Ordinary Newborn Jaundice

When a baby is born, and moves from his low-oxygen home inside his mother to our higher-oxygen air, he no longer needs all the red blood cells he had before birth. His new little liver takes over the job of breaking down the extra cells. It dumps the "bilirubin" from these cells into the baby's blood, which carries it to his intestines to become part of his early poopy diapers.

But what if the baby doesn't get much food at first - perhaps because he is separated from his mother, or isn't nursing effectively or often? Then he has fewer poopy diapers, and the bilirubin, instead of waiting around, travels back into his blood, making his jaundice greater than normal. That's where the yellow color of jaundice comes from. It's bilirubin that ought to be leaving the baby but isn't. It is a response not to the mother's milk but to the lack of milk. "Separation jaundice" is a good term for this too-little-food jaundice. Time together, help with positioning, and offering pumped milk if needed can all make a difference. A typical breastfed baby increases his food gradually, producing at least 1 black poopy diaper the first day, 2 dark ones the second day, 2 or 3 greenish ones the third day, 3 or 4 yellow ones the fourth day, and 3 or more yellow ones from then on. If a baby looks suntanned or orange and has fewer stools than this, he probably needs more milk. He needs lots of time with his mother, help with positioning so that he nurses efficiently, and perhaps additional expressed breastmilk. Not surprisingly, jaundiced babies often have engorged and sore mothers: milk isn't transferring well from mother to baby.

Will water help? No. Water makes wet diapers; this baby needs poopy diapers. He needs food. Most of the jaundice we see is from babies not nursing often enough or well enough. Give them more breastmilk, and the jaundice clears.

Will formula help? Yes, because formula makes poopy diapers. But giving formula to a new baby is hard on his body, can encourage allergies, increases illness risk, and makes it harder to get breastfeeding underway. Babies need to eat, and that comes first. But the best choice is breastfeeding. Next is the mother's own milk, expressed for the baby. Next is donor human milk. Commercial formula is fourth best. Just remember, though: babies need to eat, especially if they're very jaundiced.

What about breastmilk jaundice? About one baby in 200 may react to his mother's milk with jaundice that can last for weeks or even months. It begins only after the first few days, but it can overlap with (and be exaggerated by) separation jaundice. There's no evidence that it's harmful, but other forms of jaundice may be; there are lab tests that can rule out more serious forms. Some doctors want to interrupt breastfeeding, or alternate breastfeeding with a different milk, for a day or so, to be sure of their diagnosis. Instead of using formula, expressed breastmilk can be heated to 56˚C for 15 minutes, then cooled, to destroy the jaundice-causing part. If breastfeeding is interrupted, ask to have the bilirubin level checked twice a day, so you can start nursing again as soon as possible.

Ordinary newborn jaundice is almost *never* a reason to interrupt breastfeeding.
Parents deserve to have their questions answered thoroughly before they are asked to take such a serious step.

http://www.wiessinger.baka.com/bfing/early/jaundice.html