

Jaundice and the breastfed infant

Jaundice in healthy newborns is common and to some degree normal. The need to monitor and encourage parents in ways to reduce their infant's bilirubin levels is necessary. Breastfeeding is also normal and important to the newborn baby providing critically important immune factors, enzymes, stem cells, and hormones not found in infant formulas. When breastfeeding is interrupted for the treatment of common jaundice in the healthy, term newborn, premature weaning is often the result. To help maintain breastfeeding while managing normal jaundice, please consider the recommendations from the American Academy of Pediatrics and the Academy of Breastfeeding .

According to the American Academy of Pediatrics 2004 Clinical Practice Guideline, the first key element in the recommendations is to "Promote and support successful breastfeeding." When mother is encourage to breastfeed often, defined as 8-12 times a day from the first hour following birth, weight loss is less than 6% in the first three days following birth.

The Academy of Breastfeeding Medicine Clinical Protocol #22 differentiates between Breastmilk Jaundice and Starvation Jaundice of the newborn. Two-thirds or more exclusively breastfed infants regularly have unconjugated hyperbilirubinemia that continues 2-3 weeks and even up to 8-12 weeks of life. Over time these levels decline even as breastfeeding continues. Starvation Jaundice occurs in infants when breastfeeding is not well established early on and in infants that lose 10% or more of their birth weight. To avoid starvation Jaundice the guidelines suggest optimizing breastfeeding management. This includes:

- Beginning breastfeeding in the first hour following birth, even in babies born by cesarean delivery.
- Exclusive breastfeeding should be encouraged. Supplements recommended only if there is evidence of inadequate intake such as weight loss great than 10%, milk production failure, or dehydration.
- Supplements should be mother's own expressed milk, or banked human milk. Formula should be considered only if human milk is unavailable.
- Assuring mother receives help from a trained breastfeeding helper to achieve a comfortable latch.
- Educating mother on early feeding cues and encouraging frequent feeds.
- At risk mothers should be referred to a Lactation Consultant in the early hours after delivery.
- For those babies who need phototherapy, mothers and babies should not be separated and breastfeeding should not be interrupted.
- If breastfeeding needs to be interrupted, mother should be encouraged to pump her milk every 2-3 hours to maintain milk production levels.

The health advantages of breastfeeding to mother and infant are well established, all health care providers have a responsibility to ensure optimal health and development, preserving breastfeeding even during the treatment of normal jaundice ensures the best outcome for the child.