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## Vaginal thrush

Vaginal thrush (also known as vaginal yeast infection or vulvovaginal candidiasis) is an infection of the vagina and/or vulva with a yeast germ called candida. In this leaflet we'll cover thrush symptoms as well as potential thrush treatments.

### What is thrush?

Thrush is caused by the overgrowth of a fungus called candida.

We all have many germs living on or inside us all the time. Some of these germs are helpful to us – for instance, 'friendly' bacteria in the gut help us to digest our food. Many others don't cause any harm, or any symptoms, unless they grow too much. Candida is one of these.

Fungi like warm, moist, airless places, and a vagina is a perfect home for them. Small numbers of candida commonly live on the skin and around the vaginal area. Most of the time, they don't cause any problems. However sometimes they multiply and cause thrush symptoms.

Candida can also cause [fungal skin infections](#) and mouth infections ([oral thrush](#)). See those leaflets for more. This leaflet focuses on vaginal yeast infections (vaginal thrush).

### Thrush symptoms

Sometimes thrush symptoms are minor and clear up on their own. Often symptoms can be quite irritating and will not go without treatment from antifungal creams.

#### Itching

Itching of the skin folds outside the vagina (the vulva) is one of the most common thrush symptoms. It may also be itchy inside the vagina.

## Soreness

There may also be soreness of the vulva. Sometimes it may be painful to pass urine and/or painful to have sex. If there is soreness *without* itching, this is more likely to have another cause.

## Vaginal discharge

There may also be a discharge from the vagina. Thrush is the second most common cause of a vaginal discharge. (The most common cause of vaginal discharge is bacterial vaginosis. [See the separate leaflet called Bacterial Vaginosis for more details.](#))

The discharge from thrush is usually creamy white and quite thick, and may resemble cottage cheese, but is sometimes watery. It can add to the itch, redness, discomfort, or pain around the vulva. The discharge from thrush does not usually smell.

## Severe thrush symptoms

Thrush symptoms indicating quite a severe case include:

- Redness (erythema) – usually around the vagina and vulva, but may extend to the labia majora and perineum.
- Vaginal fissuring and/or swelling.
- Scratch marks (excoriation) on the vulva.
- Other skin rashes near to the vagina (called satellite lesions) – this is rare and may indicate other fungal conditions or [herpes simplex virus](#).

Symptoms which suggest your symptoms are NOT due to thrush include:

- A smelly or coloured discharge.
- Bleeding between periods or after having sex.
- Needing to pass urine more often.
- A rash or blisters on the skin of the vulva.

In these cases it's best to contact your doctor or visit a sexual health clinic.

## How long does thrush last?

A mild thrush infection can get better within a few days, sometimes even without treatment.

More severe thrush can last several weeks.

With treatment, thrush improves within days and should be gone within one or two weeks of starting treatment.

It's important to speak to a doctor if thrush treatment hasn't worked after two weeks.

## Diagnosing thrush

You do not always need a test to diagnose vaginal thrush. The diagnosis is often based on the typical symptoms and signs.

It is important that you do not assume that a vaginal discharge is thrush. There are other causes of vaginal discharge. It is reasonable to assume it is thrush if:

- You have a vaginal and/or vulval itch.
- Any discharge you have does not smell and is white or creamy.
- You have no abnormal bleeding.

However, if you have assumed you have thrush and you have had treatment, but the symptoms have not gone away, you may need to have tests. See your doctor, who may examine you and may arrange some tests.

If tests are needed they may include:

### **A test to see how acidic the vagina is (a pH test)**

The level of acidity gives an indication of whether a discharge is due to thrush or to [bacterial vaginosis](#). This is the basis of the over-the-counter test for thrush. A test strip is placed into the vagina and then the colour change indicates if thrush is likely or not. A pH level of 4.5 or less suggests thrush. Some doctors may also use this test.

### **A swab**

This is a stick with a cotton bud at the end of it. A sample of discharge is taken from the vagina and analysed in a laboratory. This indicates if you have thrush or another infection. It can also inform the doctor about which type of candida you have. You will be able to take this swab yourself and the healthcare professional will tell you how.

### **Tests for other infections**

Further swabs may be taken to be sure you do not have other types of vaginal infections.

### **Urine tests**

Your urine may be checked for sugar. This is to check you do not have diabetes, as this would make you more prone to thrush. This might be done if you were getting repeated (recurring) episodes of thrush. Urine may also be checked for infection, as sometimes it can be difficult to distinguish between a urine infection and thrush.

### **Blood tests**

For severe or repeated (recurrent) episodes of thrush, you might be offered a blood test to look for anything that could be making you more vulnerable to it. This might include a check for [diabetes](#) and an [HIV](#) test.

## **What causes thrush?**

Thrush is **not** considered a sexually transmitted infection, although occasionally it is passed on during sex. More often it is an overgrowth of the candida yeast which was already there but hadn't been causing a problem. Thrush can affect your sex life until it clears up, too.

The immune system and the harmless germs (bacteria) that also normally live on the skin and in the vagina usually stop candida from thriving. However, when conditions are good for candida, numbers multiply and may invade the vagina and cause thrush symptoms. This could be due to changes in the balance of bacteria in the vagina when you have taken antibiotics. Or it could be related to hormone changes, or problems with your immune system.

Most causes of thrush are a result of *Candida albicans* but sometimes other types of candida such as *Candida glabrata* or *Candida tropicalis* are the cause.

# Thrush treatment

There are a few different thrush treatment options. Some are applied directly to the vagina and/or vulva; others are medicines which are taken by mouth.

## Topical thrush treatments

These are pessaries and creams which you insert into the vagina with an applicator. They contain anti-yeast medicines such as cream containing [clotrimazole](#), [econazole](#), [miconazole](#) or [fenticonazole](#).

A single large dose inserted into the vagina is often sufficient to clear a bout of thrush. Alternatively a lower dose is used for several days. You may also want to rub some anti-thrush cream on to the skin around the vagina (the vulva) for a few days, especially if it is itchy. In mild cases, or for girls under the age of 16, a cream for the skin may be all that is needed.

You can obtain topical treatments on prescription, or you can buy some of them without a prescription at pharmacies. Side-effects are uncommon, but read the information leaflet that comes with your thrush treatment for full information.

In general, you can use these topical thrush treatments if you are pregnant but you should always check with your doctor or pharmacist. Treatment is usually needed for longer during pregnancy.

**Note:** some pessaries and creams may damage latex condoms and diaphragms and affect their use as a contraceptive. You should use alternative methods of contraception during treatment and for several days afterwards.

## Tablets

Two thrush treatment tablets are available. [Fluconazole](#), which is taken as a single dose, or [itraconazole](#) which is taken as two doses over the course of one day. You can obtain these thrush treatments on prescription; you can also buy fluconazole without a prescription from pharmacies. Side-effects are uncommon, but always read the information leaflet that comes with your thrush treatment for full information.

**Do not take these medications if you are pregnant or breastfeeding.** You may also want to rub some anti-yeast cream on to the skin around the vagina for a few days, especially if it is itchy. Combination packs containing both the tablet and the cream are available. With severe vaginal yeast infection, a repeat dose of the tablet may be suggested after three days.

**Note:** tablets and topical treatments are thought to be equally effective. Tablets are more convenient but are more expensive than most topical treatments.

If you are in a sexual relationship, **there is no need to treat your partner** too unless they also have thrush symptoms. (If you have a male partner, see the [Thrush in Men](#) leaflet for more information on those symptoms).

### **How to soothe thrush itching**

If you have vaginal thrush, you may also find the following things help to relieve your symptoms:

- Avoiding wearing tight-fitting clothing, especially clothing made from synthetic materials. Loose-fitting, natural-fibre underwear may be better.
- Avoiding washing underwear with biological washing powders or liquids and avoiding the use of fabric conditioners.
- Avoiding using perfumed products around the vaginal area, such as soaps and shower gels, as these may cause further irritation.
- Using a simple emollient every day as a moisturiser to protect the skin around the vulva.
- Yoghurt containing probiotics, either eaten or applied to the vagina, may be helpful; however, there is not yet enough evidence to know if it is proven to be effective.

## **What if the thrush treatment doesn't work?**

If you still have vaginal thrush symptoms a week after starting treatment, then see your doctor or nurse. Treatment does not clear symptoms in up to 1 in 5 cases. Reasons why thrush treatment may fail include:

- The symptoms may not be due to thrush. There are other causes of a vaginal discharge. Also, thrush can occur at the same time as another infection. You may need tests such as vaginal swabs (samples taken using a small ball of cotton wool on the end of a thin stick) to clarify the cause of the symptoms.
- Most bouts of thrush are caused by *C. albicans*. However, about 1 in 10 bouts of thrush are caused by other strains of candida, such as *C. glabrata*. These may not be so easily treated with the usual anti-thrush medicines.
- You may not have used the treatment correctly.
- You may have had a quick recurrence of a new thrush infection. (This is more likely if you are taking antibiotic medication, or if you have undiagnosed or poorly controlled diabetes.)

## How common is thrush?

Thrush is very common. Up to three out of four women will have at least one bout of thrush in their lives. In most cases it develops for no apparent reason. However, certain factors can make thrush more likely to develop. The vagina contains mucus and some harmless bacteria which help to defend the vagina from candidal infection (and other germs). These natural defences may be altered or upset by certain situations:

- When you are pregnant.
- If you have [diabetes](#).
- If you take [antibiotic medication](#).
- If you have a weakened immune system or it's working normally. For example, if you are on [chemotherapy](#) for certain cancers, if you are taking high-dose [steroids](#), if you have [HIV](#), etc.

So in these situations you may be more likely to get symptoms of thrush and develop thrush itself.

## Why do I keep getting thrush?

You may also be more prone to recurring thrush episodes (recurrent thrush) although some women develop repeated episodes of thrush with no obvious triggers. If you do suffer from recurrent thrush, your doctor may offer different treatment - [see the separate leaflet called Treating Recurring Yeast Infections \(Vaginal Thrush\)](#) for more details.

There is some relationship between thrush and the female hormone oestrogen. Thrush is much more common in the 'reproductive years', ie the years between starting to have periods and stopping for [menopause](#). Some women are prone to thrush in certain times of their menstrual cycle - for example, before a period.

The hormone changes of pregnancy make thrush more likely. It may be that hormone pills such as [hormone replacement therapy \(HRT\)](#) and the [combined oral contraceptive \(COC\) pill](#) make you more prone to thrush. This is not yet certain, however.

## Is thrush dangerous?

Thrush does not damage the vagina and it does not spread to damage the womb (uterus). [If you are pregnant](#), thrush will not harm your baby.

If you have thrush when giving birth, the baby can sometimes catch it during delivery. However, this can easily be treated, and isn't something to be worried about.

## Do I need to contact a doctor if I get thrush?

If you have had a vaginal thrush infection in the past and the same symptoms come back then it is common practice to treat it without an examination or tests. Many women know when they have thrush and treat it themselves. You can buy effective treatments without a prescription from pharmacies.

However, remember a vaginal discharge or vulval itch can be due to a number of causes. So, do not assume all discharges or itches are thrush. The following gives a guide as to when it may be best to contact a doctor or nurse if you think that you might have thrush. If you:



- Are under 16 or over 60 years of age.
- Are pregnant.
- Have treated yourself with a thrush treatment from the chemist, but your symptoms have not gone away.
- Have abnormal vaginal bleeding.
- Have lower tummy (abdominal) pain.
- Are unwell in yourself in addition to the vaginal and vulval symptoms.
- Have symptoms that are not entirely the same as a previous bout of thrush. For example, if the discharge has a bad smell, or if you develop ulcers or blisters next to your vagina.
- Have had two episodes of thrush in six months and have not consulted a doctor or nurse about this for more than a year.
- Have had a previous [sexually transmitted infection](#) (or your partner has).
- Have had a previous bad reaction to anti-thrush medication or treatments.
- Have a weakened immune system – for example, due to other health conditions, or you are on chemotherapy treatment for cancer or are taking long-term steroid medication for whatever reason.

And if you do treat yourself, contact a doctor or nurse if the symptoms do not clear after treatment. You may have had a quick recurrence of a new thrush infection. (This is more likely if you are taking antibiotic medication, or if you have undiagnosed or poorly controlled diabetes.)

## How do you prevent thrush?

These tips may help you to avoid vaginal thrush, or avoid it coming back. However, they have not been proven to work by research:

### Hygiene

Thrush is not due to poor hygiene. However, the normal conditions of the vagina may be altered by excess washing and rinsing out (douching) of the vagina, bubble baths, scented soaps, spermicides, etc.

The normal mucus and germs (bacteria) in the vagina may be upset by these things and allow candida to infect. Therefore, it may be best to wash just with water and unscented soap and not to douche the vagina.

## **Clothes**

Don't wear nylon underwear or tight-fitting jeans too often. Loose cotton pants are best. Stockings rather than tights are preferable. The aim is to prevent the vaginal area from being constantly warm, moist and airless. Avoid washing underwear in biological washing powder and using fabric conditioners.

## **Antibiotic medicines**

Be aware that thrush is more likely if you take [antibiotics](#) for other conditions. Antibiotics may kill the normal harmless bacteria in the vagina that help to defend against candida. As species of candida are yeasts and not bacteria, they will not be killed by antibiotics.

This is not to say that every course of antibiotics will lead to thrush. But, if you are prone to this problem and you are prescribed antibiotics then have some anti-thrush treatment ready to use at the first sign of thrush.

## **Sex**

Thrush is **not** a sexually transmitted infection. However, friction when you have sex may cause minor damage to the vagina which may make candida more likely to thrive. So, make sure your vagina is well lubricated when having sex. If natural secretions are not sufficient then use a lubricant when you have sex. After sex, wipe yourself so you are clean and dry.

It may also be worth reviewing any medication you are taking, as some medicines can make you more prone to thrush. You should discuss this with your doctor.

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## **Further reading**

- [van de Wijgert J, Verwijs MC](#); Lactobacilli-containing vaginal probiotics to cure or prevent bacterial or fungal vaginal dysbiosis: a systematic review and recommendations for future trial designs. BJOG. 2020 Jan;127(2):287-299. doi: 10.1111/1471-0528.15870. Epub 2019 Aug 8.

- [Yano J, Sobel JD, Nyirjesy P, et al](#); Current patient perspectives of vulvovaginal candidiasis: incidence, symptoms, management and post-treatment outcomes. BMC Womens Health. 2019 Mar 29;19(1):48. doi: 10.1186/s12905-019-0748-8.
- [Candida - female genital](#); NICE CKS, October 2023 (UK access only)

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Authored by:	Peer Reviewed by: Dr Colin Tidy, MRCGP	
Originally Published: 19/11/2023	Next review date: 21/04/2023	Document ID: doc_4350

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