



Jaundice in Newborn Babies

Jaundice is a common condition in newborn infants. It is usually not dangerous. The word "jaundice" comes from the French word "jaune," meaning "yellow." It describes the yellowish or light orange appearance of the whites of the eyes and skin of many newborn babies.

Jaundice usually appears on the second or third day of life in healthy babies born after a full-term pregnancy. It often disappears within a week. About 50% of full-term infants get jaundice. In premature babies, it is even more likely to develop. About 80% of infants born prematurely will have jaundice during the first week of life. It may last longer in these infants, becoming most noticeable between the fourth and seventh days of life. Babies with bruising from the birth process, those who have had a brother or sister with jaundice or those who were delivered with the help of a vacuum are at higher risk for jaundice.

In most instances, jaundice is mild and can be ignored. It usually will disappear without treatment. However, if the condition is more severe, or if the jaundice is present at birth or appears during the first 24 hours of life, treatment most likely will be necessary.

Major Causes

In most babies, jaundice occurs because the liver and other organs are not yet fully mature. This is particularly true in low-birth-weight or premature babies.

One function of the liver is to rid the blood of extra bilirubin. Bilirubin is formed from the normal breakdown of old red blood cells. This occurs throughout life, but is more pronounced in the newborn period. Until a baby's liver begins to function fully, bilirubin tends to build up in the baby's bloodstream, causing the skin and the whites of the eyes to become yellow in appearance.

The color change progresses from head to toe, so an infant with mild jaundice may appear yellow only on his face, while one with severe jaundice will be yellow

over his entire body. After being changed by the liver, most bilirubin is removed from the body through a baby's bowel movements. Anything that increases the number of bowel movements (such as frequent feedings) will help get rid of the bilirubin.

Occasionally, jaundice is caused by an illness or other medical problem. For example, if a baby and mother have different blood types, the mother may produce antibodies that destroy the newborn's red blood cells. This condition, called Blood Group Incompatibility, can cause a sudden serious increase in bilirubin.

Jaundice and Breastfeeding

Early onset jaundice may be seen in the first week of life. In breastfed babies, jaundice is very often caused by a baby not getting enough breast milk. Because he is not drinking very much, his bowels are not moving, and the bilirubin cannot be removed from the body in the stools. The best way to treat this is by breastfeeding more frequently (at least 8 to 12 times a day for the first several days). This will cause the bowels to move more often and help remove the bilirubin from your baby's body. ***Giving extra feedings of water will not help.*** Frequent breastfeedings, throughout the day and night, may help prevent jaundice.



Late onset jaundice can be seen in the second and third weeks of life. Bilirubin levels remain higher than normal, but almost never reach a dangerous level. Discuss with your doctor any jaundice you notice after your baby is two to three weeks of age.

Recognition

You will know your baby has jaundice by noting a change in her skin color or the whites of her eyes when she is in fluorescent light or natural daylight. If the skin is a yellowish color, contact your baby's doctor for additional evaluation. Jaundice may be difficult to see in babies with darker skin colors.

Treatment

The level at which jaundice may be dangerous depends on many factors: your baby's age, whether he was full term or premature, and whether he has any other medical conditions. When the bilirubin level becomes too high, jaundice can be dangerous to your baby's developing nervous system. This happens very rarely. If your doctor is concerned, a skin test or a blood test can be done to measure the bilirubin to see if it is close to a dangerous level.

When a baby's jaundice does require treatment, a technique called phototherapy is generally used. Phototherapy simply means treatment using special lights to speed up the removal of bilirubin from the body. In phototherapy, the baby's skin is exposed to high-intensity fluorescent lights, often called bililights. All the baby's clothes are removed, and the eyes are covered to protect them from the light. In some cases, a fiberoptic phototherapy blanket may be used to provide this treatment. Phototherapy continues until the amount of bilirubin in the baby's blood falls to and remains at a safe level. The bilirubin level is checked regularly by testing a small sample of blood, frequently taken from the baby's heel. Some babies may need to stay in the hospital for a short period after the phototherapy is finished to make sure that the bilirubin level doesn't rise again.

Babies with severe Blood Group Incompatibility or other very serious forms of jaundice may need different and more rapid treatment. The most common and effective method is an exchange blood transfusion. This gives your baby fresh blood to help remove the bilirubin from your baby's system. Exchange transfusions have been used safely and successfully for more than 30 years and usually result in dramatic and rapid recovery.

If your baby has jaundice, you undoubtedly will want additional information about its cause and treatment. The baby's doctor or nurse can answer your questions about your infant's condition.



Remember:

- Jaundice in newborn babies is very common. In most instances, the condition is normal, harmless, and lasts for only a short time.
- Jaundice is harmful only if the bilirubin in your baby's blood gets too high. The best way to know the bilirubin level is to have your baby's blood tested.
- When treatment is necessary for elevated bilirubin, the methods are safe and effective in virtually all cases.

Things To Do:

- If you are breastfeeding, make sure you are getting the help you need to assure things are going well.
- If you notice jaundice (the skin is more yellow and the whites of your baby's eyes look yellow), call your baby's doctor.
- Have your baby seen by a health care professional at 3-5 days of age, when bilirubin levels are usually at their highest.

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