

Treatment of Thrush in the Breastfeeding Mother and Baby

Executive Summary sheet (full document available separately)

If thrush is suspected, having ruled out other causes of nipple and/or breast pain, both mother and baby should be treated effectively and concurrently.

The treatment of choice for topical thrush is:

- Miconazole (Daktarin) cream (2%) applied sparingly to the mother's nipples after every feed
- Miconazole (Daktarin) oral gel (2%) which should be used to cover all surfaces of the baby's mouth four times a day, using a clean finger.*
- If the baby also has a sore bottom, Miconazole cream should be applied at every nappy change.

To prevent re-infection, both mother and baby need to be treated simultaneously, even if only one shows symptoms of thrush.

Treatment for both mother and baby should continue for at least two weeks, although symptoms should be resolving within 2-3 days

The treatment of choice for systemic (ductal) thrush is:

Oral Fluconazole, 150-300mg as a loading dose, followed by 50-100mg twice daily for 14-28 days. Symptoms should start to resolve within 3 days.

The topical treatment listed above should continue concurrently with oral treatment

* In 2008 the manufacturers of Miconazole oral gel altered the summary of product characteristics and recommended that it is not used in babies under 4 months of age. This appears to have been due to incidents of choking on the viscous gel when it was given by teaspoon, instead of as directed here. There has been no suggestion that there are any concerns about the drug itself. This does mean however that the oral gel will have to be prescribed, rather than bought "over the counter", if the baby is under 4 months of age.