

Candida Protocol

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Before discussing the Candida Protocol, **it is worth knowing that Candida (“yeast”, “thrush”) does not grow on normal skin. Therefore, if Candida is difficult to treat or returns after treatment, there is an underlying problem which is not being addressed.** The underlying problem is usually a poor latch and damage caused to the skin. Even if the damage is not obvious, if there is soreness, there is damage. And why does the baby not latch on well? Because of:

“Technique” of positioning and latching the baby on

More than occasional use of artificial nipples such as **bottles and nipple shields**

The baby has a tongue-tie. Some tongue-ties are obvious, but many tongue-ties are more subtle and require an evaluation that goes farther than just looking, but includes feeling under the baby’s tongue and testing for upward mobility of the tongue as well and knowing what to feel for. Unfortunately, few health professionals, including some lactation consultants, know how to evaluate whether or not the baby has a tongue-tie. Also, even if the tongue tie was released at one point, tongue ties are far too often only partially released and/or re-attach.

The breastfeeding parent has had a decrease in milk supply. Late onset decreased milk supply and resulting slow flow is common and can also cause late onset sore nipples. Why? When the milk flow slows, the baby tends to slip down on the nipple and/or pulls at the breast or both. For more information on late onset decreased milk supply and what can be done, see the information sheet, “Late Onset Decreased Milk Supply or Flow”, as well as this link. Watch your baby at the breast and watch for drinking – see our video clips.

Whatever the cause of sore nipples in your case, it is important to get the best latch possible. Even if the cause of sore nipples is Candida (yeast, thrush), improving the latch can decrease the pain. With the “ideal” latch, the baby covers more of the areola (brown or darker part of the breast) with his lower lip than the upper lip. Note also that the baby’s nose does not touch the breast. Of course, it is not always easy to change the latch of the baby older than 3 or 4 months, but it is worth a try, and it often does help. Also see our videos showing how to latch on a baby. For a fuller description of how to get the baby to latch on well, see the information sheet “Latching and Feeding Management”.

Diagnosing Candida albicans (yeast)

An infection due to *Candida albicans* can be difficult to diagnose and mothers should not attempt to do so on their own. The pain due to *Candida albicans* is often confused with pain due to poor latching and/or pain due to vasospasm/Raynaud's phenomenon. Furthermore, more than one cause of sore nipples may be the source of your pain. A good practitioner will help you to differentiate between these conditions.

For Nipple Pain: Treatment applied to the nipple(s)

- APNO (All-Purpose Nipple Ointment) is a compounded ointment mixed from the following ingredients:
- Mupirocin 2% ointment (15 grams)
- Betamethasone 0.1% ointment (15 grams)
- To which is added miconazole powder so that the final concentration is 2% miconazole. This combination gives a total volume of just more than 30 grams. Clotrimazole powder (not as good as miconazole in our opinion, as it often causes irritation) or fluconazole powder to a final concentration of 2% may be substituted for miconazole powder if miconazole powder is unavailable or difficult to get, or just the betamethasone and mupirocin may work well enough. Using powder gives a better concentration of antifungal agent (miconazole or clotrimazole) and the concentrations of the mupirocin and betamethasone remain higher
- We no longer use nystatin ointment in our recipe and haven't for almost 20 years.
- Sometimes adding ibuprofen powder so that the final concentration of ibuprofen is 2% helps when the regular ointment does not. We do not prescribe this one routinely because it is even more difficult to get it made up and it is more expensive because of the extra ingredient. Furthermore, if the regular APNO works, as it usually does, then adding an extra ingredient is wasteful.

The ointment is applied *sparingly* after each feeding. "Sparingly" means that the nipple and areola will shine but you won't be able to see the ointment. Do not wash or wipe it off, even if the pharmacist asks you to. The APNO can be used for any cause of nipple soreness ("all-purpose nipple ointments"), not just for Candida (yeast, thrush). Use the ointment until you are pain free for a few days and then decrease frequency over a few days until stopped. If you are not having less pain after 3 or 4 days of use, or if you need to be using it for longer than two or three weeks to keep pain free, get good help or advice but do not stop using the APNO.

And/or:

Grapefruit Seed Extract (GSE), active ingredient must be "citricidal", should be followed by, and used in conjunction with, the APNO (All Purpose Nipple Ointment). Apply diluted solution directly on the nipples. It does not need to be refrigerated. It may be covered and used until solution is finished.

Using GSE:

- Mix very well 5- 10 drops in 30 ml (1 ounce) of water.
- Use cotton swab to apply on both nipples and areolas after the feeding.
- Let dry a few seconds, and then apply "all-purpose nipple ointment".
- Use until pain is gone and then wean down slowly over the period of at least a week.
- If pain is not significantly improving after two to three days, increase the concentration by 5 drops per 30 ml (ounce) of water. Can continue increasing concentration until 25 drops/ 30 ml of water
- If you start to get flaking, drying, or whiteness appears on the skin, substitute pure olive oil for APNO 1-3x/day after each feeding and decrease the concentration of the GSE drops. If the flaking does not get better, stop the GSE drops.
- Laundry can be treated as well: add 15-20 drops in the rinse cycle of all wash loads
- GSE may be used in conjunction with oral GSE and Probiotics

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If you are not getting better and/or you have pain in the breast as well that is not responding to treatment of the nipples alone:

Add

Oral GSE: Grapefruit seed extract (not grape seed extract). The active ingredient must be "citricidal". Use tablets or capsules, 250 mg (usually 2 tablets of 125 mg each) three or four times a day orally (taken by the mother). If preferred the liquid extract can be taken orally, 10 drops in water three times per day (though this is not as effective as the pills and the taste is quite bitter). Oral GSE can be used before trying fluconazole, instead of fluconazole, or in addition to fluconazole in resistant cases.

And/or

Probiotics: Acidophilus with bifidus (with FOS fructo-oligosaccharides) is okay). The mother should take 1-2 capsules (strength of 10 billion cells) 2-3x/day. The probiotics should be taken at least 1 hour apart from oral GSE. Baby should be treated with Probiotics 2x/day for approximately 7 days (Mother may wet her finger and roll it in probiotic powder (break open a capsule), and let baby suck on mother's finger right before a feeding).

If Still Not Getting Better at All...

Add:

Fluconazole: (see the information sheet "[Fluconazole](#)") If pain continues and it is likely the problem is Candida, or at least reasonably likely, add fluconazole 400 mg loading, then 100 mg twice daily for at least two weeks, until the mother is pain free for a week. The course of treatment with fluconazole is not two weeks. Fluconazole should not be used as a first line treatment, especially if you have sore nipples. If used, fluconazole should be added to above topical and oral treatments, not used alone. Fluconazole takes three or four days to start working, though occasionally, in some situations, it has taken 10 days to even start working. If you have had no relief at all with 10 days of fluconazole, it is very unlikely it will work, and you should stop taking it. Other Medications: For deep breast pain, ibuprofen 400 mg every four hours may be used until definitive treatment is working (maximum daily dose is 2400 mg/day).

The information presented here is general and not a substitute for personalized treatment from an International Board Certified Lactation Consultant (IBCLC) or other qualified medical professionals.

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Questions or concerns? [Email Dr. Jack Newman](#) (read the page carefully, and answer the listed questions).

[Make an appointment at the Newman Breastfeeding Clinic.](#)