

Thrush and Yeast Infections

Thrush is an infection caused by a fungus called candida (CAN-did-ah). Candida is naturally present in the mouth and body and is usually harmless. But, if conditions are right, it can grow out of control and cause an infection.

- A candida infection in the mouth is called oral thrush; in the diaper area, a yeast diaper rash; in other places on or in the body, a yeast infection.
- Candida is the same fungus that causes vaginal yeast infections.
- Oral thrush is more common in infants and toddlers, but older children can get it too.
- Thrush is contagious (catching) and can be passed to others.

Risk factors for getting thrush are:

- age – born early (premature) or younger than 6 months or low birth weight
- getting it during birth from the parent who has an unknown vaginal yeast infection
- breastfeeding with an untreated yeast infection of the breast
- using human milk from a pump that has not been properly sterilized
- sucking on a pacifier or bottle too often and for too long
- using an inhaler for asthma without rinsing the mouth after use
- recent history of child or nursing parent taking antibiotic medicine to treat a bacterial infection
- a weakened immune system

Signs and symptoms

- Thrush in the mouth:
 - can be on the tongue, gums, roof of the mouth, or inside of the cheeks.

- begins as tiny, flat, white, or creamy yellow spots. These spots come together and form cheesy patches that look like cottage cheese. The spots are often mistaken for milk patches. Sometimes it looks like a white coating.
- cannot be removed with a soft cloth or a cotton-tipped swab without causing bleeding.
- may cause pain while sucking or swallowing. Your child may not drink or eat as much as usual.
- Yeast infections in the diaper area look like diaper rash. The skin can have:
 - small or big red patches, be entirely bright red, or have raised edges or small bumps
 - pimples that ooze pus
- A vaginal yeast infection can cause the skin to be red, itchy, and burn. Often, there is a creamy discharge from the vagina.

Treatment

- Thrush is easily treated with an antifungal medicine such as nystatin (Mycostatin[®]), fluconazole (Diflucan[®]), or itraconazole (Sporanox[®]). Your child may get these medicines as a syrup or a pill.
- Thrush usually clears up in 4 to 5 days. It is important to use all of the medicine for the length of time that is recommended.
- An antifungal cream is usually recommended for yeast infections in the diaper area, in the vagina, or other places on the skin. You can buy some of these medicines without a prescription.
- Avoid using any home remedies without asking your child’s health care provider first.

How to give oral drops

- A liquid medicine comes with a dropper in the box. Use it to give the oral drops.
- You will put the drops directly in the mouth on the sores. The medicine needs to stay in the mouth for a while. It will not hurt your child to swallow it.
- Plan to give the drops right after you feed your baby.

Follow these steps:

1. Wash your hands well.
2. For an infant or young child, place them on their back. Turn their head sideways so that the cheek with the white patches faces down toward the bed (Picture 1).

3. Gently open your child's mouth and drop half of the medicine inside the cheek. Turn your child's head the other way and repeat squirting the medicine inside the other cheek.
4. Using a cotton-tipped swab, spread the medicine inside the mouth over the white patches.
5. For an older child, have them swish the medicine in their mouth for 30 seconds and then swallow.
6. Wait 30 minutes before giving your child anything to eat or drink.



Picture 1 Slowly drop the medicine inside each cheek. Spread it over the white patches on the tongue and gums.

Other advice for oral thrush

- Always wash your hands well before and after touching your child's mouth or things that have touched their mouth. This is so you do not pass the infection to others.
- Be sure your child drinks plenty of liquids so that they do not get dehydrated (lose too much fluid).
- Sterilize baby bottle nipples after each use. Do this by placing the nipples in boiling water for 10 minutes. Let the nipples cool before using them.
- Limit breastfeeding and bottle feeding to 20 minutes. Sucking for a long time can increase irritation.
- If your baby uses a pacifier:
 - Let them use it only when they cannot be calmed in any other way.
 - Buy several extras that can be sterilized between uses. Sterilize pacifiers the same way as the bottle nipples.
 - **Do not put your child's pacifier in your mouth or let other children do this.**
- Do not share bottles, cups, or toys that your child has used with others.
- If you are breastfeeding:
 - Clean each breast with water and air-dry after each feeding.
 - If your breasts show any signs of infection, such as soreness or redness, call your health care provider. You may need to be treated at the same time.
 - If using human breast milk from a pump, all pump parts need to be sterilized.

Treatment of a yeast rash

If your baby has a yeast diaper rash or yeast infection on the skin, the health care provider will prescribe a cream or recommend an over-the-counter one.

- Wash your hands well before and after treating your child's yeast infection.
- To help the skin heal, keep it clean and dry.

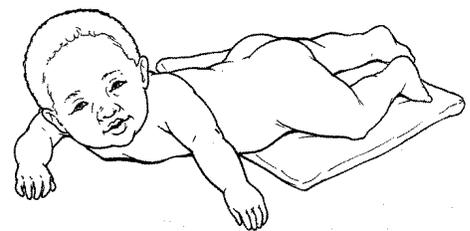
For a yeast diaper rash:

- Change the diaper as soon as your baby pees or poops. You may also want to change the diaper once during the night.
- Rinse your baby's bottom after each diaper change. Gently clean the diaper area from front to back and inside the skin folds with warm water and a soft washcloth (Picture 2).



Picture 2 Wash baby's bottom well from front to back, with water and a soft washcloth. Try not to use baby wipes.

- Try to avoid baby wipes, but especially those with alcohol, propylene glycol, and fragrances.
- Use mild soap and water only if the poop (stool) does not come off easily.
- Avoid scrubbing or rubbing. It can damage the skin more.
- If the rash is severe, use a squirt bottle of water to clean and rinse without rubbing. Or you can soak your baby's bottom in a tub of warm water after each diaper change.
- Pat the skin dry and let it air dry fully.
- Apply a thin layer of antifungal cream. Most should be used only 2 to 3 times a day.
- You can also use an over-the-counter skin barrier or zinc oxide cream over the antifungal cream on the baby's bottom and in the skin folds. Apply a thick layer each time the diaper is changed. Popular ones are petroleum jelly (Vaseline®) or a cream with zinc oxide like Desitin®, Triple Paste®, A+D®, or Balmex®. These creams do not have to be completely washed off with each diaper change.
- Do not use steroidal creams, corn starch, talc, or baby powder on your baby's bottom.
- Let your baby play or nap with their diaper off. The air helps dry and heal the rash (Picture 3).
- Avoid rubber pants or plastic liners over the diaper.
- Put the diaper on loosely so it does not rub against the skin as much.



Picture 3 Let your baby play without a diaper on so the skin can dry completely.

When to call the health care provider

- Call your child's health care provider if thrush gets worse after 3 days of treatment, if it lasts more than 10 days, or you have any questions.