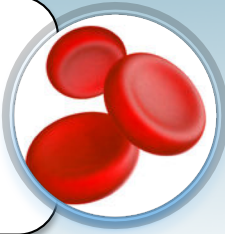


WHAT IS NEWBORN JAUNDICE?

1. Babies are born with a type of red blood cell that naturally changes over to an adult form in the first days of life.



4. High levels of bilirubin can be dangerous for babies. Very high levels can even cause brain damage. Newborns get rid of extra bilirubin in their poop. **More breastfeeding makes more breast milk and more poop which helps with the removal of bilirubin.**



2. When this change occurs, a yellow substance is released called bilirubin. High levels of bilirubin make babies appear yellow. We call this yellow colour jaundice.



3. Sometimes bilirubin levels go up faster than the baby's liver can remove it.

**BREASTFEED
OFTEN TO
REDUCE
JAUNDICE!**

WHAT TO EXPECT IN HOSPITAL

We can check bilirubin levels by flashing the light of a special meter on the baby's skin. If it is higher than expected based on baby's age (in hours) and if there are other risk factors for jaundice then a follow up blood test (MBR-microbilirubin) from a prick of the heel is needed.



Most babies get a heel prick for MBR and other blood tests before they leave hospital. If bilirubin is higher than expected, then feeding more is typically the first step. If it is much higher than expected then phototherapy will be advised. This would mean hospital admission for typically 12-24 hrs to allow the baby enough time under the light therapy to break down the jaundice to a safe level.

WHAT IS PHOTOTHERAPY?

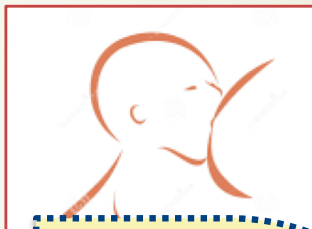
Phototherapy is a light therapy that helps the body breakdown and get rid of bilirubin faster. Baby is treated with special lights in a bassinette or wrapped in a biliblanket.

Time out for feeds is ok and important, but the more time under these lights the better the results. Eye protection is used but otherwise the baby will be placed in just a diaper under these lights. We monitor the MBR with heel pricks usually 1-2 times in 24 hours. Other blood work to check for risk factors may also be done.



If your baby is unable to breastfeed, for optimal milk production, ensure that you are hand expressing or pumping 8+ times in 24 hours and feed this back to baby using a teaspoon or medicine cup

BREASTFEEDING IN THE FIRST FEW DAYS



**FEED YOUR
BABY AT LEAST
8 TO 12+
FEEDS IN 24
HOURS**

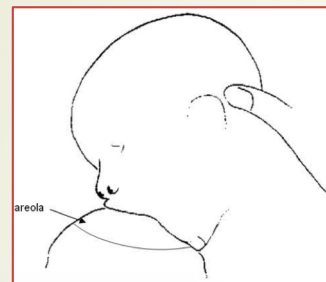
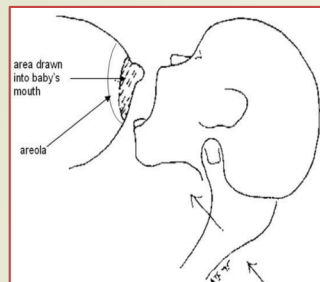
The needs of babies change very quickly in the first few hours and days so advice for care will be rapidly changing. Babies may have both jaundice and breastfeeding difficulties. **Skin to skin and frequent feeding is the best way to aid with milk supply, weight gain and to reduce jaundice.** Feed your baby on demand at least 8-12+ feeds in 24hrs. This will often work to resolve jaundice and help increase milk supply. Results can be often seen in 2-4 days, so keep up the hard work! It is not easy, but will pay off!

YOUR PERSONAL FEEDING PLAN

- ☐ Feed your baby every _____ to _____ hours (count from the start of the feed to the start of the next feed)
- ☐ Wake baby for feeds. Jaundice may make baby sleepy
- ☐ Use breast compressions while feeding/pumping
- ☐ Pump _____ times/day after feeds.
- ☐ Wait for wide open mouth and bring baby to breast
- ☐ Top up baby with breast milk or formula:
_____ ml every _____ via: _____

We will see you back: _____

Signs of worsening may include baby not feeding, decreased wet diapers and difficulty waking baby. If you are worried or baby seems ill, call us or go to hospital emergency room.



TYPICAL NEWBORN FEEDING PATTERNS

Age	# of Breastfeeds	Actions items	Wet Diapers	Stools	Stool Color and Type
0-24hr	6+ feed attempts 	<p>To help your milk come in:</p> <ul style="list-style-type: none">• Skin to skin• Breastfeeding often• If unable to breastfeed pump or hand express milk often and give this to baby in a spoon or cup. <p>Call us if you have any questions. 705-741-1191</p>		1-2	Meconium, dark green/black, thick sticky. 1-2days
24-48hr	8+ feed attempts 			2-3	Transition poop – day 2-4 dark green, brown
48 – 72hr	8-12+ feeds 				
72-96hr					Breastfeeding poop – yellow seedy mustard like
5+ days				2+	