

Jaundice of the Newborn

Jaundice in newborn babies is a very common, usually harmless condition. The color is caused by a substance called *bilirubin*. However, treatment is sometimes needed, so you should notify our office if your baby develops jaundice.

What is jaundice of the newborn?

In babies with jaundice, the skin appears yellow. Jaundice occurs in about 60% of newborns. A substance called *bilirubin* causes the yellow color. Bilirubin comes from red blood cells (RBCs) when they are destroyed as part of the body's natural process or because of certain medical conditions. The liver is the organ responsible for removing bilirubin from the blood. In newborns, the liver is often not mature enough to remove the bilirubin it needs to, and so the body becomes jaundiced. When this occurs and is not caused by a disease or condition, it is called *physiologic jaundice*. When bilirubin is abnormally high, this is called *hyperbilirubinemia*. In most babies, the jaundice disappears on its own. Very high levels of bilirubin can harm the baby's brain. When this happens, the condition is called *kernicterus*. Treatment of high bilirubin is to prevent harm to the baby's brain.

What does it look like?

- Your baby's skin appears yellow or orange. The yellow color is either present at birth or develops a few days or weeks afterward.
- After starting on the face, the yellow color may spread to your baby's belly (abdomen) and feet.

What causes jaundice?

- The most common cause is physiologic jaundice, which is a normal condition as described previously. It usually appears after the first day or so.
- Jaundice related to breast feeding occurs either because the baby is not getting enough fluid (breast milk) or because there are substances in some mothers' breast milk that increase the amount of bilirubin in the baby. The bilirubin does not usually get high enough to cause problems.
- Another common cause is blood type incompatibility. This can occur when the mother's and baby's blood types are different and can sometimes increase the baby's bilirubin.
- Less common causes include liver diseases, genetic diseases (such as deficiency of the enzyme G6PD [glucose-6-phosphate dehydrogenase]), or infections.

What puts your child at risk for jaundice?

- Your baby may be at greater risk of jaundice if he or she was born prematurely (before 8 and a half months) or if he or she feeds poorly in the first few days after birth.
- Jaundice is more likely if your baby has a brother or sister who had jaundice as a newborn.
- Newborns whose mothers have diabetes are at greater risk of jaundice.
- Jaundice is more likely to occur in babies of certain ethnic groups, including East Asian, Mediterranean, and Native American.
- Jaundice is more likely to become severe if your baby has jaundice at the time of birth or on the day afterward.

What are some possible complications of jaundice?

If your baby's bilirubin levels become very high, he or she may develop a rare but serious complication called kernicterus (bilirubin encephalopathy). Treatment to prevent bilirubin from getting too high prevents this.

How is jaundice treated?

- Most cases of jaundice are physiologic (normal). The yellow color of the skin usually goes away without treatment.
- A test may be performed to measure the amount of bilirubin in your baby's blood. The result will help to decide whether or not your baby needs treatment.
- If your baby's jaundice is too high, we may recommend treatment with phototherapy. Your baby will be placed under special lights—usually blue-colored—that help to get rid of the bilirubin in the body.
- If your baby has severe jaundice that does not improve with phototherapy, other treatments such as blood transfusions may be needed.
- If your baby's jaundice is caused by not getting enough breast milk, advice on how to improve feeding will be given. If it is caused by high levels of bilirubin in the mother's breast milk, stopping breast feeding for a day or two may eliminate the jaundice. However, because breast feeding is so beneficial for your baby, this is avoided if possible.

When should I call your office?

Call our office if:

- Your newborn develops a yellow or orange skin color after discharge from the hospital.
- Jaundice is still present 2 weeks after birth.

