**Yeast and Bacterial Infection of the Nipples**

**Yeast infection** (Candida Albicans)

Yeast organisms normally inhabit moist areas of the body. Under certain conditions, such as recent antibiotic use, diabetes or a warm moist environment, yeast can overgrow and cause symptoms. Yeast is easily spread from other parts of the body and from person to person. The baby may have thrush in the mouth and a yeast diaper rash, while the mother has a vaginal yeast infection and yeast infection of the nipples. Another family member may have jock itch, ring worm or a toe nail infected with yeast.

SYMPTOMS of yeast nipple infection:
- painful latch, after weeks of pain-free nursing
- symptoms are worse than the exam / clinical findings
- burning, shooting or stabbing nipple pain that may radiate from the nipple through the breast to the chest wall
- nipple itching, flaking, redness or shininess
- red/pink rash with small blisters or white spots on the nipple or areola

PREVENT TRANSFER OF YEAST:
- Toys, pacifiers, nipple shields, bottles, pump parts, and other things in contact with baby or nipples should be boiled for 10 minutes daily or washed in the dishwasher.
- Wash cloth diapers, breast pads, and bras in hot soapy water. Add 1 cup of vinegar to the rinse water.
- Dry in a hot dryer or use an iron them.
- Use disposable paper towels instead of cloth.
- Wash bath towels after each use.
- Family members with a yeast infection (vaginal, toe nail, jock itch) may pass it back to you if not treated also.

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**Bacterial infection**

Staphylococcus aureus bacteria on the nipples (colonization) may be a cause for chronic breast and nipple pain during lactation.

FYI: Studies consistently report that about 50% of nursing mothers with deep breast or nipple pain will culture positive for S. aureus. Some recommend treating with oral antibiotics for 4–6 weeks because it is significantly more effective in reducing pain than topical ointments and can reduce the risk of developing mastitis.

Specifically, in a prospective cohort study of 84 nursing mothers with cracked, sore nipples, there was a 79% improvement with oral antibiotics, as compared with a 16% improvement with topical mupirocin antibiotic alone. All patients improved with antibiotic use regardless of the presence of S. aureus or not, so it appears that the anti-inflammatory properties of the antibiotics may have also played a role in improving the symptoms of these nursing mothers. Eglash A, Plane MB, Mundt M. History, physical and laboratory findings, and clinical outcomes of lactating women treated with antibiotics for chronic breast and/or nipple pain. J Hum Lact 2006; 22: 429-433.

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**YEAST TREATMENT**

<table>
<thead>
<tr>
<th>Nipples</th>
<th>Baby’s mouth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clotrimazole</strong> 0.1% cream after nursing until resolved (no prescription needed)</td>
<td><strong>Nystatin suspension</strong> (prescription needed) 1ml painted in mouth 4 times per day for 2 weeks or until no visible thrush for 2-3 days.</td>
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<tr>
<td>or <strong>Flucnacozole</strong> 400mg tab x1, then 100mg tab twice per day by mouth for at least 2 weeks or until pain resolves. (prescription needed)</td>
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</tbody>
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**THESE TREAT YEAST and BACTERIA**

Apply **Triple Nipple Ointment sparingly** after nursing. (prescription needed)

This will help nipples heal faster as the baby’s latch is being corrected.

Do not wipe off even if baby goes right back to breast.

When nipples feel better after 2-5 days, gradually decrease use.

Apply **Gentian Violet 0.5%** every day for 3-4 days.

1. Undress baby to the diaper. Apply Vaseline to the outside of the baby’s mouth and lips (to keep this area from staining purple).
2. Dip a Q-tip in 0.5% Gentian Violet and let baby suck on it.
3. Paint any areas inside the mouth that didn’t turn purple.
4. Nurse both breasts and nipples will turn purple.
5. Paint nipples with swab if not completely purple.
6. The purple will disappear after a few days.

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**BACTERIA TREATMENT**

<table>
<thead>
<tr>
<th>Nipples</th>
<th>Baby’s mouth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mupirocin</strong> 2% ointment after nursing until resolved (prescription needed)</td>
<td></td>
</tr>
<tr>
<td><strong>Oral antibiotics:</strong></td>
<td></td>
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<tr>
<td>Cephalexin 1000-1500 mg/d</td>
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<tr>
<td>Augmentin 1000-1500 mg/d</td>
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<tr>
<td>Dicloxacillin 750 mg/d</td>
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<tr>
<td>Treat 2 weeks, preferably 4-6 weeks.</td>
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</tbody>
</table>

**What is in the ointment?**
1) antifungal (anti-yeast)
2) antibiotic (anti-bacteria)
3) steroid (anti-inflammatory and anti-eczema)

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