

Jaundice and Your Newborn

Congratulations on the birth of your new baby!

To make sure your baby's first week is safe and healthy, it is important that

- 1. You find a primary care provider, such as a pediatrician you are comfortable with, for your baby's ongoing care.
- 2. Your baby is checked for jaundice in the hospital.
- 3. If you are breastfeeding, you get the help you need to make sure it is going well.
- 4. You make sure your baby is seen by a doctor or nurse at 3 to 5 days of age.
- 5. If your baby is discharged before age 72 hours, your baby should be seen by a doctor or nurse within 2 days of discharge from the hospital.

Q: What is jaundice?

A: Jaundice is the yellow color seen in the skin of many newborns. It happens when a chemical called *bilirubin* builds up in the baby's blood. Jaundice can occur in babies of any race or color.

Q: Why is jaundice common in newborns?

A: Everyone's blood contains bilirubin, which comes from red blood cells and is removed by the liver. Before birth, the mother's liver does this for the baby. Most babies develop jaundice in the first few days after birth because it takes a few days for the baby's liver to get better at removing bilirubin.

Q: How can I tell if my baby is jaundiced?

A: The skin of a baby with jaundice usually appears yellow. The best way to see jaundice is in good light, such as daylight or under fluorescent lights. Jaundice usually appears first in the face and then moves to the chest, abdomen, arms, and legs as the bilirubin level increases. The whites of the eyes may also be yellow. Jaundice may be harder to see in babies with darker skin color.

Q: Can jaundice hurt my baby?

A: Most babies have mild jaundice that is harmless, but in unusual situations the bilirubin level can get very high and might cause brain damage. This is why newborns should be checked carefully for jaundice and treated to prevent a high bilirubin level.

Q: How should my baby be checked for jaundice?

A: If your baby looks jaundiced in the first few days after birth, your baby's doctor or nurse may use a skin or blood test to check your baby's bilirubin level. However, because estimating the bilirubin level based on the baby's appearance can be difficult, most experts recommend that a skin or blood test be done in the first 2 days even if your baby does not appear jaundiced. A bilirubin level is always needed if jaundice develops before the baby is 24 hours old. Whether a test is needed after that depends on the baby's age, the amount of jaundice, and whether the baby has other factors that make jaundice more likely or harder to see.

Q: Does breastfeeding affect jaundice?

A: Breast milk (human milk) is the ideal food for your baby. Jaundice is more common in babies who are breastfed than babies who are formula-fed. However, this occurs more often in newborns who are not getting enough breast milk because their mothers are not producing enough milk (especially if the milk comes in late) or if breastfeeding is not going well, such as babies not latching on properly.

For the first 24 hours after birth, normal breastfed newborns receive only about 1 teaspoon of milk with each feeding. The amount of breast milk provided increases with each day. If you are breastfeeding, you should breastfeed your baby at least 8 to 12 times a day for the first few days. This will help you produce enough milk and will help keep the baby's bilirubin level down. If you are having trouble breastfeeding, ask your baby's doctor or nurse or a lactation specialist for help.

Q: When should my baby get checked after leaving the hospital?

A: It is important for your baby to be seen by a nurse or doctor when the baby is between 3 and 5 days old, because this is usually when a baby's bilirubin level is highest. This is why, if your baby is discharged before age 72 hours, your baby should be seen within 2 days of discharge. The timing of this visit may vary depending on your baby's age when released from the hospital and other factors.

Q: Why do some babies need an earlier follow-up visit after leaving the hospital?

- A: Some babies have a greater risk for high levels of bilirubin and may need to be seen sooner after discharge from the hospital. Ask your doctor about an early follow-up visit if your baby has any of the following symptoms:
 - A high bilirubin level before leaving the hospital
- · Early birth (more than 2 weeks before the due date)
- Jaundice in the first 24 hours after birth
- Breastfeeding that is not going well
- A lot of bruising or bleeding under the scalp related to labor and delivery
- A parent, brother, or sister who had a high bilirubin level and received light therapy

Q: When should I call my baby's doctor?

- A: Call your baby's doctor if
- Your baby's skin turns more yellow.
- · Your baby's abdomen, arms, or legs are yellow.
- The whites of your baby's eyes are yellow.
- Your baby is jaundiced and is hard to wake, fussy, or not nursing or taking formula well.

Q: How is harmful jaundice prevented?

A: Most jaundice requires no treatment. When treatment is necessary, placing your baby under special lights while he or she is undressed will lower the bilirubin level. Depending on your baby's bilirubin level, this can be done in the hospital or at home. Jaundice is treated at levels that are much lower than those at which brain damage is a concern. In some babies, supplementing breast milk with formula

can also help to lower the bilirubin level and prevent the need for phototherapy. Treatment can prevent the harmful effects of jaundice.

Note: Exposing your baby to sunlight through a window might help lower the bilirubin level, but this will only work if the baby is undressed. Make sure the temperature in your home is comfortable and not too cold for your baby. Newborns should never be put in direct sunlight outside because they might get sunburned.

Q: When does jaundice go away?

A: In breastfed babies, it is common for jaundice to last 1 month or occasionally longer. In formula-fed babies, most jaundice goes away by 2 weeks. However, if your baby is jaundiced for more than 3 weeks, see your baby's doctor. From Your Doctor

American Academy of Pediatrics





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