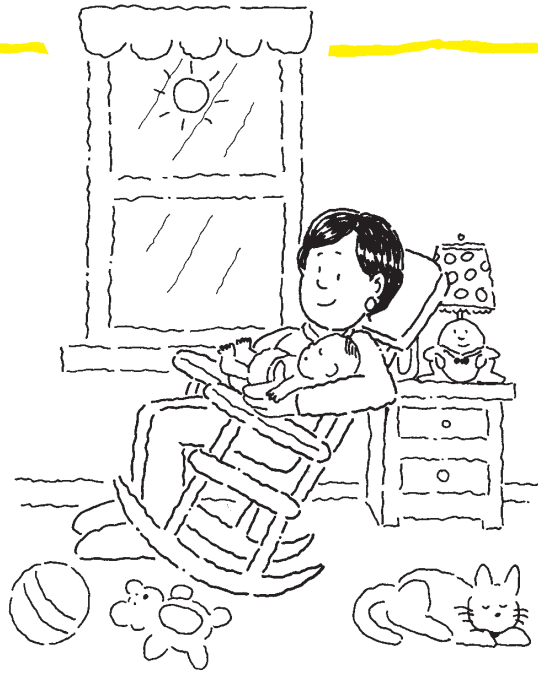


Treating Jaundice in Healthy Newborns

Guidelines for Parents



You may have been told that your child has “jaundice” and you probably have many questions about this condition. Jaundice is a common condition in newborn infants that usually shows up shortly after birth. In most cases, it goes away on its own. If not, it can be treated easily. This information has been developed by the American Academy of Pediatrics to help you understand this common condition and how it is treated.

What is jaundice?

A baby has jaundice when bilirubin, which is produced naturally by the body, builds up faster than a newborn’s liver can break it down and get rid of it in the baby’s stool. This happens because of one or more of the following reasons:

- The baby’s developing liver is not yet able to remove the bilirubin from the blood
- More bilirubin is being made than the liver can handle
- Too much of the bilirubin is reabsorbed from the intestines before the baby gets rid of it in the stool

Too much bilirubin makes a jaundiced baby’s skin look yellow. This yellow color will appear first on the face, then on the chest and stomach, and, finally, on the legs.

What is bilirubin?

Everyone’s blood contains hemoglobin found in red blood cells. Red blood cells live only a short time and, as they die, the oxygen-carrying substance (hemoglobin) is changed to yellow bilirubin. Normal newborns have more bilirubin because their liver is not efficient at removing it. Older babies, children, and adults get rid of this yellow blood product quickly, usually through bowel movements.



Can jaundice hurt my baby?

Jaundice can be dangerous if the bilirubin reaches too high a level in the blood. The level at which it becomes dangerous will vary based on a child's age and if there are other medical conditions. A small sample of your baby's blood can be tested to measure the bilirubin level. Other tests may be needed to see if your baby has a special reason to make extra bilirubin that is causing the jaundice.

How do I know if my baby has jaundice?

Parents should be aware of any changes in their newborn's skin color or the coloring in the whites of their child's eyes. Look at the baby under natural daylight or in a room that has fluorescent lights. A quick and easy way to test for jaundice is to press gently with your fingertip on the tip of your child's nose or forehead. If the skin looks white (this is true for babies of all races), there is no jaundice. If you see a yellowish color, contact your pediatrician to check your baby to see if significant jaundice is present.

How is jaundice treated?

Mild to moderate levels of jaundice do not require any treatment. If high levels of jaundice do not clear up on their own, your baby may be treated with special lights or other treatments. These special lights help get rid of the bilirubin by altering it to make it easier for your baby's liver to get rid of it. This treatment may require that your baby stay in the hospital for a few days. Some pediatricians treat babies with these lights at home. If your baby needs light therapy, talk to your pediatrician about how long the treatment lasts and where it will be done.

Another treatment is more frequent feedings of breastmilk or formula to help pass the bilirubin out in the stools. Increasing the amount of water given to a child is not sufficient to pass the bilirubin because it must be passed in the stools. Rarely, babies may require treatment of their blood to remove bilirubin. For example, in a few cases of very high bilirubin levels, a blood exchange is done to give a baby fresh blood and remove the bilirubin. Your pediatrician will give you more details if other treatments are necessary. Once your child's bilirubin level goes down, it is unlikely that it will increase again. However, if your child continues to look yellow after 3 weeks of life, talk to your pediatrician as other tests may need to be done.

What effect does breastfeeding have on jaundice?

Most breastfed babies do not have a problem with jaundice that requires interruption of breastfeeding. However, if your baby develops jaundice that lasts a week or more, your pediatrician may ask you to temporarily stop breastfeeding for a day or two. If you must temporarily stop breastfeeding, talk to your pediatrician about pumping your breasts so you can keep producing breast milk and can restart nursing easily.

If your baby has jaundice, do not be alarmed. Remember that jaundice in a *healthy* newborn is not serious and usually clears up easily. If your baby has a very serious case of jaundice and other medical problems, your pediatrician will talk to you about other treatments.

This information should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on the individual facts and circumstances.



From your doctor

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