



ILCA's INSIDE TRACK

a resource for breastfeeding mothers

A Publication of the International
Lactation Consultant Association



My Baby Is Jaundiced—What's That? **Information about jaundice and breastfeeding your newborn baby**

By ILCA Professional Development Committee

Parents may worry when they are told that their baby is jaundiced. Jaundice means there is a yellow tone to the skin and whites of the eyes. This happens because the level of bilirubin is higher than normal in the blood. Newborn babies often are jaundiced when they are 3 to 5 days old. A low level of yellowing of a baby's skin is normal.

A baby that gets too yellow may need special care to lower the bilirubin quickly. Health care providers check babies for jaundice soon after birth and at checkups.

Why is my baby yellow?

- Before birth, your baby needed extra red blood cells to carry the right amount of oxygen from your body. After birth, these extra red blood cells are no longer needed and they break down in the baby's liver. Bilirubin leaves the red blood cells and goes into the bloodstream. The baby gets rid of it by stooling or having bowel movements.
- Jaundice happens when high levels of bilirubin get in the bloodstream. This causes the yellow color that you can see on the baby's skin or eyes.
- Treatment is usually not needed, but sometimes the bilirubin level gets too high. Your baby may need phototherapy with special lights to lower the level. *Continue to breastfeed as normal.*

A jaundiced baby must be checked by a health care provider several times in the first 2 weeks. It is important for you to make these appointments and keep them.

What would cause too many red blood cells to break down?

- Your baby may have been bruised during birth. The red blood cells that broke down released bilirubin into the baby's bloodstream.
- You and your baby may have blood types that are not compatible. Your baby may have more red blood cells breaking down than usual.
- A few diseases can cause too many red blood cells to break down. Your health care provider will check your baby for these, if necessary.

Why would the bilirubin clear too slowly from my baby's body?

- The most common cause is limited stooling. Colostrum, the first milk in your breasts, is made to help clear your baby's intestines. The more colostrum your baby receives, the more your baby will stool. This will help the bilirubin to clear quickly.
- Rarely, a baby may have an unusual condition that does not let the stool leave the intestines. Your baby's health care provider will check for this, if necessary.

Special care when a baby loses more than 7% of birth weight and is very yellow

- The baby may receive phototherapy treatment.



- Additional fluids may be needed—breast milk (preferred), artificial baby milk (formula), or intravenous fluids.
- The baby's health care provider will explain how you can stay with your baby if hospital care is needed.
- Once the baby's bilirubin level is lower, treatment will discontinue. You can return to simply breastfeeding your baby.

You can help lower your baby's jaundice level

- Hold your baby skin-to-skin soon after birth and often in the early days.
- Breastfeed soon after birth and often in the early days. This will increase your baby's intake of breast milk, which will increase bowel movements.
- Learn how to remove more milk from your breasts and how to give it to your baby.
- Express colostrum and give by cup or spoon if your baby is sleepy.
- Ask a lactation consultant to observe your baby feeding to check that your baby is breastfeeding effectively.
- Learn how to tell when your baby is hungry and breastfeed as soon as your baby shows hunger signs.
- Expect your baby to breastfeed 8 to 12 times or more in 24 hours during the first week.
- Wake your baby to breastfeed if your baby does not show hunger signs at least every 3 to 4 hours.
- Learn how to stimulate your baby to stay awake during feedings and to suck effectively.
- It is important to continue breastfeeding. Giving water does not clear out the bilirubin.

Call your baby's health care provider if:

- Your newborn baby is not nursing 8 to 12 times or more in 24 hours.
- Your baby is not having the expected number of wet or soiled diapers:
 - Day 2
At least 2 wet diapers
At least 3 black tarry stools
 - Day 3
At least 3 wet diapers
At least 3 greenish brown stools
 - Day 4
At least 6 wet diapers
At least 3 mustard yellow stools
- Your baby is either always sleeping or always fretful.
- Your baby's eye or skin color seems to be getting more yellow or orange, or the color is below the level of the belly button.

FIND HELP FAST

Go to "Find a Lactation Consultant" at www.ilca.org to locate a certified lactation consultant (IBCLC) in your area. You can also ask a health care provider at your hospital or contact your community-based health care program.

Your Local Lactation Consultant