



NEWBORN JAUNDICE

More than half of all newborns become jaundiced during the first week of life. In most cases, this is a normal part of adjusting to life outside the womb, but occasionally jaundice is a sign of other, more serious health problems. Sometimes it's the treatment of jaundice that presents challenges for new breastfeeding mothers and their babies.

WHAT CAUSES JAUNDICE?

Most babies are born with higher-than-normal amounts of red blood cells. When these cells break down in the days after birth, they produce a yellow pigment called bilirubin, which circulates in the blood. When the bilirubin arrives at the liver, it is changed into a form that can be transported to the intestines and from there, carried out of the body in the stool. However, a newborn baby's liver may not be able to process bilirubin efficiently in the first days of life, so the excess bilirubin is deposited in the skin, muscles, and mucous membranes of the body, which then take on a yellowish or golden color.

WHY BE CONCERNED ABOUT JAUNDICE?

When a baby appears jaundiced, the doctor may order a blood test to measure how much bilirubin is in baby's blood. Physicians then consider two basic questions:

Are the levels of bilirubin in the blood high enough to cause harm? When blood levels are high, bilirubin may enter the brain and damage the nervous system. Physicians are especially concerned about high levels on the first or second day of life, levels that are rising quickly, and high levels in premature or sick infants. Doctors monitor newborns' bilirubin levels so that they can treat jaundice before it causes harm.

Is the jaundice physiologic, meaning a result of the normal process of adjusting to life outside the womb, or is there another more serious cause? When bilirubin levels are high at birth or in the first day or two of life, the jaundice may be related to other health problems. It's important to identify these early, so that the underlying problem can be treated. When bilirubin levels rise slowly over the first three or four days, the baby probably has normal physiologic jaundice, which is usually harmless.

BREASTFEEDING AND JAUNDICE

Jaundice seems to occur more frequently in breastfed babies, especially those who do not nurse frequently in the first days of life. Newborns who nurse every hour or two have frequent stools, and this eliminates bilirubin from the intestines more efficiently.

Jaundice also seems to last longer in breastfed babies. Researchers are not sure why. There may be a substance in mother's milk that affects the way the body eliminates bilirubin. As a result, healthy breastfed babies may still show signs of jaundice at two or three weeks of age.

Babies with jaundice should continue to breastfeed. Frequent breastfeeding during the first days of life will help baby's body eliminate bilirubin.

Babies who are not breastfeeding well are more likely to be jaundiced. They should be encouraged to nurse more often and more effectively.

- If your baby is jaundiced, try to nurse more often—at least 10 to 12 times in 24 hours. Breastfeed every 1-1/2 to 2 hours during the day, with one 4- to 5-hour period of sleep at night.
- If your baby is sleepy, wake her and encourage her to nurse longer and more often. (See box below.)
- If your baby is not feeding effectively at the breast (or if you're not sure), check to see if baby is latched-on and sucking well. (See box on back)

Stop breastfeeding? Sometimes a physician will suggest that a mother stop breastfeeding for 24 to 48 hours and give her baby formula to see if this will bring down the bilirubin levels. This used to be common advice. More recently, physicians and other health care professionals recognize that interrupting breastfeeding for a day or two can lead to an early weaning—and a baby who is deprived

HOW TO WAKE A SLEEPY BABY

- It's easier to wake a baby in the stage of light sleep: eyes are moving under the eyelids, baby is making sucking motions or moving his arms and legs.
- Dim the lights so that baby will open his eyes.
- Undress baby down to just a diaper.
- Hold baby in an upright position. Talk to the baby. Gently rub his back, hands, and feet. Walk your fingers up and down baby's spine.
- Wipe baby's forehead and cheeks with a cool, damp cloth.

of the many benefits of breastfeeding. There are other ways to treat bilirubin levels that are high or rising rapidly. These treatments are less likely to cause problems with breastfeeding.

Give water supplements? Mothers are sometimes told that giving baby bottles of water will help to "flush out" the jaundice. This is not true. Bilirubin is eliminated in baby's stools. A baby whose tummy is filled with water or sugar water will nurse less often and thus is more likely to have problems with jaundice.

TREATING JAUNDICE

Your doctor may suggest using phototherapy to treat your baby's jaundice. Phototherapy uses special lights to break down the bilirubin that is stored in baby's skin so that it can be eliminated more easily. The baby is placed under the "bili-lights" wearing just a diaper, with his eyes covered to protect them. The baby remains under the lights continuously for a day or two, although parents may remove the baby from the lights for feedings. Once the baby's bilirubin levels begin to fall, the lights are no longer needed.

One of the problems with phototherapy is that it interferes with mother and baby being together and interacting freely in the first days of life. So if phototherapy is necessary, it is important to do everything possible to help a mother to continue to feel close to her baby and continue to breastfeed.

Here are some ways for you to keep your baby close during phototherapy:

- If you are still in the hospital, the phototherapy unit can be set up in your room, so that you can talk to your baby, touch her, and breastfeed her frequently.
- If the baby is hospitalized but you, the mother, are not, you can stay with your baby in the nursery.
- Your doctor can order a home phototherapy unit, so that your baby can receive the light treatment without being hospitalized.
- Your doctor can arrange for your baby to receive phototherapy using the Wallaby phototherapy unit. This is a fiberoptic blanket that wraps around the baby's trunk and provides continuous light treatment. The baby's eyes do not have to be covered, and you can hold and breastfeed your baby without interrupting the treatment.

WORKING WITH YOUR DOCTOR

There is no one "right" way to treat jaundice in a breastfed baby. The American Academy of Pediatrics suggests that pediatricians discuss several treatment options with parents. Here are some questions to consider:

- Is it necessary to treat the jaundice at this stage? Could we continue to monitor the baby's bilirubin levels, encourage the baby to breastfeed more frequently, and re-evaluate the situation in 24 hours?
- If phototherapy is needed, what can be done to keep mother and baby together and breastfeeding?

- If a doctor suggests that you stop breastfeeding and give your baby formula, ask about alternative strategies, such as using phototherapy to treat the jaundice while you continue to breastfeed.

In most babies, jaundice is short-lived and harmless. There may be times when it is necessary to treat the jaundice, but in these situations, parents and health professionals should remember that frequent breastfeeding in the first days of life helps ensure successful breastfeeding in the weeks and months to come. The goal is a healthy baby who continues to breastfeed.

HOW TO HELP YOUR BABY BREASTFEED MORE EFFECTIVELY

Check baby's latch-on. Babies who are latched-on well get more milk from the breast. Baby should be facing mother and pulled in close to her body. The baby opens her mouth wide as she goes onto the breast and takes a large mouthful of breast tissue. The baby's chin is pressed into the breast and the lower jaw is as far back from the nipple as possible. Baby's lips are flanged out, not tucked or pulled in. If baby is not latched-on well, take the baby off the breast and try again.

Check for effective sucking. The baby moves her jaw, not just her lips, as she sucks. After the initial let-down, baby will swallow after every one or two sucks. This active swallowing should continue for ten to twenty minutes per breast.

Keep baby interested. Encourage baby to breastfeed longer by using breast compression when her sucking slows or stops. Hold the breast between your thumb and your other four fingers, close to the chest wall. Bring the thumb and fingers together, firmly compressing the breast, but not so hard that it hurts. This will start the milk flowing again, and the baby will respond with more sucking and swallowing. Keep up the pressure on the breast until baby's sucking slows. Then release the breast compression. Baby may start to suck again. If not, shift your hand around the breast to a new position and compress the breast again. Repeat this technique until the baby gets sleepy or fussy, and then repeat on the other breast.

Is the baby getting enough milk at the breast? Beginning on the third or fourth day after birth, babies should have at least six to eight wet cloth diapers (five to six disposables) and at least three to four bowel movements in twenty-four hours.

Get help. A lactation consultant, or La Leche League Leader can assist you as you evaluate your baby's latch-on and sucking and find ways to encourage your baby to breastfeed better.

For breastfeeding information, to order publications, or to find an LLL Leader near you, use our Web site at www.lalecheleague.org

Or phone 800 LA LECHE (9-5 Central Time) 847-519-7730 (24-hour messages)