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Jaundice (Newborn)

What is jaundice?

In jaundice the skin turns yellow because of increased amounts of a yellow pigment called bilirubin in the body. The whites of the eyes (sclera) turn yellow at a higher level of bilirubin. Bilirubin is produced by the normal breakdown of red blood cells. Bilirubin builds up in the body if the liver doesn't send it into the intestines.

What is the cause?

Jaundice can be caused by several different problems.

- **Physiological jaundice:** This is the most common cause of newborn jaundice and occurs in more than 50% of babies. Because the baby has an immature liver, bilirubin is processed slower. The jaundice first appears at 2 to 3 days of age. It usually disappears by 1 to 2 weeks of age, and the levels of bilirubin are harmless.
- **Breast-feeding jaundice:** Breast-feeding jaundice may occur when your baby does not drink enough breast milk. It occurs in 5% to 10% of newborns. The jaundice symptoms are similar to those of physiological jaundice, just more pronounced. The jaundice indicates a need for help with breast-feeding.
- **Breast-milk jaundice:** Breast-milk jaundice occurs in 10% of breast-fed babies. It is caused by a special substance that some mothers produce in their milk. This substance causes your baby's intestine to absorb more bilirubin back into his body than normal. This type of jaundice starts at 4 to 7 days of age. It may last 3 to 10 weeks. It also is not harmful.
- **Blood types don't match (Rh, ABO, or other blood group):** If a baby and mother have different blood types, sometimes the mother produces antibodies that destroy the newborn's red blood cells. This causes a sudden buildup of bilirubin in the baby's blood. This serious type of jaundice usually begins during the first 24 hours of life. Rh problems used to cause the most severe

form of jaundice. However, they are preventable if the mother is given an injection of RhoGAM within 72 hours after delivery. This prevents her from forming antibodies that might endanger other babies she has in the future.

What is the treatment?

- **Physiological jaundice:** If you feed your baby with a bottle, feed your baby more often. Try to feed your baby every 2 to 3 hours during the day.
- **Breast-feeding jaundice:** The main treatment is to increase the supply of breast milk. Read about breast-feeding or talk with a lactation specialist. Nurse your baby more often. Nurse your baby every 1-and-1/2 to 2-and-1/2 hours. Since the bilirubin is carried out of the body in the stools, passing frequent bowel movements (BMs) is helpful. If your baby sleeps more than 4 hours at night, awaken him for a feeding. Frequent weight checks are also important. If you must supplement, use formula.
- **Breast-milk jaundice:** Occasionally the bilirubin will not decrease with frequent feedings. In this situation the bilirubin level can be reduced by alternating each breast-feeding with formula feeding for 2 or 3 days. Supplementing with glucose water is not recommended because it is not as helpful as formula for moving the bilirubin out of the body. Whenever you miss a nursing, be sure to use a breast pump to keep your milk production flowing. You do not need to stop breast-feeding permanently because of breast milk jaundice. Once the jaundice clears, you can return to full breast-feeding and not worry about the jaundice coming back.
- **Severe jaundice (blood type problems):** High levels of bilirubin (usually above 20 mg/dl) can cause deafness, cerebral palsy, or brain damage in some babies. High levels usually occur with blood type differences. These complications can be prevented by lowering the bilirubin using phototherapy (blue light that breaks down bilirubin in the skin). In many communities, phototherapy can be used in the home.

In rare cases where the bilirubin reaches dangerous levels, an exchange transfusion may be used. This technique replaces the baby's blood with fresh blood. Physiological jaundice does not rise to levels requiring this type of treatment.

How do I check for jaundice?

Newborns often leave the hospital within 24 to 48 hours of their birth. It is important for your baby to be seen by a healthcare provider when the baby is 3 to 5 days old. This is when the baby's bilirubin level is the highest. Some babies are at greater risk for high levels of bilirubin. They may

need to be seen sooner. Ask your healthcare provider about when to come in for a follow-up visit if your baby:

- Has a high bilirubin level or jaundice before leaving the hospital
- Was born more than 2 weeks before your due date
- Has a lot of bruising on the scalp from labor and delivery
- Has a blood type problem (ABO or Rh)
- Has a brother, sister, or close relative who had high bilirubin

Parents should also watch for jaundice in their newborn. The amount of yellowness is best judged by viewing your baby unclothed in natural light by a window. Jaundice starts on the face and moves downward. Try to determine where it stops.

When should I call my child's healthcare provider?

Call IMMEDIATELY if:

- You observe any signs of dehydration.
- Jaundice is noticed during the first 24 hours of life.
- Your baby looks deep yellow or orange.
- You notice any jaundice of the legs.
- Your baby hasn't passed urine in more than 8 hours.
- Your baby develops a fever over 100.4°F (38°C).
- Your baby also starts to look or act sick.

Call within 24 hours if:

- Whites of the eye (sclera) turn yellow.
- Your baby is not getting enough milk or gaining weight well.
- Your baby has less than 3 good-sized BMs per day.
- Your baby has less than 6 wet diapers per day.
- The jaundice is not gone by day 14.
- You have other questions or concerns.