



Jaundice & Breastfeeding

More than half of newborns are jaundiced during their first week. Jaundice is not a disease. It is a common condition that is usually harmless and goes away quickly.

What is jaundice?

A condition when your baby's skin and eyes look yellow. This yellow color is first seen in the face then moves to the chest and belly. As the levels, get higher, it may spread to the arms and legs. Jaundice may be hard to see if your baby has dark skin.

Is jaundice common?

Jaundice occurs in 50-75% of full-term babies and 75% of preterm babies. Your health care provider will check your baby's skin and eyes to see if she is jaundiced. If your baby is jaundiced, her blood levels may be checked to see what her bilirubin level is. If her bilirubin level is high, treatment for jaundice may be recommended.

Why is my baby jaundiced?

Jaundice occurs when there is extra bilirubin in the blood. We all have bilirubin in our blood from the breakdown of old red blood cells. During pregnancy, your baby makes extra red blood cells to support her oxygen needs. After birth, the extra red blood cells break down and release bilirubin into the blood. The liver filters the extra bilirubin out of the blood. This extra bilirubin leaves your baby's body through meconium or stools.

Is jaundice harmful for my baby?

If your baby's blood levels are high, jaundice can be harmful. Very high levels left untreated can cause brain damage, a condition called kernicterus. If your baby has high levels, it is important to follow your health care provider's recommendations for treatment to lower your baby's bilirubin levels.

Is there anything I can do to prevent jaundice?

Yes. The more your baby breastfeeds, the more she takes in and the more she will stool. This will help get rid of the extra bilirubin. So, breastfeed soon after birth and 8-10x each 24-hour period.

Normal Frequency & Color of Stools of Breastfed Infants

Day	# of Stools	Color
1-2	1+	Black
3-4	3+	Green
5+	3-4+	Yellow

Types & Causes of Jaundice in the Newborn

Type	Begins	Possible Causes	Possible Treatments
Physiologic (normal newborn jaundice)	2-3 Days	<ul style="list-style-type: none"> Breakdown of extra red blood cells Immature newborn liver 	<ul style="list-style-type: none"> Frequent breastfeeding (at least 8 times per 24 hours) Watch and check bilirubin level if not getting better
Pathologic	within 24 hours of birth	<ul style="list-style-type: none"> Mother & baby blood type incompatibility (ABO, Rh) Liver disease Infection 	<ul style="list-style-type: none"> Frequent breastfeeding (at least 8 times per 24 hours) Medical workup to find cause Phototherapy Blood transfusion
Breastfeeding	3-5 days after birth	<ul style="list-style-type: none"> Poor intake (not breastfeeding frequently, poor latch) Not stooling enough 	<ul style="list-style-type: none"> Frequent breastfeeding (at least 8 times per 24 hours) Increased breastfeeding time (baby-led) Lactation consult to improve latch, assess milk transfer, milk supply and assistance with supplementation if needed
Breast Milk	5-7 days after birth	<ul style="list-style-type: none"> Unknown (may be some part of breast milk) 	<ul style="list-style-type: none"> Frequent breastfeeding (at least 8 times per 24 hours) Phototherapy Alternating breastfeeding with donor milk or formula Interrupting breastfeeding for 24 hours

If my baby has normal jaundice, what should I expect?

Bilirubin levels usually:

- Go no higher than about 12 to 15 mg/dL
- Peak between Day 3 and 5 and then go down (see table above for more information)

This is general information and does not replace the advice your healthcare provider. If you have a problem you cannot solve quickly, seek help right away. Every baby is different. If in doubt, contact your physician or other healthcare provider.

Does jaundice affect breastfeeding?

Some babies get extra sleepy and breastfeed poorly if they are jaundice. It is important to continue to attempt breastfeeding your baby but if your baby is not breastfeeding well, contact a lactation consultant who can help. Your baby may need to finger or cup feed or use a supplemental nursing system if she is too sleepy to latch and breastfeed well. If your baby needs to use one of these alternative feeding methods, you will need to pump your breasts after. Pumping will help your body establish and maintain the milk supply your baby needs once she is able to exclusively breastfeed without using these devices.

References

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