

## Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Obstetrics - Nipple Thrush and Ductal Candidiasis

Indication
Obstetrics - Nipple Thrush and Ductal Candidiasis
First Line Antimicrobials
<b>Nipple treatment for mother:</b>  Miconazole 2% cream applied to nipples and areolae after each feed for 1 to 2 weeks. It is not necessary to wash the cream from the nipples before the next breastfeed - any excess cream should be wiped away.  <b>Oral treatment for baby:</b>  Miconazole oral gel smeared around inside of mouth four times a day after feeds for 2 weeks. <b>N.B</b> . Apply the gel in small amounts with a clean finger and do not use a spoon due to the risk of the baby choking on the viscous fluid.  <b>Second line treatment:</b>  Fluconazole for ductal candidiasis should only be commenced after senior clinician review.  If symptoms persist for more than 5 - 7 days, consider oral treatment of mother with fluconazole in addition to topical treatment as above: Loading dose fluconazole 300mg PO, followed by 150mg daily PO for a total of 14 days of treatment.
Duration
Topical treatment for mother and baby should continue until 7 days after symptoms have disappeared.  Fluconazole PO: 14 days.
Comments
<ul style="list-style-type: none"><li>If a mother reports sore nipples during breastfeeding the first action should always be to re-examine and improve attachment. It is imperative that both mother and baby are treated simultaneously, even when there are no signs in the baby's mouth. Otherwise the baby will re-infect the mother at each feed. Babies frequently show no signs of oral thrush, even though their mothers have the symptoms.</li></ul>