

Jaundice Alert

What Every Parent Needs to Know



What is jaundice?

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 ethnicity, regardless of skin color. Low levels of bilirubin are not a problem, but a few babies have too much jaundice.

If not treated, high levels of bilirubin can cause brain damage and a life-long condition called kernicterus.

Yet, early detection and management of jaundice can prevent kernicterus. At a minimum, babies should be assessed for jaundice every 8 to 12 hours in the first 48 hours of life and again before 5 days of age.

What causes jaundice?

Jaundice can develop when red blood cells break down and bilirubin is left. It is normal for some red blood cells to die every day. In the womb, the mother's liver removes bilirubin for the baby, but after birth the baby's liver must remove the bilirubin. In some babies, the liver might not be developed enough to efficiently get rid of bilirubin. When too much bilirubin builds up in a new baby's body, the skin and whites of the eyes might look yellow. This yellow coloring is called jaundice.

What are some of the signs of jaundice?

Jaundice usually appears first on the face and then moves to the chest, belly, arms, and legs as bilirubin levels get higher. The whites of the eyes can also look yellow. Jaundice can be harder to see in babies with darker skin color. Your baby's doctor or nurse can and should test how much bilirubin is in your baby's blood.

Can jaundice be treated?

Yes, it can. When being treated for high bilirubin levels, your baby will be undressed and put under special lights. The lights will not hurt the baby. This can be done in the hospital or even at home. The baby's milk intake may also need to be increased. In some cases, if the baby has very high bilirubin levels, the doctor will do an exchange transfusion of the baby's blood. Jaundice is generally treated before brain damage is a concern. Putting your baby in sunlight is not recommended as a safe way of treating jaundice.

Will my baby become jaundiced?

About 60% of all babies have jaundice. Some babies are more likely to have severe jaundice and higher bilirubin levels than others. Babies with any of the following risk factors need close monitoring and early jaundice management:

Preterm babies

Babies born before 37 weeks, or 8½ months, of pregnancy might have jaundice because their liver is not fully developed. The young liver might not be able to get rid of so much bilirubin.

Babies with darker skin color

Jaundice may be missed or not recognized in a baby with darker skin color. Checking the gums and inner lips may detect jaundice. If there is any doubt, a bilirubin test should be done.

Heredity

A baby born to an East Asian or Mediterranean family is at a higher risk of becoming jaundiced. Also, some families inherit conditions (such as G6PD deficiency), and their babies are more likely to get jaundice.

What can I do to make sure my baby's jaundice does not cause brain damage?

Ask your doctor or nurse about a bilirubin test.

Create a follow-up plan before leaving the birth hospital. All babies 3 to 5 days of age should be checked by a nurse or doctor, because this is usually when a baby's bilirubin level is highest. The timing of the follow-up visit will depend on how old your baby is when you leave the birth hospital and any other risk factors. Babies with jaundice in the first 24 hours of life or with high bilirubin levels before hospital discharge should have an early follow-up plan.

Treat jaundice seriously.

Ask your pediatrician to see your baby the day you call, if your baby

- is very yellow or orange (skin color changes start from the head and spread to the toes)
- is hard to wake up or will not sleep at all
- is not breastfeeding or sucking from a bottle well
- is very fussy, or
- does not have enough wet or dirty diapers

Get emergency medical help if your baby

- is crying inconsolably or with a high pitch
- is arched like a bow (the head or neck and heels are bent backward and the body forward)
- has a stiff, limp, or floppy body, or
- has strange eye movements

Feeding difficulties

A baby who is not eating, wetting, or stooling well in the first few days of life is more likely to get jaundice.

Sibling with jaundice

A baby with a sister or brother that had jaundice is more likely to develop jaundice.

Bruising

A baby with bruises at birth is more likely to get jaundice. A bruise forms when blood leaks out of a blood vessel and causes the skin to look black and blue. The healing of large bruises can cause high levels of bilirubin and your baby might get jaundice.

Blood type

Women with an O blood type or Rh negative blood factor might have babies with higher bilirubin levels. A mother with Rh incompatibility should be given Rhogam.

