

NIPPLE AND BREAST THRUSH IN BREASTFEEDING MOTHERS V3.0

Comments from the Expert Advisory Group

- Nipple and breast thrush is often over diagnosed in response to nipple and breast pain in breastfeeding mothers. Occurrence is highly unlikely in this cohort.
- In breastfeeding mothers presenting with breast pain and/ or dermatological changes, consider alternative diagnoses including difficulties with breastfeeding technique, nipple dermatitis, vasospasm, neuropathic pain, breast dysbiosis (subacute mastitis), nipple bleb, milk crust, hyperlactation and depression.
- Assess breastfeeding technique and consider referral to lactation consultant/ public health nurse/ midwife.
- Painkillers such as paracetamol and/ or ibuprofen may help with reducing pain.
- Encourage patient to continue breastfeeding as thrush will not harm their baby.
- To avoid cross-infection, ensure good personal hygiene (e.g. handwashing) and ensure all equipment e.g. pacifiers/ nipple shields/ teats/ bottles are cleaned and sterilised.
- The use of all-purpose nipple ointment is not recommended as treatment option
- Fluconazole is not recommended as a first line treatment for nipple/breast thrush. It may be recommended on specialist advice for deep candida mastitis, which is very rare. See [HPRA caution](#) in women of childbearing potential.

Treatment

NIPPLE AND BREAST THRUSH EMPIRIC TREATMENT TABLE			
Drug	Dose	Duration	Notes
1st choice options			
Miconazole cream for mother	Apply cream to nipples and areola	See notes	Apply after every feed. If any visible cream remains at next feed remove with oil e.g. olive oil. Continue for at least 7 days after symptoms have cleared.
Nystatin 100,00 units/ mL oral suspension for baby	Neonate: birth to 1 month: 1 mL dropped into the mouth every 8 hours after feeds Infant: 1 month to 2 years: 1-2 mL dropped into the mouth every 6 hours after feeds Over 2 years: 1-6 mL every 6 hours after meals	See notes	Duration usually 7 days (48 hours after lesions have cleared). If signs and symptoms persist beyond 14 days, re-evaluate.
Miconazole 20 mg/ mL oral gel for baby	Neonate: 1 mL to be applied two to four times daily after feeds* 1-24 months: 1.25 mL to be applied four times daily after feeds* Over 2 years: 2.5 mL to be applied four times daily after feeds*. The dose should be divided into smaller pea-sized portions; gel should be smeared in baby's mouth after feeds with a clean finger, ensuring there are no clumps of gel in the mouth.	See notes	*Unlicensed use in infants <4 months due to choking risk. Lower age limit increased to 5-6 months for infants who are pre-term or exhibiting slow neuromuscular development. If prescribed ensure counselling on administration provided: <ul style="list-style-type: none"> • The gel should not be applied to the back of the throat due to possible choking. • Gel should never be given by spoon or syringe. Continue for at least 7 days after lesions have cleared.

HSE Antimicrobial Resistance and Infection Control Programme

Version 3.0 Reviewed: January 2026

Document uploaded onto the HSE.ie site in February 2026. This information is valid only on the day of printing, for any updates please check www.antibioticprescribing.ie

NIPPLE AND BREAST THRUSH IN BREASTFEEDING MOTHERS V3.0

Patient Information

- [Further information on nipple pain while breast feeding can be found on the HSE My Child website.](#)
- Further information on Antimicrobials and Breast-feeding can be found on the [Mother to Baby website](#) (USA) (Search or Use Browse by Medications category).