Recognising and Managing Oral Thrush

Who is affected?

- Oral thrush is a common fungal infection in the mouth. It mostly affects babies around 4 weeks old, although older babies can get it too and premature babies are also at an increased risk.

- It is caused by a strain of yeast fungus called candida albicans, which is present on the skin and in the gastrointestinal tract of most people. Up to 60% of healthy people are asymptomatic carriers.

- Pseudomembranous oral candidiasis is most common in infants and immunocompromised people.

- In general it doesn’t cause symptoms, but as the immune systems of new-born babies are still developing, they are more vulnerable to this infection. It affects around 5% of newborn babies, increasing to 14% at 4 weeks, before decreasing gradually thereafter.

- It can be passed on to a baby from a breastfeeding mother who has the infection and also be caused by poor hygiene practices when sterilising bottles and feeding equipment.

Recognising oral thrush in babies

- White spots or plaque-like patches may be present in the baby’s mouth - inside the cheeks gums, tongue and palate. These spots may be mistaken for milk and can also look like curd or cottage cheese.

- Fussiness at the breast when attempting to feed or refusing the bottle, if formula fed; may be the first indicator of oral thrush or a nappy rash that is not responding to routine treatment.

- There may be a whitish sheen to the baby’s saliva.

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Treating thrush in babies

- Many cases of oral thrush clear up in a few days without the need for treatment.
- If thrush is non-symptomatic the parent should be advised that fungal treatment is not required.
- However if symptoms persist or if the breastfeeding mother has also acquired thrush and if it is causing pain to either mother or baby or affecting feeding, then treatment is indicated for both mother and baby by the NICE guidance.
- Miconazole and nystatin are suitable for the treatment of oral thrush. Topical therapy may not be adequate in immunocompromised babies/toddlers and an oral triazole anti fungal is preferred; Community Practitioner Nurse prescribers should refer the baby/toddler to a GP under these circumstances.
- Miconazole oral gel is the first line of treatment. However, it is not licensed for children under 4 months of age, because of a choking risk if not applied properly. Nystatin oral suspension may be prescribed instead for children under 4 months of age.
- For babies under 4 months of age the treatment of choice is Nystatin Oral Suspension. It is prescribed as: Nystatin Oral Suspension 100,100 units/ml. - 1 ml in the mouth after feeds, 4 times a day for 7 days (continue for 2 days after legions have resolved). Possible side effects are: oral irritation and sensitisation. It is not licensed for babies under 1 month of age. NOTE: DH has advised that a Community Practitioner Nurse prescriber may prescribe to a baby under 1 month of age if there is a clear diagnosis of oral thrush.
- For babies over 4 months, Miconazole oral gel is the treatment of choice. Prescribe as: Miconazole Oromucosal Gel 24mg/ml. - 2.5ml twice daily after feeds for children aged between 4 months-2 years.
- If the child suffers from a liver dysfunction or is taking medication extensively metabolized by the liver, nystatin oral suspension should be prescribed.
- Parents should be advised to continue treatment for 7 days and for 2 days following symptom resolution. If there is some but not full resolution by 7 days a further week of this treatment may be prescribed. However, if there is no or insufficient resolution, despite adherence to the treatment, the child may be prescribed nystatin oral suspension for a further week. Specialist advice should be sought if there is no resolution after 2 weeks of compliant treatment of miconazole and/or nystatin.
- The mother should also be offered treatment if she is affected, particularly in the case of the breastfeeding mother, to prevent re-infection of the baby. If the symptoms are prolonged, antifungal tablets may be recommended for severe nipple thrush.
- If thrush is identified the parent should be offered appropriate information on hygiene practices in the case of formula or breastfeeding.

References

NICE Clinical Knowledge Summaries (CKS), bit.ly/1sn8txP
NPF 2013-2015 Nurse Prescribers’ Formulary. BMA.
Author: Briege Coyle, Health Visitor.