North Carolina Women's Hospital
NEWBORN JAUNDICE
(Hyperbilirubinemia)

What is jaundice?

Jaundice is a yellowish coloring of the skin. It is a temporary condition and is not dangerous to most infants. Jaundice usually becomes visible on the second or third day of life and begins to decrease between the fifth and seventh days. Most infants have some mild jaundice. For a few babies jaundice can be the sign of a very serious problem, and it can be treated. So, all babies must be watched closely.

What babies are most at risk for developing jaundice?

Some babies are at an increased risk for developing jaundice:

- Babies who have different blood types from their mothers
- Babies with a lot of bruising to their scalp or face from the birth
- Premature babies
- Babies of diabetic mothers
- Babies with certain problems who may not feed well in the first few days of life

Breastfed babies often have more jaundice than formula fed babies. A low level of jaundice is considered normal for the breastfed baby, and the benefits of breastfeeding outweigh any risk of jaundice.

What causes jaundice?

Jaundice is caused by a high level of bilirubin. Bilirubin is a normal part of red blood cells. When the body breaks down old red blood cells, like the extra ones babies need before birth or that happens with bruising, bilirubin is released and removed from the blood by the liver. In a baby, the liver is immature and sometimes it cannot remove all of the extra bilirubin. When this happens, the bilirubin is stored in the skin, giving it a yellow color. After 3-5 days the baby's liver begins to work better and the extra bilirubin is removed from the body when the baby has a bowel movement.

What tests will be done?

Before your baby leaves the hospital, a nurse will do a transcutaneous (through the skin) bilirubin check. Your baby's health care provider may order blood tests (taken from the baby's heel), if the level is too high. If the baby is being followed for jaundice, it is important to know the level of the bilirubin and to have the baby checked every time his or her health care provider orders a test. Higher levels may be dangerous to a baby's nervous system and require treatment.

How is jaundice treated?

Treatment depends on the level of bilirubin. The most common treatment is frequent feedings to help your baby stool more often and get rid of more bilirubin. Also, exposure to light, known as phototherapy, can be used. Your baby's health care provider may recommend sunlight, or a special type of light (bililight) that can be used for phototherapy. The baby sleeps under the light or on a special lighted pad between feedings.

How often should I feed my baby?

All newborns need to be fed about every 3rd hour from beginning to beginning of feeding. You may have to waken your baby for feedings for several days. Also, if your nipple is getting sore during breastfeeding, it may be that your baby is pinching it shut and not getting much milk out. Ask to see the lactation consultant for more help.

How do I use sunlight to treat jaundice?

When using sunlight to treat the jaundice, undress your baby except for the diaper. Keep the baby near a sunny window. **Do not** place the baby directly in the sun by an open window. Babies sunburn very quickly. Since your baby is uncovered, you will need to be sure the room is warm enough that he or she doesn't get cold.

What about using the special type of lights (Bililights)?

Your baby's health care provider will order the bililights if needed. Your baby may need to use these lights in the hospital or at your home after discharge from the hospital. **Do not** use lights without instruction. You will be given instructions before you leave the hospital.

INSTRUCTIONS FOR PARENTS:

Date: _____ Your baby's transcutaneous bilirubin level is_____.

- O No special treatment is necessary for your baby at this time.
- O Your baby should be seen by your local medical provider within ___ day(s) to monitor the jaundice.
- O Your baby requires special lights for phototherapy; these lights can be used at home if needed.
- O Contact provider if:

  (1)

  (2)

  (3)

Approved by NC Women's Hospital Patient Education Committee, May 20, 2002. Reviewed and revised, December, 2007.