

# BREASTFEEDING A BABY WITH A HEALTH PROBLEM



Some health problems in babies can make it harder for them to breastfeed. But breastmilk provides the healthy start your baby needs — even more so if your baby is premature or sick. Even if your baby cannot breastfeed directly from

you, you can express or pump your milk and give it to your baby with a dropper, spoon, or cup.

Some common health problems in babies are listed below.

## JAUNDICE

Jaundice is caused by an excess of bilirubin. Bilirubin is found in the blood but usually only in very small amounts. In the newborn period, bilirubin can build up faster than it can be removed from the intestinal tract. Jaundice can appear as a yellowing of the skin and eyes. It affects most newborns to some degree, appearing between the second and third day of life. The jaundice usually clears up by 2 weeks of age and usually is not harmful.

Some breastfed babies develop jaundice when they do not get enough breastmilk, either because of breastfeeding challenges or because the mother's milk hasn't come in. This type of breastfeeding jaundice usually clears up quickly with

more frequent breastfeeding or feeding of expressed breastmilk or after the mother's milk comes in.

Your baby's doctor may monitor your baby's bilirubin level with blood tests. Some babies with jaundice may need treatment with a special light (called phototherapy). This light helps break down bilirubin into a form that can be removed from the body easily.

Keep in mind that breastfeeding is best for your baby. Even if your baby gets jaundice, this is not something that you caused. Your doctor can help you make sure that your baby eats well and that the jaundice goes away.

If your baby develops jaundice, let your baby's doctor know. Discuss treatment options and let the doctor know that you do not want to interrupt breastfeeding if at all possible.

## REFLUX DISEASE

Some babies have a condition called gastroesophageal reflux disease (GERD). GERD happens when the muscle at the opening of the stomach opens at the wrong times. This allows milk and food to come back up into the esophagus, the tube in the throat. Some symptoms of GERD include:

- Severe spitting up or spitting up after every feeding or hours after eating
- Projectile vomiting (the milk shoots out of the mouth)

- Inconsolable crying as if in discomfort
- Arching of the back as if in severe pain
- Refusal to eat or pulling away from the breast during feeding
- Waking up often at night
- Slow weight gain
- Gagging or choking or having problems swallowing

Many healthy babies might have some of these symptoms and not have GERD. Also, some babies with only a few of these symptoms have a severe case of GERD. Not all babies with GERD spit up or vomit. More severe cases of GERD may need to be treated with medicine if the baby refuses to nurse, gains weight poorly or is losing weight, or has periods of gagging or choking.

See your baby's doctor if your baby spits up after every feeding and has any of the other symptoms listed in this section. If your baby has GERD, it is important to continue breastfeeding. Infant formula is hard to digest.

## COLIC

Many infants are fussy in the evenings, but if the crying does not stop and gets worse throughout the day or night, it may be caused by colic. Colic usually starts between 2 and 4 weeks from birth. A baby may cry inconsolably or scream, extend or pull up his or her legs, and pass gas. The baby's stomach may be enlarged. Crying can happen anytime, although it often gets worse in the early evening.

Colic will likely improve or disappear by 3 or 4 months from birth. Doctors don't know why some babies get colic. Some breastfed babies may be sensitive to a food their mother eats, such as caffeine, chocolate, dairy, or nuts. Colic could be a sign of a medical problem, such as a hernia or some type of illness.

If your infant shows signs of colic, talk to your doctor. Sometimes changing what you eat can help. Some infants seem to be soothed by being held, "worn" with a baby wrap or sling, rocked, or swaddled (wrapped snugly in a blanket).





## PREMATURE OR LOW BIRTH WEIGHT

Premature birth is when a baby is born before 37 weeks. Prematurity often will mean that the baby is born at a low birth weight, defined as less than 5½ pounds. When a baby is born early or is small at birth, the mother and baby will face added challenges with breastfeeding and may need to adjust, especially if the baby has to stay in the hospital for extra care. But keep in mind that breastmilk has been shown to help premature babies grow and stay healthy.

### SOME BABIES CAN BREASTFEED RIGHT AWAY.

This may be true if your baby was born at a low birth weight but after 37 weeks. These babies will need more skin-to-skin

contact to help keep warm. These smaller babies may also need feedings more often, and they may get sleepier during those feedings.

### EVEN IF YOUR BABY IS BORN PREMATURELY AND YOU ARE NOT ABLE TO BREASTFEED AT FIRST, YOUR BABY CAN STILL BENEFIT FROM YOUR MILK. YOU CAN:

- Express colostrum by hand or pump in the hospital as soon as you are able.
- Talk to the hospital staff about renting an electric pump. Call your insurance company or local WIC office to find out whether you can get refunded for this type of pump. Under the Affordable Care Act, most

insurance plans must cover breast pumps, but your plan will tell you if you are able to rent an electric pump or a manual pump.

- Pump milk as often as you would normally breastfeed — about eight times in a 24-hour period.
- Give your baby skin-to-skin contact once your baby is ready to breastfeed directly. This can be very calming and a great start to your first feeding. Be sure to work with a lactation consultant on proper latch and positioning. It may take some time for you and your baby to get into a good routine.

If you leave the hospital before your baby, you can express milk for the hospital staff to give the baby by feeding tube.