(introductory music)

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MARYN: Welcome to Indie Birth's series of podcasts here on iTunes, *Taking Back Birth*. I'm Maryn, and today we're going to be talking about jaundice in your newborn baby. What an exciting subject, huh? It actually is, I think. And as a woman, as a parent, as a mother that has had now seven children, it's a subject that is near and dear to my heart because my very first baby, who was born in the hospital, did have a significant amount of jaundice. And I didn't know anything about it. I had no idea what it was. What it was caused by. And the wind up wasn't horrible or terrible. But it just left me feeling really not informed and not empowered and taking my little tiny baby in to get a heel prick every day of her very new life to check her bilirubin levels was quite traumatic. And I think probably did affect more than I realized at the time such as breastfeeding and weight gain and that kind of thing.

So it's a complicated subject in a sense. Jaundice in the newborn. And I am not a doctor. So this isn't a medical presentation. However, as a midwife and as a mother, I want to share with you what I have learned and what I try and help parents learn before the birth. So that they can be ready because even with a wonderful normal home birth, if parents were to choose to take their newborn into a pediatrician—not because anything is wrong—just because some parents feel that they should or that the baby needs a check up by a medical professional which is totally legitimate. You have to be prepared for the other side of that coin, which is often the medical professional such as the pediatrician will have different thoughts and feelings about jaundice. And more times than not, in my experience, this has led to a lot of fear and questioning. And in my own experience as a midwife—knock on wood—I haven't actually seen anything but normal jaundice. And that's what we're going to talk about today.

So when I've had clients or moms go into a pediatrician and been given a giant scare about jaundice and fed a lot of untrue myths about jaundice, it makes me very angry because these have all turned out to be completely normal, healthy babies, which, of course, is what we all knew they were before they even went in. So this is a subject that leaves you a little on the defensive, if you don't know what's going on or what a baby should look like or what to look for. So, again, I'm really hoping to share this with you today, so that you can remain calm. You can remain at home with your normal healthy newborn in the event of normal, physiological jaundice.

And, of course, if you have doubt or if things seem really strange or baby seems not well, then that's a different story. But we're starting from the premise of a normal,

healthy baby whether that baby was born in the hospital or born at home. And, again, the hospital babies may be more prone to sort of this investigation, I guess, because they're already on the radar of doctors and pediatricians. But, again, just as many home birth babies have fallen into this unfortunate trap as well even winding up in the hospital for labs and phototherapy. So home birth babies are not immune to the jaundice scare that is out there by the medical world.

So why is this? I'm sure you'll agree with me. I'll just spend a little bit of time saying that a lot of it is political in the sense of nobody wants to be blamed for a baby that gets sick. I mean that's the worst thing really anybody can think of. Pregnancy, of course, is very scary in the medical world. But a newborn baby is possibly the scariest thing, I think, most doctors have ever seen. That everybody is just so afraid of a baby getting sick. And rightfully so. Nobody wants a sick baby. And as a mother, that would be the last thing you want. But I think their perspective is kind of skewed. Again, when they're seeing normal, healthy babies, I'm not sure that they're always aware of that because they do see lots of pathology. In fact, pediatricians are trained in pathology in children. And if they're seeing lots of C-sectioned babies or hospital birth babies, they may not be seeing jaundice to the extent that a home birth baby will experience it. Possibly. And we'll talk about some risk factors and what to look for.

So I think it's sort of outside of their range of normal a lot of the time. And, again, it's the wanting to protect themselves from any kind of legal action should your baby really become sick. Yeah. That's kind of—that's kind of the wind up. That's why I think it's probably as bad as it is. And certainly, in your town, or wherever you live, it may not be. You may have really open, knowledgeable, holistic pediatricians that are aware of how the body works. But in our small town here, there is quite a few that are happy to scare parents about jaundice and even call Child Protective Services if they do run labs on a baby and then the parents refuse treatment. For a very good reason. Because the treatment isn't without risk either.

So okay. That's a lot of intro to this tiny little course here I'm going to give you. Now I do present this course about jaundice to midwives and midwife students, so that they feel really knowledgeable and informed. So that they're not scared. And so that they can present this information to the parents. And I'm kind of going to be using a similar outline. In fact, I'm looking at my outline right now. But I'm not going to go into the sort of thing I don't think parents would be as interested in. So maybe some of the physiology I'll skip and just sort of give you the overview. I want you, again as parents, to just feel like you understand the basics. And then, of course, you have to look at your own baby and connect there and ask those questions as far as, "Is this good? Is this normal?" But here are the basics.

So jaundice in the newborn, jaundice and new parents. What is there to learn today? Let's see. So first of all, we have to just say what jaundice is. There could be many people listening to this that have absolutely no idea what I'm talking about. So jaundice—whether it happens in a newborn or an adult—and if it happens in an adult, it's kind of serious. But if it happens in anybody, the skin basically turns a yellowish color. And that can, obviously, be frightening. I think that's part of the issue too is the visual of having a newborn whose whites of the eyes look yellow. So that's what it looks like. You can look up pictures on Google or wherever.

I always thing that the babies who are jaundiced look tan. So they look like they've sat out in the sun. And the whites of the eyes, again, may be yellow. And you really can see it pretty well in direct comparison to your skin most likely whether you're dark skinned or light skinned. It will just have a different hue that your normal skin tone color or your baby's normal skin tone color. So why does this happen? The short story is bile, which is made from the liver, builds up in the blood stream. And when the red blood cells are broken down, it creates bilirubin. And the bilirubin is the substance that you're, literally, seeing through the skin as a color. So that's what it is. Other words for it neonatal bilirubinemia. That's pretty medical. But you can see where that comes from. The Greek was icterus neonatorum. And icterus came from a Greek word, icteros, which was a yellow bird thought to cure jaundice if seen. So that was kind of a myth they had back then. But, again, the yellow. And, obviously, neonatorum.

So here's the most important point, if you come away with nothing else. You don't remember what jaundice means or what word it comes from. It is normal. It is what we call physiological. Just like we talk about physiological birth, right? The way birth should work. The way birth works normally without any interference. Neonatal jaundice or neonatal bilirubinemia is a benign process in a normal, healthy newborn. It's normal. Isn't that amazing? I don't think most people know that. It is a normal process in a normal, healthy newborn after 24 hours of life, if that makes sense.

So we'll talk about a couple circumstances where jaundice may not be normal just so you have a feel for that. And before a baby is 24 hours old, it could be not normal. But that rarely, rarely happens because, again, most babies are normal and healthy. So usually seen after the baby is 24 hours old. And, again, it's a slight yellowing of the skin. And you're going to see it from starting in the face. So the eyes will be the first thing to turn a little bit yellow although that could be the freakiest possibly of things to see. And then jaundice progresses down the body the worse it gets. So we may talk more about that. I'm not sure if we'll get that far. But a baby that is truly jaundiced, yellow, down to its feet is, indeed, a very jaundiced and, possibly, very sick baby. So in a normal circumstance, again, we're going to see a yellowish face and yellowish eyes and possibly a yellowish chest. And probably not too much farther down on the newborn body than that.

And the way you assess a yellow color would be just visual. You want to look in good light. So sunlight would be best probably. Remove the baby's clothing, if you need to. And then you're going to blanch down on the skin with your finger. So you're going to blanch down on the skin and let the color refill, so you can accurately see it. Most of the time you don't even need to blanch. It's pretty clear if a baby is jaundiced just by the yellow of the eyes. And, again, the yellowish tone of the face and possibly chest in comparison to the rest of the body. You'll probably notice that difference.

So, again, normal. This is normal. We'll get into more about what's normal. But for a baby, for a healthy baby, this is not a sickness. And, again, jaundice in other circumstances such as in an adult would be considered pathological or something wrong. Something sick. So I'm not going to go too much into how bilirubin gets broken down. Just understand the most important points, which is babies live in a different environment when they're inside our uteruses. So they're called fetuses, right? And the fetal circulation is different than when a baby is born and starts to breathe oxygen on this side. The fetus—so when the baby is in the uterus—has a lower oxygen saturation. And they make more red blood cells. So just think about that.

They make more red blood cells. And the red blood cells don't live as long. So our red blood cells, as adults, live about 120 days. And fetal red blood cells live between 70 and 90 days. So two reasons right there that when a baby comes out and has to switch to infant, newborn, circulation—not going to be using the placenta anymore—that there are some reasons why there are extra red blood cells. And that's the most important thing to remember. That that's normal. A baby is born, and this is how it's supposed to be. This is how nature works. This is how placental circulation becomes newborn circulation where the blood is going to start to go through the heart and go through the liver and the intestines. In a fetus, this does not happen. The blood bypasses some places in favor of the brain and the way the placenta is running the blood through.

So, again, it is normal that when a baby is born, they will have more red blood cells to get rid of is what I'm trying to say. They will have more to break down because we all break down red blood cells, but a baby is going to have tons more. And they don't live as long. So they're even more. So what is bilirubin? It's the breakdown of red blood cells. And what is jaundice? Jaundice is the release of the bilirubin. So more red blood cells means more bilirubin which means jaundice. And, again, that's why that is normal. We must understand that. And that is something that isn't that complicated really. I think most people working with babies would have a general understanding about the way the circulation changes and this red blood cell idea. But, indeed, somehow I'm—it must get overlooked here and there.

So there are, obviously, other things that are going to affect how jaundiced this normal, healthy baby is. Even if this baby does have red blood cells to break down. Why would

one baby get more jaundiced over another? That is a good question. And that is something I don't have a complete answer to. And I don't know that anybody does because I'll tell you about some factors that might make a baby more jaundiced or a baby less jaundiced. But the truth is we don't really know, and there is genetics and all kinds of other things that come into play. And you may know somebody or you may be somebody that has had seven babies, all at home, and none are jaundiced. Or you've had two C-section baby, and they weren't. Or two C-section babies and they were. Or really there isn't a one size fits all. This is more about understanding that it is normal if it does happen in a healthy situation and how to make sure that you don't get roped into any unnecessary antics.

So let's see here. We've covered that the baby is supposed to break down more blood cells. And oh, this is one of my favorite parts actually. And I learned this from Dr. Sarah Buckley in her book, *Gentle Birth, Gentle Mothering*, which is a fabulous read. Must, must, must read that one. That jaundice is actually protective. So I feel like I knew in my heart of hearts—even with my first baby—that she wasn't sick. I mean, obviously, she wasn't. I don't remember really being worried about the jaundice. It was more having to go through these monkey antics with the doctors and the blood draws. But I never thought about it until I read Sarah's book that why would jaundice be normal. We know about physiological birth and why the hormones are so wonderful and protective and how they influence bonding and connection and all that stuff.

So this is a similar situation. I don't believe that our babies become jaundiced just because they have extra red blood cells to break down. That's true. But why? Their bodies are wise just as ours are. So jaundice is protective. It functions as an antioxidant. It prevents cell damage including the brain cells and liver cells, which are super important, obviously, to everybody. Prevents damages to fats and regulates the use of oxygen in the body. So bilirubin also protects premature babies from eye disease. And I don't think I said that more premature babies will be jaundiced than full term babies. I think it's 50 percent of full term babies, 75 percent of preterm babies, will be jaundiced. So isn't that cool? Extra protective for those premature babies.

And it may also have bacterial protection. So how cool is that? Our bodies really do know, and there is a reason that physiological jaundice exists. So some factors that might influence jaundice—so in other words might make it worse. And really it's affecting the level of bilirubin, so that's the more technical way. How does a baby get a higher bilirubin level? The higher the level the more yellow they're going to look. There are a bunch of things. And, again, these may or may not actually apply to your situation. It's funny how it works. But altitude, for example, is one thing. The higher altitude—well, that makes sense because baby will have—everybody would have a higher hemoglobin, higher iron count. More to break down.

A baby's weight, age, and gender. So smaller babies, newer babies, premature babies are going to have a harder time processing this bilirubin probably because of liver—excuse me. Immaturity. Gender. Male babies seem to be more prone to jaundice. I don't know exactly why that is. An important point here about bilirubin levels would be anything given to the mom in labor. Drugs specifically. Anything given to her. Yeah. Anything given to the baby at all even after birth. Vitamin K as well. Anything that's going to challenge the baby's liver because we know our livers process our toxins and drugs and such. So a baby that's given more to process is possibly going to be more jaundiced. Now, again, I've spoken to many women that have had hospital births or epidurals, and their babies don't get jaundiced for whatever reason. Who knows why?

Technically, a baby's liver should be having a harder time releasing these drugs. And not to say it doesn't. It just may or may not affect what we're seeing on the skin, right? Because it's really what we're looking at. Unless we're drawing labs all the time. But we're talking here as parents really. I think just assessing our babies from the outside unless we really need to do something else. Again, chemical exposure after birth. Bruising as a result of birth. So if a baby has had a rough birth just for whatever reason—forceps, vacuum—the baby may be more jaundiced. And that would make sense. So, again, that wouldn't be strange or mean the baby was sick. It would make sense. You have a big bruise on your head. You're going to have more blood cells—red blood cells—breaking down. And, again, what does that mean? More bilirubin. More jaundice visually possibly.

The most important thing to mention here—and, again, if you came away with nothing but that most jaundice is completely normal—is it is super, super duper related to breastfeeding and frequency of feeding. And that is what I see the most seeing these nice, gentle, at home births that breastfeeding isn't always a piece of cake for many women or many babies. And if the baby is getting off to a rough start, nature allows for that really. We have colostrum. And a normal, healthy baby can take a couple days to learn how to nurse. But because the frequency might not be as much, the baby may not be getting as much. The baby may not be pooping and peeing as much because of those reasons then you are, most likely, going to see jaundice in those babies. I think that's what I've noticed the most. And in my own children as well. The ones that nurse really well and start pooping really soon—like right after birth with the meconium—the quicker they clear out their gut, the quicker they can get rid of this excess bilirubin.

So they're holding it in there. You got a baby that doesn't poop because they're not getting intake then this bilirubin is being held in the gut. And it's definitely more likely to turn the skin yellow and even make them sleepy and that kind of thing. So Dr. Jack Newman is a breastfeeding doctor in Canada. And he is a great resource, I think, for breastfeeding, in general. But I feel like I learned a lot from him just through his books and his website. And, actually, he's really accessible even by email, if you have a

question. I feel like I learned a lot from his about jaundice. He calls it a breastfeeding problem, which I totally agree with. For most normal, healthy babies, if they truly are jaundiced, if they truly are yellow and it's getting more serious than you want it to be, or you have a baby that is really super sleepy because of it, it's most likely a nursing problem.

So not that you couldn't rule out other problems. But getting nursing help would be the most obvious thing because, again, once that baby is really nursing, getting milk, getting colostrums, and excreting that bilirubin level is going to go down. So that is something important to know, I believe as parents, is you can't change what is. So you can't make your baby nurse well just because you know about it. But possibly to have help on board if you are having problems nursing or if you anticipate problems nursing. Just to get that off to a really good start and to have help because, obviously, that's important anyway. Jaundice aside. We want good nursing. Good nursing in general.

So there are a bunch of other things that may make a baby more jaundiced. We don't really need to go into because, frankly, they're atypical situations. Not typically normal, healthy situations. But the ones I mentioned such as just having stuff that the liver needs to process. Breastfeeding is the hugest one. And the third very huge one that I will mention is the subject of cord clamping, and I could probably do a whole podcast on cord clamping and maybe I will. But today I just want to say that whether you're having a homebirth or a hospital birth, you need to understand what delayed cord clamping really is. If you look at medical literature, delayed cord clamping can be two minutes. So to the medical world waiting two minutes to cut—to clamp and cut the cord is considered delayed. That's crazy. In my world, delayed is 40 minutes, one hour, two hours, three hours, four hours.

The reasoning is that the placenta and the baby still attached by their umbilical cord will regulate the amount of blood that the baby needs. So it's not just about the placenta draining into the baby. It's about the baby giving some back to the placenta. And the flow. And the way it works. And we don't know. That's the bottom line there. There is nobody that knows at what rate that happens, how it happens, why one baby would do it differently and take four hours to regulate that blood flow, why one baby would take 30 minutes. We don't know. So we cannot think of clamping that cord early. And, again, this would be more of a hospital situation although I have seen midwives clamp cords within ten minutes. And they think that's delayed, but that's insane. Do your research. And let your baby get their third of their blood supply because if you clamp at two minutes or who knows when—too early—your baby will be denied that blood supply. And just think of that visual. Imagine losing a third of your blood supply right now. And well, one, probably how terrible you'd feel.

But if you were a newborn in that situation, let's remind ourselves of what I said earlier which is certain organs aren't being perfused when the baby is in utero. So when a baby is in the uterus, the organs like the liver, specifically, they're not being given a blood supply yet. That's not the way the fetal circulation works. So when a baby comes to the outside, they need all of the blood they can get, and that is rightfully theirs, to get blood flowing through these organs. Because blood flow through our organs is what makes them work. They don't work without blood flow. So how is a new baby liver supposed to work when a third of the blood supply has been cut off?

And on top of it, this baby had drugs in labor and a million other things and isn't nursing well. This baby could be compromised for life. Truly. For life. Because their initial perfusion of a really important organ didn't happen. So that is my very passionate, very short actually, spiel about cord clamping is that we just don't do. If you're going to have a hospital birth, I don't know what to tell you other than claim religious exemption or something like that and allow as much time as you can get. But ideally, you're at home, and you're calling these shots. And even if you have a midwife that's really gung ho about clamping, you just don't. And she can leave you the scissor yourself. And when she goes away after three or four hours, you and your family can decide when to clamp and cut. It is not rocket science. And at that point, you can be assured that most likely your baby got all of the blood that was his or hers. And that your baby won't have any problems perfusing the liver and the brain and the heart and all the things that we need blood for. It's just wrong to take away a baby's blood supply.

But back to the jaundice, you can see why this would make a baby even more yellow perhaps. Although the medical world holds the opposite theory, funny enough, which is that delayed cord clamping causes jaundice. But it's just this really funny perspective, I think. It's not that that's not true. But, again, then we hamster wheel back to the fact that well, jaundice is normal. So they're afraid of your baby getting physiological jaundice from delayed cord clamping. But you actually want that because you understand that it's normal and healthy. So all jaundice is not created equal just like pretty much nothing is. So I think they're referring to physiological jaundice being pathological when that's not true. We can agree that pathological jaundice in a newborn or an adult is not something we want. But, again, it's just—it gets confusing because people use the same terms, but they don't have the same concepts underlying their beliefs.

So there. That's pretty much what I wanted to say. I'm going to see if there's anything else. So, again, understand cord clamping. Understand how the baby's body works to make jaundice normal and healthy. Understand that nursing does affect it and that you do want a baby that's normal, healthy, and nursing. If a baby truly isn't nursing, then that's something to look into. That's not normal really for a healthy newborn. So a baby could be compromised. A baby could have an infection if they're truly, truly not

interested. Having trouble nursing is different, I think, than not being interested. Some babies just have to get the hang of it, and moms and babies have to get the hang of it. But, again, it can affect the jaundice levels. And with those babies, if a baby is truly not getting milk but is healthy and normal—is just having trouble—then that's the time for lactation consultants and help and getting the baby milk however the baby needs to get it even if it's dropper fed for a couple days as you work on nursing.

So I'm going to see here in my little presentation if there is anything super fascinating. Lab values. If you go into a pediatrician with a normal, healthy baby that's slightly jaundiced on day three of life or day four because that's when it would peak—usually starts around day three, peaks around day five—if you bring a baby to a pediatrician during that time with normal, healthy physiological jaundice, you can't be promised that they won't freak out. Now, again, maybe in your town that's not the case. And I'm the one sounding crazy. But here that would—they would freak out. And order a bilirubin, total serum bilirubin screen. And then you have to wait for the lab results. And then you kind of wait in horror, I think, because they're determining at that point if the level is too high for their liking and what they're going to do about it.

And, again, here we've had parents threatened with CPS for not wanting to treat bilirubin levels. And that's just insane to me. So best not to get in that situation in the first place unless you're really worried about something. There is something called breast milk jaundice. I'm just going to mention that sort of briefly. So this is a little trickier perhaps to assess on your own. Breast milk jaundice is something that sets in later on the baby, so the baby has that same yellowish look. But it usually doesn't set in until—between the third and seventh day. Maybe a little later even. So it's a delayed onset. And it is also a normal variation. It's just—they don't even know why exactly some babies might have trouble processing something in breast milk. It might be an interaction between mom and breast milk. But breast milk jaundice as it's known—it's kind of a terrible name, again, is normal. And the way you would know this is the baby is fine. The baby is slightly yellow at that delayed onset. Three to seven days after birth.

But the baby is nursing and pooping and peeing and happy and alert and healthy. And there's nothing wrong. So, again, that one may be trickier if you're just concerned about the color. And there is always other possibilities. If a baby becomes jaundiced later in life, again, there is something not good going on. But you have to tune into your baby and assess that. And, again, I think you can get there. If you don't think you, you can where you connect with your baby, and you assess what's going on. And the baby is pink and nursing. Well, pink everywhere else. But just healthy. And doing everything that their body should do, so that you wouldn't necessarily freak out about breast milk jaundice.

The first time I ever saw breast milk jaundice was in a wonderful client that they're still very good friends. And this was about five years ago. But the mom had had a couple babies. And she was very confident that the baby was absolutely fine. I will admit I was quite freaked out that this baby remained yellow into six weeks of life. I had never seen that before. She was referred to a pediatrician just because I didn't want to miss anything. And there was nothing anybody could do. And the parents stood really strong saying, "There's nothing wrong with her." And, indeed, it was just breast milk jaundice whatever that means. And after six weeks of life, it slowly went away, and she's a normal, healthy, beautiful five year old. It's just the way it went for them.

So it was great having that experience. These parents recognized that their baby was healthy, and they weren't freaked out by the yellow color. And they weren't freaked out by anybody's bad advice even if it was mine. If breast milk jaundice actually does come up and, again, it's just a terrible name. It affects about 2 to 4 percent of babies. And it may persist as long as 12 weeks. So not that many babies really. But it could happen. And 12 weeks is quite a long time. But breastfeeding should never be stopped. So, hopefully, you know that I would probably never recommend stopping breastfeeding. But you could run into somebody that does.

And truly, they're right in the sense that if the baby is having trouble processing something in the breast milk that stopping breastfeeding would lower the bilirubin levels. But we don't want to do that. That's not the solution because there's not really a problem. There's not really a problem with physiological jaundice even if it's of this breastfeeding variety. We do not want to stop breastfeeding. That would be the worst thing we could do for the baby's gut as far as processing the bilirubin.

So just a couple things. What can we do if we think our babies are jaundiced, and we know they're not sick? It's just normal, physiological jaundice. Should we do anything? Should we do any natural treatments to help them process the bilirubin? Or should we just wait it out? And I think that is totally individual. On one hand, as I've said ten times already, this is a normal process. So do we really need to help it out with anything? I think that begs answering. I don't know. If you want to, I suppose. But if you trust the process and the baby is fine and you can actually see the yellowishness getting less each day, then probably not. You probably don't need to intervene even in a natural way.

But here are some ways in case you do want to intervene, or maybe somebody is getting on your back about it. I mean that's a terrible reason really. But we've all been there. It could be your mom. It could be your mother-in-law. It could be this pediatrician saying you need to get the levels down before they want to do phototherapy. So what can we do? Some of these are just repeat. We need to have term babies. We need to be healthy in our pregnancies. I know this isn't exactly an

intervention at birth. I'm just kind of backtracking. Let's have gentle births. Let's not have complications, if we can help it. Let's have the bonding that's optimum with baby. Let's be skin to skin, so that our breast milk comes in quick and swiftly and wonderfully because, again, the more nursing the more pooping and the less jaundice.

Do not give the baby a bath. Do not wash off the vernix. Vernix can be really protective and wonderful as well. And there is some evidence to show that that reduces bilirubin levels. There are some homeopathics. I am not an expert on homeopathics at all. But you could consult somebody if you wanted to kind of get on that even before birth if you wanted to have some around. Gentle liver massage on the baby. I mean gentle, gentle. Just some olive oil over the liver, which is the—under the ribs on the right side. Very, very gentle. Just give your baby a nice massage. It can help that liver out.

Vitamin E on your nipples before the baby nurses. And really pure, obviously. Got to great lengths to just get pure vitamin E. No additives. You don't want to give your baby anything else. You, the mom, could drink citrus. Wild geranium, nettles infusions, catnip. All of those herbal infusions are shown to possibly, possibly help the baby process his bilirubin. Probiotics for the baby. I like that idea. And I actually do do that for my babies. Jaundice or not. Just to help them colonize their new gut. I get baby powder probiotics. And I wash my hands. And I like my finger, and I put my finger into the probiotics and then let the baby suck it off. So that's doing two things. Colonizing the baby with my germs, frankly, and what's around our house. And then also the bacteria that's in the probiotics.

And probiotics for anybody—and you can just see it so easily on a baby—will make them poop, for most people. And babies are just so new and fresh. So that gets them pooping as well. Essential oils. I do like geranium. Again, this is medicinal. Medicinal strength quality. This is not just go to Whole Foods and buy some mixed up geranium. Get something good. And geranium is also great for moms after birth. Just realigning the hormones on the belly. So I always have a good quality geranium around. And just a couple drops on the bottoms of the baby's feet. Two drops on each feet. Each foot. Sorry. Maybe once or twice a day really helps process the bilirubin. And I learned that from those parents that had the breastfeeding jaundiced baby about five years ago. That's a wonderful trick.

And just reflexology on the baby's feet. So babies are really sensitive. And even if you don't know what reflexology is, just rubbing the baby's feet on the soles of the feet. Going to stimulate points in the liver. Going to stimulate points in the digestive system to help them release that bilirubin. So those are some ideas. There's probably a million more. And, again, it's just thinking whether or not that's something you do want to do in a normal situation. But can't hurt to know about them especially if you have history of jaundiced babies. You can kind of be prepared.

So just a couple minutes here. This is getting long. The phototherapy. A baby born at home might go in for a pediatric visit. And suddenly, they want you to come home with these lights. These phototherapy lights. And they act like—at least they do here—they act like they're no big deal. You just come home. Put your baby under the light. Bilirubin goes down. You're done. Fixed. Well, obviously, you're questioning why you want the bilirubin level to go down so fast and so violently really. If this is a normal process and your baby is healthy, why would you need to bring home a light and zap this level down just to make someone feel better? That's most of the time the case.

Because truly if your baby was sick, you would have your baby in the hospital, right? You wouldn't just be doing this at home. I don't think. But these lights have risks. And I'm sure you can imagine why. They're very hot. They can hurt the baby's eyes. I don't think we really know all the risks to be honest. One of the biggest risks, which I'm sure you'll identify with, is that when a baby is put under these lights even if it's at home, they're taken away from you. And they're not nursing. And how backwards is that? When all this baby needs is skin to skin and nursing and milk, the baby is being taken away, wrapped up in something artificial, and put under a light. You got to weigh your benefits and risks here.

And, again, with a baby that isn't sick, I think that's a pretty big risk. To take them away from everything they need to normally process the bilirubin. So the last thing just to give you some perspective, what are people worried about? is it just the liability? Why is there so much fear around this issue? And we talked a little bit about that in the beginning. But the last thing to mention is you'll hear somebody at their extreme—or maybe it's something you read on the Internet. That jaundice can cause brain damage. I always remember hearing that before I knew anything about it. Yes. That's true. Severe jaundice—when somebody is really sick and it's pathological—can cause brain damage. And that disease process is called kernicterus. And it's really, really rare.

It's about 1 in 100,000 babies. And there is a million things that would go into that as well although I will say that the incidence of kernicterus has risen since cord clamping—immediate cord clamping was recommended. So isn't that freaky? It has gone up since then because we know that—we know—at least on my side of things—we do know babies need that extra blood. And when they're not getting it, it's possibly they get really sick. So it's not to say kernicterus can't happen. But that is a pretty severe disease process. And it isn't just going to come out of the sky on day three and strike down a normal baby. That's just not the way it works. It is going to happen slowly. There are going to be signs. You're going to have a really sick, unhappy baby that is exhibiting severe signs of sickness. All kinds of tone problems and screaming and fever. And I can imagine that it's just awful and terrible.

And that is. And I wouldn't wish that on anybody. But that is jaundice at its worst. That is a disease process that is not what we're talking about in most babies. It's just not. So to have that understanding, I think, is helpful because if somebody tries to scare you that, oh, you're sitting there with your three-day-old baby with yellow eyes that your baby is at risk for brain damage. You can literally laugh because that most likely is not even close to the truth. So there you go. Pretty passionate podcast today. I hate to see families being pushed into fear during this time of their lives when they're on this high and everything is great. And there is no reason to be worried.

I do trust that most people will make the choices that are right for them. But we do have to know what we're getting into in certain situations. We do have to know because it's so easy with a newborn baby, especially with your first, to be frightened and to have somebody say what I just said which is, "Oh, that baby is at risk for brain damage," when you could sit there and think that's reasonable. And, of course, who would want their baby to be brain damaged? So I'm trying to give you information here that will give you some confidence. And even if it gives you enough confidence to say to a doctor or somebody, "Excuse me while I research that, or excuse me while we talk about that." Don't be scared into anything immediate especially a jaundice treatment. Because it is serious. There are natural things you can do. And, again, do you need to do anything. I think that is the underlying question there.

So thanks for listening today. I hope you got a lot out of that and that your wonderful newborn is happy and healthy. And so are you. Thanks so much for listening. And don't forget to visit indiebirth.com. We have so many free resources over there. All the podcasts that we've done are actually listed there. For some reason, iTunes isn't listing all of the ones that I've done. So it looks like I've only done a couple. But we've done probably over 20 by now. They're all available for free, currently at least, on the Indie Birth site. we have classes. Paid and otherwise. We have free consults and paid consults. And we just generally are here to help you walk this path and make your own choices. Thanks so much. We'll see you soon.

(closing music)