Breast milk jaundice

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<u>Jaundice - yellow skin</u> <u>Breast milk</u> <u>Bilirubin - blood</u>

<u>Jaundice</u> is a condition that causes the skin and parts of the eyes to turn a yellow color.

<u>Breast milk</u> jaundice is long-term jaundice in an otherwise healthy, breast-fed baby. It develops after the first week of life and continues up to the sixth week of life.

Causes

Bilirubin is a yellow pigment that is created as the body gets rid of old red blood cells. The liver helps break down bilirubin so that it can be removed from the body in the stool.

If jaundice occurs or persists past the first week of life in an otherwise healthy and thriving breast-fed infant, the condition may be called "breast milk jaundice." It is probably caused by factors in the breast milk, which block certain proteins in the liver that break down bilirubin.

Breast milk jaundice tends to run in families. It occurs equally often in males and females and affects approximately 0.5% to 2.4% of all newborns.

Symptoms

Your child's skin and whites of the eyes (sclera) will look yellow.

Exams and Tests

Laboratory tests that may be done include:

• Bilirubin level (total and direct)

- Complete blood count
- Blood smear to look at blood cells
- Reticulocyte count to look at slightly immature red blood cells
- Blood typing

In some cases, a blood test to check for glucose-6-phosphate dehydrogenase (G6PD) may be done. G6PD is a protein that helps red blood cells work properly.

Treatment

Treatment will depend on:

- The baby's bilirubin level
- How fast it has been going out
- Whether your baby was born early
- How old your baby is now

Often, the bilirubin level is relatively low (less than 20 mg/dL). Sometimes no specific treatment is needed other than close follow-up.

More frequent nursing (up to 12 times a day) will increase the baby's fluid levels and can cause the bilirubin level to drop. Ask your doctor before giving your newborn extra formula.

To help break down the bilirubin, your child may be placed under bright lights (phototherapy). If the bilirubin level is not too high or not rising quickly, you can do phototherapy at home.

- You can use either a fiberoptic blanket that has tiny bright lights in it, or a bed that shines light up from the mattress. A nurse will come to your home to teach you how to use the blanket or bed, and to check on your child.
- You must keep the light therapy on your child's skin and feed your child every 2 to 3 hours (10 to 12 times a day). Feeding prevents dehydration and helps bilirubin leave the body.
- Therapy will continue until your baby's bilirubin level is low enough to be safe.

If the bilirubin level is more than 20 mg/dL, different treatment options are available. The mother can stop nursing for 24 to 48 hours, which will cause the bilirubin level to rapidly drop. During that time she can express the milk or pump her breasts (to maintain her comfort and the flow of milk) while feeding the baby formula. In most cases, when nursing is restarted the bilirubin will not return to previous levels.

The baby may need to stay in the hospital to receive treatment if the bilirubin level is greater than 20 mg/dL. Along with phototheapy, fluids given through a vein can help increase the baby's fluid level and help lower bilirubin levels.

Outlook (Prognosis)

Full recovery is expected with appropriate monitoring and treatment.

Possible Complications

With appropriate treatment, there are usually no complications. However, failure to receive timely and proper medical care can have severe consequences, since high bilirubin levels can be harmful to the baby's brain and other organs.

When to Contact a Medical Professional

Call your health care provider immediately if you are breast feeding your baby and the baby's skin or eyes become yellow (jaundiced).

Prevention

Breast milk jaundice cannot be prevented. When the condition occurs, it is very important to recognize the baby's yellow color as early as possible and have bilirubin levels checked right away to make sure that there are no other liver problems.

Breast feeding jaundice can be limited by making sure your baby is getting enough breast milk. Give your baby unlimited time at each breast, and feed approximately 10 to 12 times per day starting the first day of life. Get help from a lactation consultant or your doctor as soon as possible if you have any difficulty.

Alternative Names

Hyperbilirubinemia - breast-feeding

References

Moerschel SK, Cianciaruso LB, Tracy LR. A practical approach to neonatal jaundice. *Am Fam Physician*. 2008;77:1255-1262.

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