

Mothers who have been given antibiotics are at higher risk of developing thrush (Tanguay 1994). A mother who has had a cesarean birth may have received antibiotics in her IV to prevent infection without being aware of it. Also, many mothers are now routinely being tested for group B streptococcus and treated with antibiotics.

In addition to taking antibiotics, there are other factors that predispose a mother and baby to thrush.

Other predisposing factors to thrush in the mother include:

- nipple damage (Tanguay 1994),
- mastitis that has been treated with antibiotics (Amir 1991),
- a history of vaginal yeast infections,
- diabetes,
- pregnancy (Gillespie 1960),
- impaired resistance to infection (Lawrence and Lawrence, p. 610),
- use of corticosteroids, such as for asthma (Lawrence and Lawrence, p. 610),
- use of estrogen-containing oral contraceptives (Odds 1988),
- continuous use of antibiotics for longer than one month, even in the distant past (Amir 1991),
- heavy consumption of dairy products, heavily sweetened foods, and artificial sweeteners (Horowitz 1987),
- nutritional deficiencies of iron, folic acid, and vitamins A, B, C, and K (Odds 1988),
- use of nursing pads, which creates a warm, moist environment (Amir and Hoover 2002).

In the baby, greater incidence of thrush has been associated with treatment with antibiotics, pacifier (dummy) use (Manning 1985), and prematurity. If the mother has a vaginal yeast infection at birth and baby is born vaginally, baby can become infected during birth. The incidence of infection during birth is estimated at 22 percent to 24 percent (Heinig 1999). Thrush can also be passed from person to person both at home and in the hospital (Hoppe 1997).

If thrush is diagnosed, both mother and baby will need to be treated simultaneously, even if baby has no visible symptoms. Treatment recommendations and options vary in different parts of the world.

If thrush is suspected, suggest the mother contact her and her baby's health care provider, as both mother and baby need to be treated simultaneously, even if baby has no visible symptoms.

Treatment options for baby:

- Nystatin suspension—prescription treatment. To use: apply one dropperful in each cheek four to eight times daily for at least two weeks. Most effective if used after every feeding. Note: nystatin takes longer and is less effective at eliminating candida than other treatment options (Hoppe 1997).
- Gentian violet—over-the-counter treatment. To use: dip cotton swab in a 0.5 percent or 1 percent (preferably water-based) solution and swab inside baby's mouth on cheeks, gums, and tongue once or twice daily for three to seven days. (Stronger concentrations should not be used as they can cause sores in the baby's mouth.) Stop after four days if symptoms are gone. Continue for seven days if needed (Newman and Pitman, p. 149). Caution the mother that this non-prescription purple plant dye permanently stains clothing. Can be used with other antifungals. Studies on rats indicate that when ingested daily in large amounts gentian violet is carcinogenic, but for short-term topical use, the risks are negligible (Newman and Pitman, p. 146).
- Clotrimazole—prescription treatment. Pharmacist can make an oral gel by crushing a 10 mg clotrimazole lozenge and mixing it with 5 ml of glycerin or with 3 ml of methylcellulose (Amir and Hoover 2002). To use: apply to baby's mouth every three hours for five applications.

NIPPLE PROBLEMS