

Provider Information

BF – Breastfeeding

BF-NJ NEONATAL JAUNDICE

OBJECTIVE: The family will understand the importance of monitoring for jaundice and the complications of unrecognized jaundice.

STANDARDS:

1. Explain that jaundice is the yellow color seen in the skin of many newborns that is caused by build up of bilirubin in the blood. Explain that mild jaundice is harmless but high levels of bilirubin may cause brain damage.
2. Explain that brain damage can be prevented by treatment of the jaundice before the bilirubin level gets too high. Discuss that treatment options may include medical phototherapy or exchange transfusion.
3. Emphasize that parents should watch closely for jaundice and seek medical attention if jaundice is noticed.
4. Explain that medical personnel can check the level of bilirubin in the blood by blood tests or occasionally by a skin test.
5. Explain that all bilirubin levels must be interpreted in light of the infant's age and that term infants and older infants can tolerate higher levels of bilirubin than preterm infants and younger infants.
6. Explain that jaundice is more common in breastfed infants especially when the infant is not nursing well. Encourage nursing the infant a minimum of 8-12 times a day for the first week of life to increase milk production and keep bilirubin levels down. Emphasize that breast milk is the ideal food for infants.

Jaundice is caused by an excess of bilirubin, a substance that is in the blood usually in very small amounts. In the newborn period, bilirubin can build up faster than it can be removed from the intestinal track. Jaundice can appear as a yellowing of the skin and eyes. It affects most newborns to some degree, appearing between the second and third day of life. The jaundice usually clears up by two weeks of age and is not harmful.

Two types of jaundice can affect breastfed infants – breastfeeding jaundice and breast milk jaundice.

- Breastfeeding jaundice can occur when a breast-feeding baby is not getting enough breast milk. This can happen either because of breastfeeding challenges or because the mother's milk has not yet come in. This is not caused by a problem with the breast milk itself.
- Breast milk jaundice may be caused by substances in the mother's milk that prevents bilirubin from being excreted from the body. Such jaundice appears in some healthy, breastfed babies after about one week of age. It may last for a month or more and it is usually not harmful.

Your baby's doctor may monitor your baby's bilirubin level with blood tests. Jaundice is best treated by breastfeeding more frequently or for longer periods of time. It is crucial to have a health care provider help you make sure the baby is latching on and removing milk well. This is usually all that is needed for the infant's body to rid itself of excess bilirubin.

Some babies will also need phototherapy – treatment with a special light. This light helps break down bilirubin into a form that can be removed from the body easily. If you are having trouble latching your baby to the breast, it is important that you pump or hand express to ensure a good milk supply. The same is true if the baby needs formula for a short time – pumping or hand expressing will make sure the baby has enough milk when you return to breastfeeding.

It is important to keep in mind that breastfeeding is best for your baby. Even if your baby experiences jaundice, this is not something that you caused. Your health care providers can help you make sure that your baby is eating well and that the jaundice goes away.

Jaundice is more common in breastfed infants especially when the infant is not nursing well. Encourage nursing the infant a minimum of 8-12 times a day for the first week of life to increase milk production and keep bilirubin levels down. Remind mothers that breast milk is the ideal food for infants.

Click here for a Patient Education Handout for the mother on [Breastfeeding and Neonatal Jaundice](#).

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