



President's Message

Linda Malone, President EMNAPNAP

Happy Spring to all of you! The last couple of weeks have been busy for some of us. Several of our members traveled to Dallas for the National conference which was both educational as well as a lot of fun. For those members who have not yet attended a national conference, I highly recommend it. It's always great to network with colleagues from across the country. The following week, those of us who attended the chapter's spring symposium were treated to an excellent program. The speakers were all nurse practitioners and shared up to date information which I personally found to be useful in my practice. Thanks to all of our speakers as well as the vendors. A special congratulations and thanks to our program committee for putting together this great event.

I wanted to let you know of some updates from the national side.

- The chapter president's meeting this year spent some time focusing on how to get chapter members more involved. While we realize that our members are extremely busy, chapters cannot survive without membership involvement. This was especially pertinent this year because two chapters were forced to shut down this year for lack of membership involvement. With that being said, in the upcoming year, we will strive in to provide several opportunities for members to get more involved.
- We will soon be receiving the newest updated bylaws from national. I will let you know of specific changes that are relevant to our chapter.
- As part of national's effort to assist chapters, they have assigned past national presidents to serve as mentors to state chapters. We are fortunate to have two past national presidents in our membership, Sally Walsh and Barbara Kelly so our chapter should continue to shine.
- The KYSS campaign is organizing a national KYSS walk to take place on October 23, 2004. Chapters across the country will walk that day to raise awareness on mental health issues for children and adolescents. Michelle Beauchesne is involved with this issue on the national level and has agreed to assist our chapter with this event. Two of our members, Karen Farnum and Janet Brideau, have already agreed to serve on the KYSS walk committee. Look for further updates soon! This is a great way to get involved. If anyone else is interested in helping to organize the KYSS walk, please contact me.

A few updates regarding ongoing chapter projects:

- The chapter continues to work with Bridge over Troubled Water. Our chapter members have volunteered their time over the last year working on the van representing EMNAPNAP. Members who have participated have found this

experience to be both fun and extremely interesting. In addition, our members continue to donate socks and toiletries to the project and some members have generously made sandwiches to be distributed. The chapter has decided to continue this project for the upcoming year so please contact me if you have any interest in helping out with this worthwhile project. Thank you to all our members who have helped out with this project over the last year. Also, many of our members volunteer for Bridge on their own; please be sure to let us know who you are so we can be sure to recognize you as well.

- Please be sure to check out our website as we are always striving to make improvements. The chapter has recently developed a listserv so please make sure we have your most current email address.
- The chapter is pleased to announce the annual mentoring award. This is an opportunity to recognize a member of EMNAPNAP who has served as a mentor to someone in the last year. Nominations need to be submitted in narrative format, less than one page, outlining why you think this member should be recognized. (Ideally nominations should be submitted by the person whom the nominee has mentored.) Please email nominations to me at LJMAL@AOL.COM by May 30, 2004. The winner will be announced at our first meeting in the fall.

Spring Symposium

In April, nearly 40 NPs attended the EMNAPNAP chapter's Spring Symposium in Dedham, MA. **Annie Lewis O'Connor**, an expert on domestic violence and a MA Sexual Abuse Nurse Examiner (SANE), presented an excellent overview of the sexual assault examination. **Mimi Secor**, president of NPACE, made a welcome repeat appearance at the conference. Mimi provided the latest information on genital herpes simplex virus, including the latest research studies on the effectiveness of suppression therapy. **Tricia Lane** discussed her innovative NP role at Children's Hospital, Boston and provided an overview of vascular anomalies. **Deb Holtorf** brought clarity to the complexities of Diabetes Mellitus, discussing genetic, autosomal, and environmental risks in the pediatric population. **Mary Jane Ott** wrapped up the day's presentations by leading the group in relaxation exercises and discussed the importance of caring for oneself while providing care to others. There was a pleasant breakfast and luncheon with ample supplies of beverages all day long. A great time was had by all!! Thanks to the drug reps who shared their Saturday by providing lots of information and handouts.

The symposium was planned by **Cathy Noonan, Ellen O'Donnell, Ann Hession, and Lisa Grossi**. Beautiful centerpieces were made by **Bev Rothfeld** and served as much sought after door prizes. *Hats off to our hardworking members!* As always, we collected books for *Reach Out and Read* and socks and toiletry for *Bridge Over Troubled Waters*.

If any of you have any ideas about topics, or speakers, or wish to participate in planning next year's symposium, contact anyone on the board.

National News

As a national NAPNAP initiative, a 2 mile walk supporting the KYSS program is being planned for October 23, 2004 to raise funds. The local chapters that participate receive half the money raised locally. For anyone interested in participating in this activity, **Karen Farnham** and **Michelle Beauchesne** are among those organizing this event in Boston.

New Pap Smear Guidelines

Ann Hession

In November of 2003 the American Cancer Society (ACS) issued new guidelines on cervical screening also supported by the National Cancer Institute. The American College of Obstetricians and Gynecologists also issued the same new evidence base practice guidelines in July 2003. They are as follows:

First Pap test: Women should have their first cervical screening approximately 3 years after first sexual intercourse or by the age of 21, whichever comes first.

Women up to age 30: Cervical screening should be performed annually with conventional smear Pap tests or every 2 years with Thin Prep Paps.

After age 30: Women who have 3 normal test results in a row may wait 2 to 3 years between screenings.

What are you doing in your practice?

Chapter News

New Award: Our chapter is instituting an award to recognize a nurse practitioner who "makes a difference" in the mentoring of others in the profession. Please submit your nomination for your favorite EMNAPNAP mentor in 250 words or less to the secretary, **Laurel Gourville**.

Elections for Board Officers: Elections will be held at the May 12 chapter meeting. We are in need of a new treasurer. We'd like to thank **Mary Ellen Stolecki** for several years of diligent and faithful service as our treasurer.

NP Student Column: We are looking for contributions from students for the newsletter as a way to garner more student involvement in our chapter. For those among you, who interact with students, please encourage them to submit short articles on current topics, or lessons learned, or memorable patient encounters, or anything that you think your fellow members would be interested in.

About our listserv

Sign up for our listserv. For verification purposes we need to have a record of your mother's maiden name. Historically, one's social security number served this purpose, but it is no longer permissible to use that data. If YOU move or change YOUR e-mail address, please be sure to notify the membership chairperson, Patricia Kent, at (see EMNAPNAP.org). **Jobs:** If you have any news about job offerings contact us, we can share this information on the listserv.

12 May 2004



Final chapter meeting of the year

Your vote counts!!!

Come and bring a friend!!!

6:30 PM
business and elections

7PM CEU presentation
Homeless adolescents: The Bridge Over Troubled
Waters Kids



Joann O'Sullivan APRN-BC, PhD
Assistant Professor

Family Nurse Practitioner, Adolescent Specialist
Mark Wellman, MSN

Directions to the MGH Institute of Health Professions, in Charlestown Navy Yard. The MGH IHP is located one block from the USS Constitution, easily accessible by public transportation, ferry, or car. Parking is available on the street and in the nearby parking garages. More detailed information is available online at <http://www.mghihp.edu/StudentServices/visit.html#directions>

Check Out Our Website
<http://www.emnapnap.org>

Note:
We occasionally lend out our membership list. The board discusses each use as it comes up. Some of you may not be aware that this is done.

Calendar

6-8 May 2004 Adolescent Health Care
Boston, MA
800-377-7707

12 May 2004 EMNAPNAP chapter meeting and election
6:30 PM Business
7:00 PM CEU: "Homeless Adolescents in Boston"
Joann O'Sullivan, APRN, PhD
Mark Wellman, MSN
MGH Institute of Health Professions
36 1st Avenue
Charlestown Navy Yard
Boston, MA

Member Spotlight

- **March of Dimes Walk America:** Our thanks to **Patti Wirth Moody** for another year of fundraising and walking for this worthy cause on behalf of our chapter. The walk is 10 KM and took place on 25 April. Offer her a foot rub next time you see her!
- Congratulations to **Sally Walsh** who was recognized for her contributions at the national conference. She received the *Journal of Pediatric Health Care* Department Editor Award.
- Our chapter was well represented at the National Conference in Dallas. Among the presenters were **Michelle Beauchesne**, **Barbara Kelley**, **Nancy Noyes**, and **Ann Stadler**. Several other members attended the conference as well.

EMNAPNAP Board's central telephone number is:
781-893-5405,



press 3 to leave a voice mail message for
any board member and it will be forwarded to her.

EMNAPNAP Board Members

President	Linda Malone	617-364-9138	lijmalone@aol.com
Past-President	Cathy Sizer	781-893-5405	c.sizer@att.net
Treasurer	Mary Ellen Stolecki	781-942-7369	m.stolecki@attbi.com
Secretary	Laurel Gourville	781-246-9460	laurel.gourville@hotmail.com
National President	Julie Novak	856-857-9700	info@napnap.org
Program Co-Chairs	Ellen O'Donnell		ellen.odonnell@tch.harvard.edu
	Cathy Noonan		Catherine.Noonan@childrens.harvard.edu
Public Relations			
Special Projects	Sally Walsh	781-862-8879	swalshcnp@aol.com
Legislative	Amy Delaney	617-698-1450	delaneynp@yahoo.com
Website	Nanci Haze	617-774-1720	nancihaze@yahoo.com
Newsletter	Veronica Kane	617-696-6244	kanenemmers@attbi.com
Membership	Paricia Kent	781-944-7929	pkent1@partners.org

Lactation and Candidiasis

Mary King, RN, BSN, IBCLC

Candidiasis affects many breastfeeding women and their infants. Pain and frustration associated with this infection can lead to untimely weaning. Fungal infections have recently been recognized as a growing problem to be taken seriously by the biomedical community. (1) The purpose of this article is to enable the reader to understand the microbiology of the candida and to recognize when a breastfeeding mother may have candidiasis. A variety of treatment strategies will be explored.

Candida albicans is a single celled microbe that normally inhabits the mouth, vagina, and intestines. An overgrowth of candida can lead to an infection known as candidiasis. Essentially, candida albicans lives in two forms: a yeast form and a hyphal form. The yeast form, a round cell under the microscope, does not cause problems. The hyphal form may cause problems. Candida grows best in neutral pH (2) and attaches best to host surfaces when the pH is between 6 and 8. (3)

There are many factors that predispose breastfeeding mothers and infants to candidiasis. Natural physiological factors such as pregnancy and monthly hormonal changes can predispose a woman to candidiasis. Trauma, due to damaged nipples from an incorrect latch, can predispose a mother to candidiasis, as well as antibiotic therapy, alcohol, poor hand washing, and excess or deficiency of foods that affect the immune system or the equilibrium between yeasts and friendly bacteria in the body. (4) Fungi thrive in moist environments. When the skin is covered up by a breast pad, bra, or diaper, there is a tendency for yeast to multiply. Infants, even healthy ones, are predisposed to candidiasis because their immune systems are immature. (5) When antibiotics are used to treat bacterial infections, they decrease the amount of normal bacteria as well. This allows fungi less bacterial competition and therefore they can proliferate. It is not uncommon for a woman to develop candidiasis after a course of antibiotics. (6)

The most common symptom of nipple candidiasis is persistent nipple pain that doesn't improve with infant positioning or perfecting the infant's latch at the breast. Typically the pain is a burning or stinging sensation that may occur during a feeding or immediately after a feeding. The nipples are often very sensitive to light touch. Many women complain of itching nipples or itching inside of the breast. Many women describe the pain as "knife like." Many times the pain radiates throughout the breast toward the back and shoulders. The milk-ejection reflex may become painful. Most often the symptoms are present in both nipples and breasts. Candidiasis can appear different depending on the site. Oral and vaginal candida infections are usually characterized by the presence of patchy white plaques on the infected area. Candidiasis in the diaper area may be pink or red in light skinned people or a dark brown in dark skinned people. With candidiasis on the nipples, there is usually little to see. There usually are not white plaques or a fiery red rash. Occasionally, the nipple and areola may have a slight sheen or be swollen or deep pink in color. (7) There may be traces of white fungus in the nipple folds or a white spot on the nipple that may appear to be a tiny blister (8).

Although it is possible to diagnose candidiasis by laboratory confirmation of candida as the causative organism, usually the diagnosis is made by taking a careful history, examining the mother and infant, and excluding all other possible causes of pain. The reason for this is that when swabs are taken from sites such as nipples, the results may be negative if there are only a few yeast cells present. Positive results from vaginal cultures can often be obtained in 1-2 days, however nipple cultures may take as long as one week to test positive. Candida may also be identified in breast milk; however, again, the results may be negative even if a candida infection is present.

In very mild cases of candidiasis, non-pharmacological management may be all that is necessary. Non-pharmacological measures may include the following:

- Boil any objects that enter the baby's mouth, such as pacifiers, bottle nipples, and toys.
- Change breast pads after every feeding. 100% white cotton pads are preferred.
- Disinfect all household surfaces such as changing pads.
- Avoid using cornstarch under the breasts as this may serve as food for yeasts.
- Decrease consumption of sugars and artificial sweeteners, yeast breads and refined starches.

There are many pharmacological treatments available for candidiasis. Treating both the mother and infant simultaneously is recommended. Candidiasis can easily be transferred back and forth from the mother's breasts to the baby's mouth. Therefore, it is extremely important to treat both the mother and the infant. (12) All treatments should be used under the supervision of a qualified health provider.

Treatment for the infant consists of:

- Nystatin oral suspension: 1 ml of suspension in each cheek, four times a day after feedings.

Treatment for the mother's nipples and breasts may consist of one or more of the following:

- Nystatin cream — antifungal applied to the affected area
- Mupirocin — antibacterial agent which recent evidence has also suggested that it is an effective antifungal agent (9)
- All Purpose Nipple Ointment — especially nice for nipples that are severely traumatized from an incorrect latch due to the combination of ingredients: anti-fungals, antibiotic, and an anti-inflammatory agent.
- Azole antifungals:
 - Clotrimazole (topically active)
 - Miconazole (topically active)
 - Econazole (topically active)
 - Ketoconazole (orally active)
 - Fluconazole (orally active) — may be used as a first-line management of both localized and systemic *C. albicans* infections. (10) Dosing for nipple/breast candidiasis would be 400 milligrams for one dose then 100 milligrams twice daily for at least 2 weeks. (11) For persistent ductal candidiasis that is difficult to resolve, Fluconazole has been used prophylactically at a dose of 150 mg weekly to prevent reoccurrence. (13)

The incidence and persistence of yeast infections appear to be increasing. Healthcare professionals need to be able to recognize, diagnose, and treat candidiasis. It can be a very painful and frustrating experience for the breastfeeding mother that requires immediate attention to prevent the possibility of early weaning.

1) Sternberg, S. The emerging fungal threat. *Science* 1994; 266: 1632-34.
2) Odds, F. C. Morphogenesis in *Candida*, with special reference to *C. albicans*. Chapter 5 in *Candida and Candidosis: A review and bibliography*. 2nd ed. London: Bailliere Tindall, 1988; 42-59.
3) Odds, F. C. Pathogenesis of Candidosis. Chapter 26 in *Candida and Candidosis: A review and bibliography*. 2nd ed. London: Bailliere Tindall, 1988; 252-78.

4) Odds, *Candida and Candidosis*. (Bailliere Tindall, 1988)
5) Odds, *Candida and Candidosis*, Chapter 8 (Bailliere Tindall, 1988)
6) Spinillo, A. E. Capuzzo, et al. Effect of antibiotic use on the prevalence of symptomatic vulvovaginal candidiasis. *Am J Obstet Gynecol* 1999; 180: 14-17.
7) Lawrence, R. A. , and R.M. Lawrence. *Breastfeeding: A Guide for the Medical Profession*. 5th ed. Philadelphia: C. V. Mosby Company. 1999;281-82, 610-611.
8) Minchin, M. *Breastfeeding Matters*. 4th ed. Australia: Alma Publications, 1998.
9) De Wet, P.M., H. Rode, et al. Perianal candidosis: A comparative study with mupirocin and nystatin. *Int J Dermatol* 1999;38(8): 618-22.
10) Martin, M. V. The use of fluconazole and itraconazole in the treatment of *Candida albicans* infections: A review. *J Antimicrob Chemother* 1999; 44(4): 429-37.
11) Newman, Jack. *The Ultimate Breastfeeding Book of Answers*. pg. 149, 2000.
12) Biancuzzo, Marie, *Breastfeeding the Newborn: Clinical Strategies for Nurses*, 2003; 349.
13) Hale, Thomas *Medications and Mother's Milk*, Tenth Edition 2002; 286.

ABOUT THE AUTHOR

Mary King, RN, BSN, IBCLC, founder of *Lactation Liaison Breastfeeding Clinic* and editor of *Breastfeeding Updates*, is a lactation consultant in private practice. She has been assisting breastfeeding mothers for 17 years. Prior to lactation consulting, Mary spent 9 years as a neonatal intensive care nurse beginning at Johns Hopkins Hospital. Her practice is in Groton, MA. She welcomes mother/infant dyads who are experiencing breastfeeding difficulty. For more information, feel free to contact Lactation Liaison Breastfeeding Clinic at (978) 448-0654 or visit www.LactationLiaison.com.

Eastern Massachusetts Chapter
NAPNAP Newsletter

Veronica Kane, Editor
110 Garden St
Milton, MA 02186



See you at the final chapter meeting of the year!
May 12, 2004, 6:30 pm

MGH Institute of Health Professions
Topic: Homeless Adolescents