Common Questions About Neonatal Jaundice

What Is Jaundice?
Jaundice is a condition in which the skin has a yellowish color; this happens when an excess amount of a chemical called bilirubin is in the blood. Bilirubin is created from the normal breakdown process of red blood cells. The liver helps process bilirubin so that it can exit the body through the urine and stool.

Who Gets Jaundice?
Most newborns have some jaundice, often called “physiological” or “normal” jaundice, in the first week or so after birth. Just after birth, there is often extra bilirubin from the breakdown of red blood cells, and the baby’s liver is still developing, so this can lead to extra bilirubin in the blood for a short period of time. In breast-fed babies, jaundice often lasts for 3 weeks or more. In formula-fed babies, most jaundice goes away by 2 weeks.

Jaundice is more common in babies who are breastfed, particularly babies who are having difficulty nursing. Jaundice is also more common in babies who are premature. In some cases, jaundice can be due to the baby having a different blood type than the mother, often called “blood type incompatibility.”

How Can I Tell if My Baby Has Jaundice?
The best way to view your baby’s skin is in good light, such as natural sunlight or bright fluorescent lights. Jaundice usually appears first in the face. As the amount of bilirubin in the blood increases, bilirubin can be seen in lower parts of the body such as the chest, then abdomen, then legs. The whites of the eyes may also appear yellow.

Why Is Jaundice a Problem?
Many babies have jaundice, and most do not have problems or need treatment. If the level of bilirubin gets very high, it can possibly cause damage to the hearing and brain.

What Should I Do if My Baby Has Jaundice?
Your pediatrician can test the level of bilirubin in your baby’s blood to see if treatment is needed. Most babies with jaundice do not need treatment, and the jaundice goes away on its own.

If you are breastfeeding, you should nurse your baby at least 8 to 12 times a day for the first few days. This will produce enough milk to keep your baby hydrated and help keep the bilirubin level low. If you are having trouble breastfeeding, talk with your baby’s doctor about whether a lactation specialist can help.

If treatment for jaundice is needed, that treatment often involves placing your baby under special blue lights called “bilirubin lights” or “bili-lights.” These lights help the bilirubin in the skin to break down and thereby lower the amount in the blood. Treatment may take place at home or in the hospital.

When Should I Call My Pediatrician?
You should call your pediatrician if (1) your baby’s skin is getting more yellow; (2) your baby’s abdomen, arms, or legs are yellow; (3) the whites of your baby’s eyes are yellow; (4) your baby has jaundice and is hard to wake, fussy, or not nursing or taking formula well; or (5) your baby has had jaundice for more than 3 weeks.

FOR MORE INFORMATION
http://www.healthychildren.org/English/ages-stages/baby/Pages/Jaundice.aspx
To find this and other JAMA Pediatrics Patient Pages, go to the Patient Page link on the JAMA Pediatrics website at jamapediatrics.com

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