



Breastfeeding and Newborn Jaundice

Before baby was born, he or she was in the uterus and received nourishment and oxygen from mom. The oxygen passed from mom's red blood cells to baby's red blood cells. The uterus is a low-oxygen environment, so baby made extra red blood cells in order to get enough oxygen. People who move to mountain areas, where oxygen is low, do this as well.

Once he is born, baby doesn't need those extra red blood cells and his body starts to break them down. Hemoglobin, the part of the red blood cell that carries oxygen, is released into the blood circulation. The liver breaks down hemoglobin to a number of products, one of which is bilirubin, a bright yellow pigment.

The liver normally turns bilirubin into bile and secretes the bile into the digestive system. Most then passes from the body in the form of a bowel movement. The liver of a newborn doesn't yet have the capacity to do this quickly. Bilirubin may build up in the blood, causing the typical symptom of jaundice: baby's skin and eyes look yellow. In fact jaundice comes from *jaune* the French word for yellow.

There are some factors that can make this worse that include parents and babies' blood types, or some medical problems. Before leaving the hospital, your baby will be tested to check for jaundice.

It is common for new babies to experience neonatal jaundice (newborn jaundice) for a short time. Most newborns have an increase in bilirubin after they are born; about 50% actually look jaundiced. For most babies, jaundice is mild and goes away by itself. Sometimes it is more severe and needs treatment with special lights called phototherapy. A very high bilirubin can be dangerous. Fortunately, the light or phototherapy is very effective. Your baby may be placed under phototherapy for a few hours to a few days. During this time your baby will be monitored and another bilirubin test will be done. It is important to feed baby often to help him have more bowel movements.

Things to do for mild jaundice:

Nurse frequently, every two to three hours day and night. Make sure baby is getting milk. Watch for large jaw movements, a pause to swallow and a soft swallowing click. Breastmilk helps baby pass bowel movements and clear the bilirubin.

Wake up baby well before feeding. This may be hard as jaundice makes baby sleepy. You can try to:

- Undress baby to diaper.
- Change diaper.
- Stimulate feet and back.
- Place cool cloth to forehead.
- Rock baby from lying to sitting position until eyes open.



- Placing baby in sunlight is not effective.
- In general, jaundice will clear from the feet and hands first. The face and head tend to look yellow longest.

When to seek help

- difficulty breastfeeding
- baby is lethargic or very sleepy at the breast
- baby's trunk or eyes appear yellow
- decrease in urine output and stools

References:

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- Sgro, M., Shah, V., Campbell, D. Challenge of early discharge – Newborn assessment for jaundice. March 2005, <http://www.cps.ca/english/CPSP/Resources/NHS.htm>.
- Shu-Chiung, C. et al. Management of hyperbilirubinemia in newborns: measuring performance by using a benchmarking model. *Pediatrics*. 2003, 112: 1264-1273.

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