

Jaundice

Jaundice is the yellow color seen in the skin of many newborns. It happens when a chemical called bilirubin builds up in the baby's blood. Jaundice can occur in babies of any race or color.

How to tell if your baby is jaundiced

The skin of a baby with jaundice usually appears yellow. The best way to see jaundice is in good light, such as daylight or under fluorescent lights. Jaundice usually appears first in the face and then moves to the chest, abdomen, arms, and legs as the bilirubin level increases. The whites of the eyes may also be yellow. Jaundice may be harder to see in babies with darker skin color.

Jaundice and breastfeeding

Jaundice is more common in babies who are breastfed than babies who are formula-fed, but this occurs mainly in infants who are not nursing well. If you are breastfeeding, you should nurse your baby at least 8 to 12 times a day for the first few days. This will help you produce enough milk and will help to keep the baby's bilirubin level down. If you are having trouble breastfeeding, ask your baby's doctor or nurse or a lactation specialist for help. Breast milk is the ideal food for your baby.

Many infants develop jaundice within several days after birth. A baby becomes jaundiced 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. Too much bilirubin makes a baby's skin and eyes look yellow.

Since drinking breastmilk helps remove bilirubin through the baby's stools, babies who are not breastfeeding adequately are at greater risk of developing jaundice. Jaundice usually either resolves on its own or may require treatment with special lights that help break down the bilirubin.

Feeding more frequently or for longer periods of time to help pass the bilirubin in the stools is almost always helpful. Certainly, there is no reason to stop breastfeeding if your baby develops jaundice of this type. In selected cases, your pediatrician might recommend a formula supplement temporarily.

Occasionally, jaundice lasts longer than two weeks. You can still usually continue breastfeeding, but sometimes your pediatrician may ask you to stop breastfeeding for a day or two. If you must interrupt breastfeeding for any reason, be sure to express your breastmilk using a quality



electric breast pump so you can keep producing milk and can restart nursing easily. Your nurse or lactation specialist can give you guidance in using a breast pump.

Treatment

Most jaundice requires no treatment. When treatment is necessary, placing your baby under special lights while he or she is undressed will lower the bilirubin level. Depending on your baby's bilirubin level, this can be done in the hospital or at home. Jaundice is treated at levels that are much lower than those at which brain damage is a concern. Treatment can prevent the harmful effects of jaundice.

Putting your baby in sunlight is not recommended as a safe way of treating jaundice. Exposing your baby to sunlight might help lower the bilirubin level, but this will only work if the baby is completely undressed. This cannot be done safely inside your home because your baby will get cold, and newborns should never be put in direct sunlight outside because they might get sunburned.

When to call your pediatrician

Call your pediatrician if:

- Your baby's skin turns more yellow.
- Your baby's abdomen, arms, or legs are yellow.
- The whites of your baby's eyes are yellow.
- Your baby is jaundiced and is hard to wake, fussy, or not nursing or taking formula well.

In breastfed babies, jaundice often lasts for more than 2 to 3 weeks. In formula-fed babies, most jaundice goes away by 2 weeks. If your baby is jaundiced for more than 3 weeks, see your baby's doctor.

Adapted from The American Academy of Pediatrics (2011) at www.healthychildren.org

