

# Jaundice in the Newborn

**Normal jaundice** is caused by the accumulation of bilirubin molecules in the blood when baby's excess red blood cells naturally break apart. At the same time, the immature liver can't handle the excess bilirubin and the skin turns yellow.

The amount of bilirubin sometimes becomes excessive and can cause problems for the baby. Healthcare providers know how to closely monitor the skin color and blood levels so that phototherapy can be started if needed.

## Skin yellowness and bilirubin numbers

- These issues must be interpreted based on several factors.
- After the newborn period, the bilirubin number should be less than 1.
- A bilirubin of 20 in a newborn requires attention.
- Lower numbers are often a concern also, but this depends on factors such as days of age, blood types, prematurity, health issues, bruising, heredity, etc.
- Healthy babies are never born yellow.
- If skin turns yellow before 24 hours of age, blood tests should be monitored.
- Typical yellowness starts in the face and eyes after 24 hours, then progresses down the body.
- The healthcare provider will order blood tests if the degree of yellowness warrants this.
- The yellowness and/or bilirubin number typically peaks naturally around day 4-5.
- If the number doesn't get high enough to treat, the number naturally gradually decreases over days (sometimes weeks) as the yellowness goes away.
- The face stays yellow the longest.

## Jaundice can't really be prevented

- Severity of jaundice can be lessened by nursing on demand frequently to hydrate baby and stimulate the gut.
- Sleepy babies need awakened for feedings at least every 3 hours (start to start).
- Unwrap her and lay her on a firm surface, change her diaper, rub her back and use a cool cloth to wake her up (don't use a cool cloth if premature and trouble maintaining temp)
- Ask for help if your baby is not latching well.
- Put her skin-to-skin to promote nursing behaviors.
- Do not give water.

## Phototherapy

- This is ultraviolet light shined onto baby's skin to help break down the bilirubin molecule.
- The light either comes from a special overhead lamp or coils of light embedded in a blanket or wide belt placed on the baby's bare skin.
- This is done in the hospital or by a home healthcare agency.
- While under phototherapy, blood tests are usually done daily.
- The blood test results determine when the lights can be stopped, which is usually within a few days.
- Make sure someone gives you the test results and further instructions each day.

## "Breastmilk jaundice"

- This is prolonged jaundice which can last for several weeks.
- It is known that normal breastfed babies often "hold on to their jaundice" a bit longer than formula fed babies.
- The benefits of breastmilk outweigh the inconvenience of dealing with jaundice, so this is not considered a problem, as long as other blood tests are normal, the bilirubin level remains acceptable, and the baby is otherwise healthy and gaining weight.
- If breastmilk jaundice is suspected, some healthcare providers might have you feed your baby formula for 12-24 hours.
- If the bilirubin number decreases, the diagnosis of breastmilk jaundice is more certain, and you can resume breastfeeding.
- Remember to pump every 3 hours while giving formula bottles.

## Abnormal jaundice

- This is rare, but blood tests are done to check for unusual issues when indicated by rising bilirubin numbers.
- Abnormal jaundice can be caused by a problem with baby's liver or by problems with blood types and blood antigens.
- Rarely, mother's blood is incompatible with baby's blood, and thus mom's blood cells break up the baby's blood cells, which releases excess bilirubin and also results in anemia in baby.
- As long as these issues are monitored and managed, the baby will be fine.