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## Foot problems and Breastfeeding

*The information provided is taken from various reference sources. It is provided as a guideline. No responsibility can be taken by the author or the Breastfeeding Network for the way in which the information is used. Clinical decisions remain the responsibility of medical and breastfeeding practitioners. The data presented here is intended to provide some immediate information but cannot replace input from professionals.*

Athlete's foot, fungal nail infections, verruca and corns can be treated with over the counter topical products without interfering with breastfeeding.

### Athletes Foot, Fungal Nail Infection, Verrucae and Corns

**Athlete's foot** is a fungal infection usually presenting as sore or itchy areas between the toes. It can also produce blisters on the feet. Symptoms are usually mild and can be treated with creams purchased over the counter from pharmacies. Most packages say that a doctor or pharmacist should be consulted before using the product if you are breastfeeding. This is about the licensing of the product rather than any risk ([www.breastfeedingnetwork.org.uk/wp-content/dibm/patient%20information%20leaflet.pdf](http://www.breastfeedingnetwork.org.uk/wp-content/dibm/patient%20information%20leaflet.pdf)). The skin on the foot is largely dead and absorption of the cream into breastmilk is unlikely. Athlete's foot spreads very easily. It can be passed from person to person through towels, and surfaces. The fungi can survive and multiply in warm and humid places, such as swimming pools, showers and communal changing rooms.

Treatment for athletes foot is available as creams including **clotrimazole** (Canesten®, pharmacy own brands), **miconazole** (Daktarin®, **terbinafine** (Lamisil®) **Tolnaftate** (Mycil, Scholl®), **zinc undecenoate** (Mycota®).

Some creams also contain hydrocortisone to help to relieve itching and inflammation e.g. Canesten HC®, Daktacort®. These should not be used for more than 7 days.

There are also sprays: **Miconazole** (Daktarin Activ®, Lamisil® Griseofulvin (Grisol®, liquids **Tolnaftate** Scholl® and powders **Tolnaftate** (Mycil®, Scholl®), **Zinc undeconoate** (Mycota®)

If symptoms fail to clear with topical treatment you may need to see your healthcare provider to discuss oral medication.

The following measures can help treat and prevent athlete's foot:

- Wash your feet regularly and thoroughly using soap and water.
- After washing, dry your feet, paying particular attention to the areas between your toes.
- Wear clean cotton socks.
- Change your shoes and socks regularly to help keep your feet dry.
- Don't share towels and wash your towels regularly.

**To speak to a Breastfeeding Supporter call the National Breastfeeding Helpline 0300 100 0212**

Calls to 0300 numbers cost no more than calls to UK numbers starting 01 and 02 and will be part of any inclusive minutes that apply to your provider and call package

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**Fungal Nail Infections** can affect part or all of the nail, including the nail plate, nail bed and root of the nail. The infection develops slowly and causes the nail to become discoloured, thickened and distorted. The toenails are more frequently affected than the fingernails. ([www.nhs.uk/conditions/fungal-nail-infection/Pages/Introduction.aspx](http://www.nhs.uk/conditions/fungal-nail-infection/Pages/Introduction.aspx)) Treatments can take some months to be effective because of the speed at which the nail regrows. In mild cases soaks of tea tree oil can be effective. Nail paints such as **amorolfine** (Loceryl®), **urea** (Canespro®), own brand pharmacy products, can be applied directly to the nail even when breastfeeding despite the patient information saying otherwise. ([www.breastfeedingnetwork.org.uk/wp-content/dibm/patient%20information%20leaflet.pdf](http://www.breastfeedingnetwork.org.uk/wp-content/dibm/patient%20information%20leaflet.pdf)). If symptoms fail to clear with topical treatment you may need to see your healthcare provider to discuss oral medication.

**Verruca** is a wart caused by a virus (HPV) and usually occurs on the sole or under the toes. They generally will disappear of their own accord but are often treated to lessen transmission as well as relieve pain. Due to the pressure on the foot the wart is pushed inwards and a layer of hard skin may develop over it. They look like miniscule cauliflowers with tiny black spots in the centre. Most over the counter treatments involve applying a chemical such as salicylic acid to remove the dead surface skin cells (Bazuka®, Wartner®). Freezing of the skin destroys the cell structure of the wart and has become more popular in over the counter products (Scholl®, Wartie®, Bazuka Sub Zero®) and may be performed by the GP or podiatrist. Products can be used by breastfeeding mothers without affecting their breastmilk or baby.

**Corns** are often caused by poorly fitting shoes producing hard, thickened skin. They usually develop on the tops or sides of toes. Over the counter remedies such as corn paints and plasters can be applied carefully to the corn (avoiding the healthy skin around it). These products can be used by breastfeeding mothers without affecting their breastmilk or baby.

#### **Bibliography**

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