

Jaundice

Types of Jaundice:



There are three kinds of jaundice: physiological or normal jaundice, pathological or abnormal jaundice and breast milk jaundice.

The most common type of jaundice is physiological.

Physiological jaundice or “normal jaundice” usually occurs in the second to fifth day and peaks on the third or fourth day. Since newborns are born with extra red blood cells, they break down bilirubin (a yellow pigment) which is released into the blood stream. Jaundice occurs if too much bilirubin is released in the blood stream and is not removed in the baby’s stools and urine. The baby’s eyes and skin will turn a yellow color as the bilirubin builds up in the baby’s body. Usually no treatments are needed; however, if blood levels do become high, treatment will be ordered.

Pathological or “abnormal” jaundice occurs in the first day of life. It is unrelated to the baby’s feedings.

Some causes are Rh or ABO blood incompatibilities, liver enzyme deficiency diseases, infections, metabolic problems (galactosemia and hypothyroidism) and conditions like gastrointestinal obstruction. These conditions must be treated along with treating the jaundice. With the exception of the baby with galactosemia, breastfeeding can and should continue during the treatment of pathologic jaundice.

The last type of jaundice is jaundice after the fifth day known as “breast milk jaundice”.

Research has shown that prolonged jaundice is more common. Rather than being considered abnormal, this late-occurring elevated bilirubin is beginning to be recognized as a “normal jaundice.” Breast milk jaundice is thought to be caused by a substance in the mother’s milk that prevents bilirubin from being broken down and removed in the baby’s stools. Research has shown that this prolonged jaundice is more common than previously thought and can be possibly caused by a combination of three factors:

1. A substance in most mothers’ milk that causes the gut to reabsorb the bilirubin.
2. Individual variations in the baby’s ability to process bilirubin.
3. The inadequacy of feeding in the early days.

Things to consider with jaundice:

- Baby needs to feed often (10-12 times a day), stools help remove the bilirubin.
- The baby may be sleepy, so he may need to be awakened and stimulated to breastfeed more often.
- Normal jaundice is more common in certain ethnic groups.
- In the breastfed baby with normal newborn jaundice, high bilirubin levels are almost always the result of poor feedings, too few feedings or both during the first few days of life.
- Safe maximum bilirubin levels are lower for premature and sick babies.

Risk Factors for developing severe hyperbilirubinemia:

- Breastfeeding.
- Gestations below 38 weeks.
- Jaundice that required treatment in other children.
- Jaundice is noticed before hospital discharge.

Although most cases of jaundice require no treatment, most doctors will take action when the bilirubin exceeds a certain level.



Jaundice Continued...

Treatment of Jaundice:

- Breastfeed often at least 10 times in 24 hours, wake the baby even if he is sleepy. Frequent breastfeeding will help rid the baby of the excess bilirubin by stimulating bowel movements.
- Breastfeeding does not need to be interrupted in order to bring bilirubin levels down.
- If the baby does not respond to stimulation and actively nurses every two to three hours the mother should begin expressing her milk. The baby can be supplemented with this milk until the baby is more active at the breast.
- Do not give bottles of water.
- Phototherapy is a fluorescent light used to break down bilirubin through the skin. Phototherapy can be done in the hospital or at home so mother and baby do not have to be separated. It can have side effects like dehydration due to water loss through their stools and skin. Frequent breastfeeding should continue to increase fluid intake.

- Supplementing with formula should not be necessary unless the mother's milk supply is not adequate.
- In severe cases, babies will be admitted to the hospital for IV hydration and continuous phototherapy.

Mohrbacher, N. and Stock, J., The Breastfeeding Answer Book, Third Revised Edition. Schaumburg, IL: La Leche League International Inc.; 2003



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