



Infant Thrush

Question: I am a lactation consultant. I am seeing a lot more thrush in babies now that so many moms are getting IV antibiotics in labor. What do you tell women regarding thrush and thrush prevention?

For readers who aren't familiar with the term "thrush" or the connection between thrush and antibiotic use, I will start with some clarifications.

Thrush is a fungal infection of the mouth. It can occur in adults as well as infants. It is caused by *Candida albicans*, the yeast which commonly causes havoc in intestinal and vaginal mucosa. Yeast overgrowth is often the culprit in stomach discomfort, diaper rash, and skin infections. Yeast can move around in the body or from body to body. As Dr. Sears says in *The Baby Book*, "your baby's first bit of sharing may be to transfer his oral thrush to your nipples during breastfeeding." Leading to intense nipple soreness and breast pain, thrush is a common cause of breastfeeding cessation.

Thrush appears on the baby's tongue and/or gums and can be confused with milk residue. A good place to look for thrush is inside the lower inner lip, where milk does not typically persist. Also, milk residues can be easily wiped away, while thrush patches do not wipe away easily, and if you remove thrush you may see reddened, inflamed areas with slight bleeding. The baby's mouth may hurt and he or she may pull off the breast frequently while nursing. The baby may also seem unusually fussy or "colicky." Mothers can mistakenly interpret this behavior as self-weaning or nipple rejection, or as intolerance of breast milk.

The connection between antibiotics and thrush lies in the fact that most antibiotics are not very discriminating. At the same time an antibiotic works on killing the harmful bacteria in your body, it kills off beneficial bacteria as well, and it is the beneficial bacteria in our bodies that keeps the yeast in check. This is one reason these bacteria are called "beneficial." Thrush found in infants is almost always the result of the infant being colonized by vaginal yeast during birth.

We all know that our exposure to antibiotics is on the rise, even for those of us who avoid taking antibiotics for minor infections. Measurable levels of antibiotics and antibiotic metabolites are found in some animal foods and water supplies. Antibacterial products, such as soaps, children's clothing, bedding, toys, and kitchen items are marketed especially toward families of young children. In the current healthcare setting, the two most common areas of antibiotic exposure target infants and young children: ear infections and prevention of group beta strep (GBS) infection during birth. Both areas are subjects for controversy. Because I receive many questions on both subjects, articles on each will be coming soon!

For all women, I emphasize dietary and stress factors in bacterial as well as yeast infections. Whether a woman chooses to be screened and treated for GBS infection in pregnancy or not, I encourage deliberate prevention measures. With consistent prevention, a woman may decrease her chances of screening positive for GBS, or if she screens positive and chooses to receive antibiotics in labor, proactive measures can help prevent opportunistic infections in herself and her infant. Likewise, if a woman chooses not to screen or to decline antibiotic treatment for a positive screen, prevention measures theoretically reduce her GBS risk status.

The reason I counsel all pregnant women on yeast prevention is that pregnancy itself, not just antibiotic exposure, predisposes a woman to increased yeast growth. Yeast loves sugar, and pregnancy makes our bodies “sweeter.” Besides increased blood sugar, an increased body temperature, suppressed immune response, and pH changes in pregnancy all help create cozy conditions for yeast. High stress, lots of refined carbs, and immune system challenges such as flues and colds further imbalance our internal ecosystems and encourage yeast to multiply. (To read more about yeast, see the article **Yeast and Pregnancy** at www.gentlehomebirth.org)

So thrush prevention begins in early pregnancy, or sooner, when a woman and family begin considering the long-range effects of their health and wellness choices on the coming baby.

A whole foods diet with organic sources of animal foods, avoidance of antibacterial products, and attempts at stress reduction (whatever that means for you) are basic yeast prevention and reduction measures. Include specific antifungal and beneficial bacteria promoting foods in your daily diet: plain yogurt (that you sweeten yourself) with live cultures; any cultured foods (cultured butter, cottage cheese, etc); any naturally fermented or pickled foods (tempeh, kimchee, etc.), garlic, onions, ginger, and antioxidant nutrients such as beta-carotene, vitamins C and E, zinc, and selenium.

After birth, meticulous hand-washing, especially after changing diapers and before nursing, is crucial for everyone who handles your baby. Avoidance of petroleum products on your baby’s bottom, frequent diaper changing and frequent airing are important for preventing the growth and spread of yeast on that end of your baby’s digestive tract.

If you must take antibiotics for any reason, or you suspect yeast on your breasts or in your baby’s mouth, all the above measures are important. In addition, I suggest working with your local La Leche League leader or lactation consultant in incorporating some of the following very effective options: a daily probiotic supplement (found in the refrigerated section of nutritional supplements); a nonyeast-based vitamin b-complex daily supplement; extra garlic in your diet (watch out for colic); 250 mg of grapefruit seed extract tablet or 10 drops tincture 2-3 times a day for 2-3 weeks; swabbing thrush patches with acidophilus powder dissolved in breast milk or letting your baby suck the powder off your finger three times a day; diluted white distilled vinegar applications to your breasts 4 times a day; application of olive oil to your breasts after each feeding; application of gentian violet tincture to breasts and thrush patches three times a day.

If you consult a physician for thrush, you will probably receive a prescription for nystatin, a liquid antifungal given 4 times a day until the infection clears. You should treat yourself simultaneously by applying nystatin ointment to your nipples after feedings.

The number one way to prevent thrush in babies is to prevent or minimize maternal yeast. We know a lot about natural and pharmaceutical antifungals, as well as the importance of diet and avoidance of antibiotics and stress. Research on alternatives to antibiotics for prevention of GBS transmission is badly needed.

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This text was originally published in the Willy Street Co-op Reader in the **Ask the Midwife** column, where Ingrid Andersson of Community Midwives, LLC in Madison, answers questions on pregnancy, childbirth and related topics. More of these articles can be found at Ingrid’s website: www.gentlehomebirth.org