

# Jaundice & Breastfeeding

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## QUESTION: What is jaundice?

**ANSWER:** Jaundice is a yellow color in the skin. It happens when a yellow pigment called bilirubin builds up in the blood and seeps into the skin. Bilirubin is made when the extra red blood cells babies are normally born with are broken down. When jaundice is mild, no treatment is needed.

## QUESTION: How do I know if my baby is jaundiced?

**ANSWER:** Your baby's healthcare provider will check his skin color under good light. Yellow color is first seen in the face. Then it moves to the chest and belly. As the levels get higher, it may spread to the arms and legs. You may also see it in the whites of baby's eyes. Jaundice can be harder to see if your baby has dark skin.

## QUESTION: Why is my baby jaundiced?

**ANSWER:** There are three kinds of newborn jaundice. Their causes differ. Your baby's age when the jaundice first appears will tell you which kind it is.

**First Day or Two.** Jaundice appearing now has a physical cause, such as:

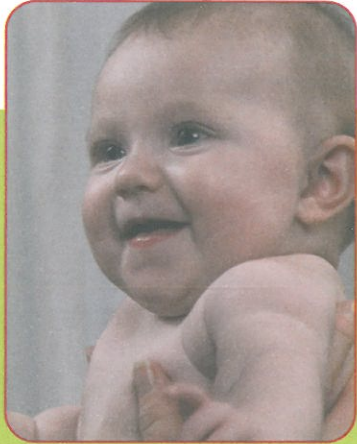
- Differences in blood types or Rh factors between mother and baby.
- Infection or illness.
- Metabolic disorder.
- Bowel blockage.

For the jaundice to go away, the baby's health problem must be treated.

**Day Three or Four.** Jaundice appearing now is the normal kind. Unlike adults, newborns:

- Make more bilirubin.
- Process it slowly.
- Absorb it easily through the gut.

As babies mature, they can process the bilirubin faster and the jaundice goes away.



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. But still, parents worry. Having your questions answered may help.

**After the First Week.** It is normal for most breastfed babies to have higher bilirubin levels than babies fed formula. This is true for weeks and even months after birth. Bilirubin is an antioxidant, and some research indicates that safe levels may actually be good for babies.

- If a baby had more severe jaundice at first, it may stay higher for longer.
- As long as baby is low risk and levels stay below 20 mg/dL, jaundice is considered harmless.

## QUESTION: Can jaundice harm my baby?

**ANSWER:** Though safe levels of bilirubin may be good for babies, severe jaundice can be harmful. In a few babies, very high levels have caused brain damage (called "kernicterus"). That's why your baby needs to be checked to be sure the jaundice stays within safe levels.

## QUESTION: Does breastfeeding affect jaundice?

**ANSWER:** Bilirubin leaves your baby's body in the stools. More breastfeedings help to pass more stools. And more stools passed may make the jaundice go away faster. Jaundice tends to reach higher levels when babies don't feed often and well after birth.

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

**ANSWER:** Bilirubin levels should:

- Go no higher than 12 to 15 mg/dL
- Peak between Day 3 and 5 and then go down

**QUESTION:** Does jaundice affect breastfeeding?

**ANSWER:** Not always. If the jaundice is mild, it may not. If the jaundice is severe:

- High bilirubin levels can make a baby sleepy. You may need to wake your baby to breastfeed more often and to keep him feeding longer.
- Plan to breastfeed at least 8 to 12 times per day. More is better.

**QUESTION:** When does jaundice need to be treated?

**ANSWER:** Jaundice is usually harmless when it stays below 20 mg/dL. But treatment may need to start at lower levels if your baby has risk factors, such as:

- Jaundice on Day 1.
- Baby born more than two weeks early.
- Illness or infection.
- Levels rising quickly.
- Lots of bruising or bleeding under the scalp.
- Not breastfeeding well.

**QUESTION:** How is jaundice treated to prevent it from reaching harmful levels?

**ANSWER:** Most cases of jaundice don't need to be treated. Simply breastfeeding often may be all that's needed. But if that is not enough, the first step is to help the baby take more milk at each feeding.

- Help your baby latch on deeply.
- Compress or massage the breast during feedings to speed milk flow.
- Breastfeed at least 8 to 12 times per day.
- To spur more feedings, keep baby's skin touching yours.
- Avoid giving water, which may make jaundice worse by filling a baby up without helping to pass stools.
- Avoid pacifier use. If all sucking is at the breast, it helps your baby get more milk.

- If your baby is not breastfeeding well, pump your milk and give it to him. Talk to a board-certified lactation consultant for advice on how to give your baby extra milk.

Your milk is usually the first choice, but if you can't express as much milk as your baby will take, talk to your healthcare provider about a supplement for your milk. You may need to give formula for a short time until your milk catches up to your baby's need. Until your baby is getting the milk needed at the breast, use a hospital-grade breast pump at least 8 times a day and double-pump for at least 10 minutes each time. Pumping may help boost your milk supply.

Another treatment for jaundice is phototherapy, or the use of special lights. Shining these lights on a baby's skin helps break down the bilirubin faster. In the hospital, babies may be put under these lights with their eyes covered. The lights will help the jaundice go away faster even if the baby isn't under them all the time. It is fine to take babies out from under the lights to breastfeed. At home, a special blanket with the lights built in can be rented. Babies can breastfeed while wrapped in the blanket.

In rare cases, when babies' bilirubin reaches dangerous levels (30 mg/dL or higher), exchange blood transfusions may be given.

Once a baby's jaundice peaks, it will keep going down. If phototherapy is used, it may rise slightly before going down again.

Putting the baby in indirect sunlight is no longer used to treat jaundice.

Some doctors tell parents to stop breastfeeding and give formula to treat jaundice. But many experts, including the American Academy of Pediatrics, discourage this. Share the information in this web site link with your healthcare provider:

<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;114/1/297.pdf>

*This is general information and does not replace the advice of your healthcare provider. If you have a problem you cannot solve quickly, seek help right away.*

*If in doubt, contact your physician or other healthcare provider.*