



Jaundice and your newborn

Congratulations on the birth of your baby! This sheet provides some information about jaundice – a common condition that affects many newborns. Your baby will be checked for jaundice in the hospital and should be checked again at the baby’s first pediatric appointment.

What is jaundice?

When the skin or white of the eyes take on a yellow color, this is called jaundice. Jaundice in newborn babies is very common. In most cases, jaundice is normal, harmless, and lasts for only a short time.

What causes jaundice?

- Jaundice happens when a chemical called bilirubin builds up in the baby’s blood.
- Everyone’s blood contains bilirubin, which is broken down and removed by the liver.
- During pregnancy, the mother’s liver removes bilirubin for the baby.
- After birth, the baby’s liver must break down the bilirubin from its own blood. The broken-down bilirubin goes into the bowel movements and is passed out of the body.
- Sometimes a baby’s liver might not be developed enough to efficiently get rid of bilirubin, especially if the baby is small or premature.
- Most babies who get jaundice develop it in the first few days after birth.

What does jaundice look like?

- Jaundice usually appears first in the face and then moves to the chest, abdomen (belly), arms, and legs as the bilirubin level increases. The white of the eyes, the gums, and the inner lips may also be yellow.
- The best way to see jaundice is in good light, such as daylight.

Does jaundice cause problems?

In most cases, jaundice does not cause problems and does not need to be treated. However, if the bilirubin is very high, it can cause damage to your baby’s developing nervous system, which could lead to brain damage. This is why newborns should be checked carefully for jaundice. Treatments are available to prevent high bilirubin levels.

Which babies are at higher risk for jaundice?

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 to be watched closely to make sure they get any needed treatment for jaundice:

- **Darker skin color** –It might be harder to see jaundiced skin in babies with darker skin color. Check the gums and inner lips for signs of jaundice.
- **East Asian or Mediterranean descent** – These babies are at higher risk of becoming jaundiced. Some families inherit a condition (such as G6PD deficiency) that increases the risk.
- **Early term and preterm babies** – Babies born more than two to three weeks before their due date might have jaundice because their liver is not fully mature.
- **Feeding difficulties** – A baby who is not eating, urinating, or having regular bowel movements in the first few days of life is more likely to develop jaundice. If a baby is not eating enough, the bilirubin cannot be removed from the body by the bowel movements. *Over →*

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- **A sibling with jaundice** – Babies with a sibling who needed jaundice treatment are at higher risk for jaundice.
- **Bruising** – Large bruises can cause high levels of bilirubin.
- **Blood type** – Mothers with O blood type or Rh negative factor might have babies with higher bilirubin.

How will my baby be checked for jaundice?

In the first few days after birth, your baby will have a blood test to check the bilirubin level. A bilirubin level is done sooner if jaundice develops before the baby is 24 hours old. The doctor or nurse practitioner will consider the baby's age and the level of bilirubin to determine if treatment is necessary.

How is jaundice treated?

If treatment is necessary, your baby will be placed under special lights (phototherapy) while he or she is undressed. This lowers the bilirubin level. Babies with more serious forms of jaundice may need different treatment. Treatment can prevent the harmful effects of jaundice and is continued until the amount of the bilirubin in the baby's blood falls to and remains at a safe level.

Putting your baby in sunlight is not recommended as a safe way of treating jaundice. Exposing your baby to sunlight might help lower the bilirubin level, but there is a risk that the baby could get cold or sunburned.

Does breastfeeding cause jaundice?

Breastfeeding does not cause jaundice. Jaundice is more common in babies who are breastfed if those babies are not nursing well. Babies need to breastfeed at least 8 to 12 times a day. This helps with breast milk production and will help the baby get rid of the bilirubin through the bowel movement. The nurses and lactation consultants are available if you are having any problems breastfeeding. Breast milk is the ideal food for your baby.

When should my baby see the pediatric provider after leaving the hospital?

It is important for your baby to be seen by a medical provider between three and five days of age because this is usually when a baby's bilirubin level is highest. If your baby is discharged before three days of age, your baby should be seen by a provider within two to three days of discharge from the hospital. When you are discharged from the hospital, you will be told when you need to take the baby for a check-up.

What should I look for at home?

Call your baby's provider if:

- the baby's skin turns more yellow, moving to the abdomen (belly), arms, and/or legs
- the whites of your baby's eyes become more yellow
- the baby has difficulty waking up, feeding, or is difficult to console

When does jaundice go away?

Jaundice can last for two to three weeks. It may last longer in breastfed babies. If jaundice continues for more than three weeks, please consult your baby's provider.