Incidence of significant hyperbilirubinemia in breastfed newborns

Study	Quote from study	Incidence of hyperbilirubinemia in breastfed newborns
Chang, RJ. et al. Weight loss percentage prediction of subsequent neonatal hyperbilirubinemia in exclusively breastfed neonates. Pediatr Neonatol 53, 41–44 (2012).	A total of 1979 neonates were reviewed; 310 met the exclusion criteria and 874 neonates were exclusively breastfed, leaving them available for inclusion in this studyThere were 219 newborn infants (25.1%) that presented significant hyperbilirubinemia after 72 hours of age.	25.1%
Chen, CF. et al. Influence of breast-feeding on weight loss, jaundice, and waste elimination in neonates. Pediatr Neonatol 52, 85–92 (2011).	Since 2001, our hospital has been promoting the Baby-Friendly Hospital Initiative, which includes breastfeeding classes, 24-hour rooming-in, and exclusive breast-feeding. Visible jaundice (TSB level ≥ 8 mg/dL) and hyperbilirubinemia (TSB level ≥15 mg/dL) occurred in 93.1% and 22.0% of the exclusively breast-fed infants, respectively. The rates dropped to 88.5% and 9.0% in the mixed feeding group and further declined to only 66.2% and 4.4% in the exclusively formula-fed infants (p < 0.001, p Z 0.001) The incidence of hyperbilirubinemia (TSB level 15 mg/dL) was significantly higher in exclusively breast-fed infants and therefore it led to higher rate of readmission for phototherapy. The percentage of readmission was 22.4% (36/161) for the exclusively breast-fed group.	22%
Salas, A. A. et al. Significant weight loss in breastfed term infants readmitted for hyperbilirubinemia. BMC Pediatr 9, 82 (2009).	Retrospective study included breastfed otherwise healthy term infants readmitted for hyperbilirubinemia during their first two weeks of life after birth hospitalization from January 2005 through October 2008. Pre-discharge bilirubin screening was not been implemented yet. [Lack of universal screening for bilirubin could lead to under-detection.] Hyperbilirubinemia readmission rate was 5% among breastfed infants. Term infants were readmitted at a median age of 4 days. Thirty (38%) had significant weight loss.	5% (however, lack of universal bilirubin screening before discharge may have led to underreporting)

	The frequency of severe hyperbilirubinemia (> 20 mg/dL) was notably higher among infants with significant weight loss (46.7% vs. 18.4%; p < 0.05). The risk of having severe hyperbilirubinemia was approximately 4 times greater for infants with significant weight loss (OR: 3.9; 95% CI: 1.4-10.8; p < 0.05).	
Yang, WC. et al. <u>Bodyweight</u> loss in predicting neonatal <u>hyperbilirubinemia 72 hours</u> after birth in term newborn infants. BMC Pediatr 13, 145 (2013).	Retrospective study of all neonates > 37 weeks gestation > 2500 g birth weight January 2007 to December 2008. Study of exclusively breastfed and breastfed newborns needing supplementation. A total of 115 (33.5%) neonates presented with significant hyperbilirubinemia 72 hours after birth, and the percentages of body weight loss on the first three days were all higher than those in the non-significant hyperbilirubinemia group (all p < 0.05).	33.5%
Han, S. et al. A Model for Predicting Significant Hyperbilirubinemia in Neonates From China. Pediatrics 136, e896-905 (2015).	Readmission occurred for 4397 (4.0%) vaginally-delivered infants and 757 (2.2%) of those delivered by Cesarean. Among the vaginally delivered infants, 3092 (70.3%) of the readmissions were secondary to hyperbilirubinemia and need for inpatient phototherapy. Among those delivered by Cesarean, 361 (47.7%) of the readmissions were for hyperbilirubinemia. A total of 13,157 newborns were analyzed in the validation data set. The overall proportion of significant hyperbilirubinemia was 12.3%.	12.3%
Chen, YJ., Chen, WC. & Chen, CM. Risk factors for hyperbilirubinemia in breastfed term neonates. Eur. J. Pediatr. 171, 167–171 (2012).	Retrospectively review of all consecutively live-born exclusively breastfed neonates from August 2009 to July 2010 who had complete outpatient department (OPD) follow-up at ≤14 days old. Hyperbilirubinemia was defined as a transcutaneous bilirubin (TcB) value of ≥15 mg/dl. In total, 323 neonates were enrolled and classified into the hyperbilirubinemic (114 neonates) and non-hyperbilirubinemic groups (209 neonates). The incidence of hyperbilirubinemia in exclusively breastfed term neonates: 114/323 = 35%	35%
Huang MS, Lin MC, Chen HH, Chien KL, Chen CH. Risk factor analysis for	A total of 523 term or near-term infants were enrolled in this study. All infants were scheduled for follow-up visits. In this study, late-onset neonatal hyperbitirubinemia was	21.7%

late-onset neonatal hyperbilirubinemia in Taiwanese infants. Pediatr Neonatol. 2009 Dec;50(6):261-5.	defined as a total bilirubin level greater than 15 mg/dL, or receiving phototherapy at 5-7 days. One hundred and eighty infants were included for data analysis. Thirty-nine (21.7%) had late onset hyperbilirubinemia. Exclusive breastfeeding and less body weight loss during the 1st day of life were both significant risk factors for late onset hyperbilirubinemia.	
Huang A, Tai BC, Wong LY, Lee J, Yong EL. <u>Differential</u> risk for early breastfeeding jaundice in a multi-ethnic Asian cohort. Ann Acad Med Singapore. 2009 Mar;38(3):217-24.	A total of 1034 infants with a mean gestational age of 39.1 (SD 1.07) weeks were retrospectively surveyed and their characteristics were shown in Table 1. About half of the subjects were Chinese (56%) with the other half comprising Indian (24%), Malay (9%) and Other (11%) ethnic origins. During their hospital stay, 381 (37%) infants were visibly yellow and required bilirubin measurement. Of the 1034 infants, 281 (27%) were confirmed to have significant jaundice with serum bilirubin ≥150 µmol/L and 6% had severe hyperbilirubinaemia (>221 µmol/L) on or before day 3 of life. Weight loss was strongly and independently associated with breastfeeding (adjusted OR, 4.63; 95% CI, 3.31 to 6.45; P <0.001).	27%
Weight loss and hypernatremia in breast-fed babies: frequency in neonates with non-hemolytic jaundice. Tarcan A, et al. J Paediatr Child Health. 2005 Sep-Oct.	Twenty-eight (33%) of the 86 newborns with idiopathic hyperbilirubinemia in the study exhibited severe weight loss. Almost all the 86 babies were exclusively breast-fed, and 10 babies (12%) had severe weight loss combined with hypernatremia.	33%
Kuzniewicz et al. Association Between Laboratory Calibration of a Serum Bilirubin Assay, Neonatal Bilirubin Levels, and Phototherapy Use. JAMA Pediatrics. JAMA Pediatr. 2016;170(6):557-56	Study included 104,428 newborns in a hospital system with high exclusive breastfeeding rates (all except 2 with >80%) over a 3-year period. After recalibration of bilirubin machines, it was found that 12.4% of newborns developed hyperbilirubinemia of >15 mg/dL and 5.7% required admission for phototherapy. Out of 104,428 newborns, that would have been 12,949 newborns (almost 12 babies a day) who developed significant hyperbilirubinemia. Among those newborns were 5.7% or 5952 newborns (5 babies a day) who required phototherapy.	12.4% hyperbilirubinemia 5.7% phototherapy rate
Zaitsu, M., Yoshihara, T., Nakai, H. & Kubota, S. Optimal Thermal Control	Study of breastfed newborns who were all supplement 10 ml/kg of 5% glucose solution, breastfed	1%

with Sufficient Nutrition May Reduce the Incidence of Neonatal Jaundice by Preventing Body-Weight Loss	every 3 hrs then additionally bottle-fed formula to satisfaction (if breast milk production was insufficient). Incidence of hyperbilirubinemia was 1%.	
Among Non-Low Birth Weight Infants Not Admitted to Neonatal Intensive Care Unit. Neonatology 114, 348–354 (2018).		