



COMMON NEWBORN PROBLEMS WHEN BREASTFEEDING

The first few weeks of your baby's life are a very exciting and hectic time for you and your family and also a very critical time for your newborn. Even in a normal delivery, upon returning home from the hospital, your newborn is still medically vulnerable. With shortened hospital stays, it is more important than ever to have an open line of communication with your child's doctor during the first few weeks of your baby's life. It is your responsibility as new parents to recognize the signs that may lead to potential problems.

Sometimes, as babies are adjusting to life outside the womb, they may experience common newborn difficulties such as jaundice or colic. While some babies seem to be more susceptible to these common conditions than others, they can be worrisome, especially for first-time parents. If your baby is experiencing any of the following conditions, knowing what to expect and understanding why they occur may help ease your mind. The following will help you to identify and appropriately manage these common newborn problems.

JAUNDICE

Normal (physiologic) jaundice is a common newborn condition that occurs during the first weeks of life. While in the womb, a baby's oxygen supply is limited; therefore, he has a greater need for oxygen-carrying red blood cells. After birth, the baby's lungs supply the necessary oxygen and the extra blood cells are no longer needed. As the extra red blood cells are broken down, a by-product called bilirubin is released into the blood. The bilirubin is then processed by the liver to be excreted in the baby's stools. The production and breakdown of red blood cells is a normal, ongoing body process; however, sometimes a newborn's immature liver can't process the bilirubin as fast as it is being produced, so it builds up in the blood and jaundice results. Bilirubin is a yellow bile pigment, which causes a yellowish tinge in the skin and the whites of the eyes. Increasing the frequency of feedings will increase the frequency of bowel movements and carry the bilirubin out of the body. Normal jaundice often clears up within a week or two as the baby's liver becomes more efficient, usually without any treatment.

For some as yet unexplained reason, breastfeeding babies tend to have higher bilirubin levels for longer periods of time than formula-fed infants. Sometimes doctors suggest that parents give their baby formula for several feedings to bring bilirubin levels down. This, however, can interfere with the breastfeeding relationship. If your baby is jaundiced and the doctor is concerned, be sure to explore alternatives to the temporary use of supplements. You may prefer the use of phototherapy, placing your baby under special fluorescent lights, to giving formula. A lactation specialist can help you understand your options in this situation.

Abnormal (pathological) jaundice is a rare type of jaundice that develops within the first 24 hours after birth and is usually the result of a blood-type incompatibility between the mother and baby or a liver-related problem. In the case of abnormal jaundice, the bilirubin may quickly rise to an extremely high level and treatment is important to bring down bilirubin levels and prevent a build-up in the brain, which could cause brain damage.

When jaundice is severe enough to require treatment, phototherapy is usually prescribed. In most cases the newborn is placed under special fluorescent lights for 24 to 48 hours, during which time you are still able to nurse your baby. These special lights lower the level of bilirubin in the blood by breaking it down. Although the baby's skin may remain yellow for a few days, once the bilirubin has begun to decrease, no further treatment is necessary.

In most cases of jaundice, it is very important to breastfeed as often as possible to increase the frequency of bowel movements, which is necessary to eliminate the buildup of bilirubin. To check for jaundice, firmly press your thumb on your baby's nose or thigh, then release. If the skin has a yellow-colored tinge, contact your baby's doctor.

SPITTING UP

Spitting up after a meal is very common among newborns. Most babies spit up to some degree, especially during the early days. Although it may look like a whole meal on your shirt, usually the amount is not more than a few teaspoons. Some babies spit up because they are getting too much milk too quickly. They swallow air along with the milk, and the air settles beneath the milk already in their stomachs. Then gas builds up, creating pressure that forces recently ingested milk back up through the esophagus and onto your shoulder. Some enthusiastic eaters just become excessively full and their tiny tummies have no choice but to send some milk back up. Some babies spit up a small amount after every breastfeeding session. This is usually due to an immature digestive system and passes with time. Most spitting up subsides by about six to seven months, when your baby is able to sit upright, allowing gravity to keep the milk down. In rare cases, spitting up can be a sign of an underlying medical condition called gastroesophageal reflux disease (GERD). A baby with GERD may cry and scream each time he attempts to nurse. With this condition the stomach acids, which normally stay in the stomach to digest food, may enter the esophagus causing inflammation of the tissues, making eating extremely uncomfortable. If your baby is showing signs of GERD, contact your baby's doctor for treatment. Here are a few helpful suggestions for babies who spit up:

- Be prepared. Dress for the occasion and always have a burp cloth or cloth diaper handy.
- Burp your baby before switching sides and then again at the end of each feeding.
- Hold your baby as upright as possible while nursing, and after each feeding try to keep him upright for 20 to 30 minutes. (You can also wear your baby in an upright position in a baby sling.)
- Handle your baby gently after each feeding and avoid bouncing or rocking for at least 30 minutes.

VOMITING

Vomiting is a more forceful type of spitting up, where the milk usually ends up several inches away from the baby's mouth. It is rarely a serious problem, as long as the baby is healthy and thriving. Projectile vomiting is when the ingested milk shoots forcefully through the air and ends up a few feet away. Persistent or projectile vomiting may be caused by an infection, a virus, or pyloric stenosis. Pyloric stenosis is a condition in which the pyloric valve between the stomach and the small intestine fails to open adequately and the milk is unable to pass through. As the stomach contracts more and more vigorously it causes the milk to shoot back up through the esophagus and out of the mouth. This condition can usually be detected within the first two months. If your baby is experiencing repeated projectile vomiting, it is necessary to alert your baby's doctor as soon as possible. Your baby may be losing most of the milk he is ingesting, and if untreated he could lose weight and become dehydrated. Pyloric stenosis is corrected with a simple operation which permanently loosens the pyloric valve. If your baby is vomiting a bright green bile liquid or vomits while showing other signs of illness, such as refusal to eat, diarrhea, fever, unusual crying, or slow weight gain, contact your baby's doctor.

DIARRHEA

Diarrhea is rare in breastfeeding babies because many of the microorganisms that cause diarrhea appear to be destroyed by certain substances in breast milk. It is quite normal for breastfeeding infants to have very soft, loose, sometimes watery bowel movements, but they should not be mistaken for diarrhea. Nevertheless, sometimes older breastfeeding babies do get ill with diarrhea. If your baby is having an excessive amount of stools (12 to 16 in a 24-hour period) or has stools that are liquid, have an offensive odor, or contain flecks of blood or mucus, he most likely has diarrhea. If symptoms don't improve within 24 hours, or the diarrhea is accompanied by a refusal to eat, vomiting, fever, or unusual crying, contact your baby's doctor. In the meantime, if your baby is willing to nurse, keep breastfeeding. Frequent nursing will prevent dehydration.

CONSTIPATION

Breastfeeding babies normally don't have a problem with constipation. It is quite common, however, for newborns to sometimes have difficulty passing a stool. They may seem uncomfortable and cry, grunt, or groan as they have a bowel movement. This is usually due to an immature digestive system and not constipation. Constipation is when the baby has hard, dry stools, possibly containing streaks of blood, and a distended uncomfortable tummy. If your baby is being exclusively breastfed, it is very unlikely that he will become constipated. However, if you feel your baby is having a problem with constipation, contact your baby's doctor.

HICCUPS

All babies have hiccups from time to time, and some babies may hiccup more than others. Babies begin practicing their hiccupping techniques inside the womb. Unlike adult hiccups, there is no known cause for newborn hiccups. But as disruptive and irritating as they may seem to us, they are not bothersome for your baby.

Breastfeeding will usually settle the spell, or the hiccups will eventually stop on their own.

LIP BLISTERS

During the first months of breastfeeding many newborns develop blisters on the center of their upper lips. These lip blisters are normal and are caused by the friction of vigorous sucking at the breast. They have no medical significance and cause no discomfort to your baby. They usually subside without treatment within a few months and sometimes even seem to disappear between feedings.

COLIC

Colic is a term used to describe a distressing pattern of newborn behavior. It is characterized by regular long bouts of high-pitched, inconsolable crying for no apparent reason that you or your baby's doctor can determine. A baby with colic generally has screaming fits every day about the same time, usually during the late afternoon or early evening. In addition to the frantic crying, sometimes a baby with colic will pull his knees up, clench his fists in agony, and seem to be in physical discomfort. This behavior generally begins about the third or fourth week of life, and a crying session may continue for up to three or five hours or more, day after day. The good news is that babies usually outgrow these colic-induced crying bouts between six weeks and three months of age without any ill effects.

There are many theories about why babies have colic, but the true cause is still somewhat of a mystery. Occasionally, something in the mother's diet may be a contributing factor to colic symptoms in her baby, especially if there is family history of allergies. Cow's milk products, eggs, citrus fruits, nuts, gas-inducing foods (such as cabbage, broccoli, and dried beans), and caffeine are commonly cited as causing colic symptoms in some babies. If after eating any of these foods you notice your baby is experiencing these symptoms, try avoiding the suspected food for a couple of weeks to see if there is a noticeable improvement in your baby. However, if you are finding it necessary to avoid all dairy products, you may need to consult a registered dietitian to help you plan an appropriate diet to ensure that you are getting a sufficient amount of nutrients, especially calcium, from other foods or dietary supplements.

There is no known cure for colic--except time. However, you may find short-term relief by trying some of the following suggestions:

- Try the colic hold. Lay your baby tummy down so that he is straddling your arm, with his head at your elbow and your hand cupped between his legs. As you hold him against your body, elevate his head so it is slightly higher than his feet. This position puts pressure on the abdomen, sometimes making the baby more comfortable.
- Offer smaller, more frequent feedings to avoid overfeeding.
- Burp your baby frequently.
- Try nursing on only one breast at each feeding session to ensure that your baby is getting enough rich hindmilk and less foremilk, which contains more lactose and may produce gas.

- To relieve gas, lay your baby on his back and gently rotate his legs as if he were riding a bicycle.
- Try to identify and eliminate foods in your diet that may be causing colic symptoms.
- Keep your baby's surrounding calm and stress free.
- Carry your baby around in a sling or baby carrier, or hold him close and cuddle him.
- Pat or rub your baby's back.
- Swaddle your baby with a blanket.
- Lay your baby on your chest so he can feel your heartbeat and breathing.
- Give your baby a warm water bath (if your baby usually enjoys the water).
- Rhythmically rock your baby in a cradle or in your arms.
- Play 'white noise' such as the hum of a fan or a vacuum cleaner, or a cassette tape of nature sounds, a heartbeat, or soft music.
- Take a walk with your baby outdoors and get fresh air.
- Take your baby for a ride in a stroller or in the car.
- When it becomes too overwhelming, take a break and give your baby to your partner or another caregiver. Sometimes just a fresh set of arms may calm your baby.

Whatever the cause of colic, calm and gentle handling is essential. Oftentimes with a colicky baby, nothing that you do seems to help. But as distressing as colic is for parents, it is important to accept it as a passing phase and try to cope as calmly and rationally as possible. Help ease your baby through this difficult time by responding to his distress. He doesn't know why he is feeling this way any more than you do; respond to him and let him know that you are there for him.

Be sure to mention the crying pattern (time, duration, frequency, and intensity) to your baby's doctor to rule out an underlying medical problem. Any sudden persistent crying in a baby who has not previously shown colic symptoms could indicate illness.

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