rich foods in the prenatal period, especially if GBS prophylaxis is planned
- Assess latch and positioning and give guidance on other positions, how to improve latch, and comfort measures

4. References

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