NHS Highland guidelines for:

Policy on treatment of breast thrush while breastfeeding

Public Health / Health Improvement

Warning – Document uncontrolled when printed

Policy reference:	Date of Issue: January 2019
Prepared by: Mairi Dunbar, Lead Pharmacist – Women and Children. Karen MacKay – Infant Feeding Lead.	Date of Last Review: July 2026 Date of Next Review: July 2028
Lead Reviewer: Karen Mackay.	Version: 6
Authorised by: W&C D Core Guidelines Group.	Date: 1st of October 2026.

Distribution:

- Executive Directors
- Clinical Directors
- General Managers
- Assistant General Managers
- Lead Nurses/Nurse Managers
- Hospital Midwives
- Community Midwives
- Community and hospital pharmacists
- Health Visitors
- Public Health Practitioners
- Nursery Nurses
- Paediatric Nurses
- All Paediatric Medical Staff
- All GPs
- All Hospital Medical Staff
- All ancillary staff within NHS Highland
- All support staff who have contact with mother and child
- Neonatal unit/SCBU

Method: E-mail ✓ Paper ✓ Intranet ✓

Date	Author	Change
July 2026	Karen Mackay	Page 5 – addition of flow chart for breast pain referenced in appendix 1.
July 2026	Karen Mackay	Page 5 – changes to only treat symptomatic person in breastfeeding dyad – repeated throughout the document.
July 2026	Karen Mackay	Page 6 – changed to only discard breastmilk during confirmed thrush treatment if mum has thrush.
July 2026	Mairi Dunbar	Pages 7 to 9 - changes to both prescription recommendations for both mum and baby.

Data Protection Statement

NHS Highland is committed to ensuring all current data protection legislation is complied with when processing data that is classified within the legislation as personal data or special category personal data.

Good data protection practice is embedded in the culture of NHS Highland with all staff required to complete mandatory data protection training in order to understand their data protection responsibilities. All staff are expected to follow the NHS policies, processes and guidelines which have been designed to ensure the confidentiality, integrity and availability of data is assured whenever personal data is handled or processed.

The NHS Highland fair processing notice contains full detail of how and why we process personal data and can be found by clicking on the following link to the 'Your Rights' section of the NHS Highland internet site.

NHS Highland - Privacy Notice

Contents

Page	
5	Equality and Diversity
6-7	Introduction Diagnosis and treatment of breast thrush Symptoms of breast thrush
8	Other causes of nipple pain Self-help to treat thrush
9	Prescribing for thrush in breastfeeding women
10 - 11	Treatment for breastfeeding babies who are symptomatic
12	References
13	Appendix 1 – causes of nipple pain

Equality and Diversity

NHS Highland ensures that the individual needs of mothers and their babies are given due consideration. To understand individual need, staff need to be aware of the impact of any barriers in how we provide services.

Staff are advised to:

- Check whether mothers require any kind of communication support, including an interpreter to ensure that they understand any decisions being made.
- Ensure that they are aware of any concerns a mother may have about coping with breastfeeding and any decisions made.
- Ensure that any mother who has a disability that may require individualised planning re breastfeeding practice is appropriately supported.
- Ensure that gender-inclusive terms are used should parent(s) prefer this terminology. Suggested terms in breastfeeding and human lactation (Bartek et al, 2021) are useful and are suitable substitutes when gender-inclusive language is appropriate.

Traditional terms	**Gender-inclusive terms**
Mother, father, birth mother	Parent, gestational parent; combinations may be used for clarity, such as “mothers and gestational parents”
She, her, hers, he him, his	They/them (if gender not specified)
Breast	Mammary gland
Breastfeeding	Breastfeeding, chestfeeding, lactating, expressing, pumping, human milk feeding
Breastmilk	Milk, human milk, mother’s own milk, parent’s milk, father’s milk
Breastfeeding mother or nursing mother	Lactating parent, lactating person, combinations may be used for clarity, such as “breastfeeding mothers and lactating parents”

Traditional terms	Gender-inclusive terms
Born male/female (as applied to people who identify as anything but cisgender)	Noted as male/female at birth or recorded as male/female at birth or assigned male/female at birth.

Introduction

What is Thrush? (Candida albicans)

Thrush is a fungal infection and can occur any time while the mother is breastfeeding. Candida albicans thrive in moist, warm, dark areas and the breasts are ideal to harbour this fungus. Candida infections most commonly occur where there has been a breakdown in the integrity of the skin or mucous membrane. The widespread use of antibiotics now in the ante and intra-partum period encourages the overgrowth of candida albicans.

Diagnosis of breast thrush

It is vitally important that a clear and in-depth breastfeeding history is taken and a breastfeed is observed by a trained health professional. In doing so, other potential problems can be eliminated – use of the pain in breastfeeding flowchart appendix 1 will support the practitioner to identify various reasons for pain during breastfeeding.

Thrush is over diagnosed in breastfeeding dyads and within NHS Highland a bacteriology swab should be taken and sent to microbiology requesting a culture for both bacterial and fungal growth. Thrush should only be diagnosed and treated if swab results have confirmed thrush growth.

Symptoms

For the Breastfeeding Mother can include:

- Nipple pain that begins after a period of pain free feeding.
- Pain is not improved by effective attachment.
- Cracked nipples which are difficult and slow to heal.
- Pain is often described as severe in nature – burning and stabbing.

- Pain commences after the feed has ended, sometimes for as long as an hour.
- Loss of colour to the nipple or areola.
- Sensitive nipples and areola.
- History of recent antibiotic therapy.
- History of recent episode of vaginal thrush.
- Pain will always occur in **both** breasts
- Absence of a pyrexia.
- Absence of red area on the breast

For the Baby When Breastfeeding can include:

- Inability to sustain a latch due to oral pain.
- Frustration at breast – going on and off.
- Crying.
- Nappy rash which doesn't improve with simple treatment.
- Can have oral plaques in mouth which do not rub off.
- Breast refusal.

Note: Infants may have no symptoms and there is now no need to treat both mother and baby if one is symptom free.

If pain is isolated to one breast, then this is not symptomatic of thrush and assessment of a full breastfeed is vital. A bacteriology swab is recommended for unilateral breast pain where alteration of positioning and attachment has not helped to rule out a staph aureus infection which may need treatment with antibiotics

It is vital for a health professional trained in breastfeeding management to observe a full breastfeed. This will usually be done by either the local midwife/ health visitor or infant feeding support worker. The reason behind this is to rule out any other causes for the mother's symptoms. Prior to referral to GP, a positive bacteriology swab must confirm thrush, and a full breastfeeding assessment must be completed.

Effective positioning and attachment are crucial to ensure adequate milk production, milk transfer and breast health. This should be the primary concern when assessing

any breastfeeding problem. Once effective positioning and attachment is confirmed then other causes of nipple pain can be considered.

Other causes of Nipple Pain

- Eczema
- Tongue tie in the baby
- Reynaud's syndrome
- Milk bleb or white spot
- Bacterial infection which will may appear as a yellow, thick discharge
- Vasospasm which is associated with ineffective attachment and where white nipples are prominent after feeds

Self-help to treat thrush

- Pain killers are encouraged to relieve the pain experienced from thrush – over the counter analgesics such as paracetamol and ibuprofen are ideal.
- Continue to breastfeed as thrush will not harm your baby.
- Personal hygiene is important to stop cross–infection. Good hand washing from all the family is required.
- If a dummy, nipple shield, teat, bottle or plastic toys are used by the baby, ensure that these are carefully washed and sterilised while the infection lasts
- Any milk which has been expressed and stored in the freezer during the time when the **mother** has had thrush should be discarded.
- Some mothers find reducing the amount of sugar and yeast in their diet helps but this has not been researched.
- Anecdotally some mothers have reported that acidophilus capsules have helped to restore bacteria and have kept thrush under control

Prescribing for thrush in lactating women

Mum and baby do not both need treating – only treat whoever is symptomatic

Treatment for lactating women

Surface thrush

- Miconazole 2% Cream for surface thrush. Best practice is to apply a small amount sparingly to the nipple and areola after every feed rather than the licensed twice daily treatment. Any cream which can be seen should be wiped off gently prior to the next feed to reduce further nipple damage. If no cream is visible, then no need to wipe off [2,4] Use for 10 days after the symptoms have subsided or more specialist help is obtained.

Ductal thrush

In addition to miconazole 2% cream; fluconazole orally 400mg the first day followed by 200mg per day for 14 days[4,13].

Use of Miconazole and Fluconazole in breastfeeding

- Topical preparations, such as miconazole 2% cream, for fungal infections of the nipple and areola, are considered to pose a negligible risk to a breastfeeding infant as long as precautions are taken to minimise contact of the breastfeeding infant with treated areas. There is no published evidence on the safe use of these topical preparations in breastfeeding[8]. Excretion into breast milk is highly unlikely due to an almost nil systemic absorption through the skin, vaginal mucosa and even the intestine, with non-significant plasma levels (< 1 mcg/ mL) observed. (Chen 2010, Eichenfield 2007, Cardot 2004, Mactal 2001, Dhondt 1992, Daneshmend 1986), 9 Miconazole has poor absorption from the skin and has poor oral bioavailability, so is unlikely to

adversely affect the breastfed infant, including after topical application to the nipples[10].

It is advisable to remove all topical products from the breast before feeding[9,10].

When applied to the breast, the use of creams are preferred to ointments due to ease of removal before breastfeeding[8]

- Fluconazole is acceptable in nursing mothers because amounts excreted into breastmilk are less than the therapeutic fluconazole doses used in neonates[11,12]. Using peak milk level data from two patients, an exclusively breastfed infant whose mother was taking 200 mg daily of fluconazole would receive a maximum of about 0.6 mg/kg daily, which is 60% of the recommended neonatal (<2 weeks) dosage and 20% of the dosage used in older infants for oral thrush[12].

It is excreted in breast milk in a moderate amount (DR 18%) but much less than would be needed to treat candidiasis in an infant or premature newborn (Kaplan 2015, Force 1995, Schilling 1993). No serious problems have been observed in infants of mothers taking it. (Moorhead 2011, Bodley 1997)[13].

The fluconazole dose should be taken **after** the last breast feed if possible.

Treatment for breastfed babies who are symptomatic

Prescribing for oral thrush in babies

First line treatment:

Neonates and children – Nystatin 100,000 units/ml oral suspension, 1ml four times daily after feeds or food, usually for 7 days, and continue for 48 hours after lesions have resolved[5]. Nystatin suspension does not adhere so well as Miconazole oral gel.

Second line treatment:

Miconazole oral gel (unlicensed < 4 months) smeared around the inside of the mouth. Neonate 1 ml two to four times a day after feeds, 1 month to 23 months – 1.25ml four times a day after feeds or food; from 2 years – 2.5ml four times a day after meals. Unlicensed under 4 months, or first 5 to 6 months of life of a pre-term infant[6]. Apply to all areas of the mouth, cheeks, roof of mouth and the tongue with a clean fingertip. Ensure that the gel does not obstruct the mouth. **DO NOT** apply the gel to the back of the throat, and the full dose may need to be divided into smaller portions. The gel should not be swallowed immediately but kept in the mouth as long as possible. Continue for at least 7 days after lesions have healed or symptoms have cleared. Observe the patient for possible choking[7]. Also, due to the risk of choking, the gel must not be applied to the nipple of a breast-feeding woman for administration to an infant.

Note: miconazole oral gel contains 9.2mg ethanol per 1ml and benzyl benzoate and saccharin. Benzyl benzoate can cause displacement of bilirubin from albumin leading to hyperbilirubinaemia particularly in neonates. There are no recommendations on a safe dose in neonates, and extreme caution is advised by NPPG for neonates, especially in known unconjugated hyperbilirubinaemia. For saccharin an acceptable intake is given as 5mg/kg/day.

- Nurse prescribers can prescribe these treatments.

Note: The Summary of Product Characteristics (SPC) for Miconazole (Daktarin) oral gel does not recommend the use of oral gel in any patient less than four months old (and cautions the use in four to six months, and any pre-term infant less than 6 months old, or infants exhibiting slow neuromuscular development)[7].

References

1. ABM Clinical Protocol #26: Persistent Pain with Breastfeeding
2. Fungal infections and Breastfeeding - The Breastfeeding Network
3. Causes of nipple pain - Background information, Breastfeeding problems CKS NICE
4. Common problems of breastfeeding and weaning - UpToDate
5. MedicinesComplete, BNF for Children, Drug: Nystatin
6. MedicinesComplete, BNF for Children, Drug: Miconazole
7. Daktarin Oral Gel - Summary of Product Characteristics, emc website
8. https://www.sps.nhs.uk/articles/safety-in-lactation-antifungal-skin-preparations/#:~:text=miconazole
9. Miconazole and breastfeeding. Are they compatible?
10. Miconazole - Drugs and Lactation Database (LactMed®) - NCBI Bookshelf
11. Special Pharmacy Service, fluconazole
12. Fluconazole - Drugs and Lactation Database (LactMed®) - NCBI Bookshelf
13. Fluconazole and breastfeeding. Are they compatible?
14. Medicines Complete, fluconazole

Appendix 1 - Breast Pain in Breastfeeding Dyads

A breastfeeding feeding assessment is vital to ensure that positioning and attachment is effective. This should be carried out by a health professional with the appropriate skills and knowledge to assess feeding and provide skilled support.

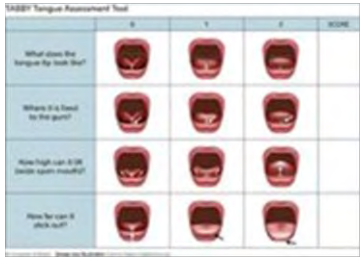
Breastfeeding Assessment Tools - Baby Friendly Initiative (unicef.org.uk)

Infant feeding policies are available for reference: Infant feeding on NHS Highland website

If positioning and attachment is effective, please consider the following for causes of the nipple +/- breast pain

Consider ineffective positioning and attachment if the mother's nipples are cracked and damaged along with pain. Moist wound healing is recommended and skilled support is given to improve attachment.

Consider a tongue tie assessment using the TABBY Tongue Assessment Tool



If tongue tie suspected, please refer to nhsh.tonguetieservice@nhs.scot

Consider skin conditions in the mother if there is tenderness/ burning, redness, cracks, oozing or itching to the nipples.

Please use the following links for more information:

Dermatitis - NICE CKS

Eczema- atopic- NICE CKS

Eczema and Breastfeeding - The Breastfeeding Network

Consider mastitis if there is redness in white women and changes in skin colour in black women on their breast.

Mastitis symptoms also include pain, +/- fever and flu-like symptoms.

The NHS Highland policy is available here:

Infant Feeding - Mastitis Prevention and Treatment Policy

Consider Raynaud's of the nipple if the mother has a history of Raynaud's symptoms which include:

- Sharp stabbing pains
- blanching of the nipple
- sensitivity to the cold.

Please use the following link for more information:

Raynaulds Phenomenon - The Breastfeeding Network

When thrush infection is considered please ensure that a bacteriology swab is taken and sent to the labs for C and S. Only if swab is positive for breast thrush, please ensure that the NHS Highland Thrush Policy is followed:

Infant Feeding - Policy on treatment of breast thrush while breastfeeding.