

What about jaundice in the formula fed baby?

The baby that is formula fed needs frequent feedings (6 to 12 times per day).

Should I feed my jaundiced baby water?

The answer is NO! The baby that drinks water will not get enough breastmilk and/or formula which is needed to increase bowel movements. The bilirubin is passed through the bowel movement rather than urine. You should keep track of how often the baby eats and the number of wet and dirty diapers that the baby has in 24 hours.

Jaundice is common in newborns and may be harmless as long as bilirubin in the blood does not reach unsafe levels.

If you have any questions or concerns contact your health care provider.

As a parent, you should ask questions, voice your concerns, and be a part of making the decisions for your baby's care and treatment.

**Health Care Provider
Telephone No.**

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Photo courtesy of Chery Hoffman.

Jaundice



In the Newborn



What is jaundice?

Jaundice is a common and normal finding in newborns. More than half of newborns within the first week of life become jaundiced. The baby is born with extra red blood cells. As the red blood cells break down, a yellow substance called bilirubin is released. At this age, the baby's liver is not able to work fast enough to get rid of the extra bilirubin.

Jaundice happens when too much bilirubin builds up in the blood and is stored in the skin, muscles, and other places in the body, causing the skin to take on a yellowish color.

The baby's body gets rid of the extra bilirubin in the bowel movements. It slowly takes care of itself within a few days to a few weeks.

What may increase the chance that your baby may have jaundice?

Chances of jaundice may increase when:

- a baby is born premature or weighs less than 5 ½ pounds at birth.
- a baby does not eat shortly after birth or eats very little in the first 24 hours of life.

- a baby has bruising from birth.
- a baby has a different blood type or Rh factor than mother.
- a mother has diabetes.
- a mother has twins, triplets, etc.

What changes should you look for in your baby?

Your baby:

- is not eating every 2 to 4 hours or doesn't want to eat.
- sleeps more than 4 or 5 hours at a time.
- seems less active than usual.
- has an increase in the yellow color of skin and/or whites of the eyes.

When is treatment needed?

In many cases treatment is not needed. Your health care provider may advise you to just watch your baby for the changes listed above.

When bilirubin levels are too high, your health care provider will treat as needed and treatments may vary.

Your health care provider may suggest the following treatments:

- frequent feedings of breastmilk and/or iron fortified formula
- indirect sunlight
- phototherapy
(baby may be placed under special lights in the hospital or at home)

If jaundice occurs, do I need to quit breastfeeding?

The answer is NO! In fact, breastfeed your baby more often. The lack of breastfeeding can cause jaundice. Let your health care provider know that you want to continue breastfeeding your baby and work with the health care provider on the treatment plan.

Breastfeeding should be often (10 to 12 times per day) and for as much time as baby needs. If the baby is breastfeeding actively, have the baby empty the first breast before offering the second. When a baby begins breastfeeding, the first milk, called the foremilk, is low in fat content. As the baby continues breastfeeding, the milk gradually increases in fat content. By not limiting the baby's time at either breast, the mother can be sure that her baby receives the fatty hindmilk he or she needs. Receiving enough of the fatty hindmilk assures that the baby will have the stools needed to get rid of the extra bilirubin from his or her body quickly.