

Preventing Jaundice

Western Missouri Medical Center (WMMC) would like to congratulate you on the birth of your new baby! Below are some commonly asked questions and helpful information regarding jaundice in newborns.

Follow these recommendations by the American Academy of Pediatrics (AAP) to help prevent and reduce the problems associated with jaundice.

Preventative steps to take during your baby's first week:

1. Make sure your baby is checked for jaundice while still in the hospital after delivery.
2. If you are breastfeeding, be sure you get the help you need to avoid complications.
3. If your baby is discharged within 72 hours of birth, your baby may need to be seen by a doctor or nurse within two days of being discharged from the hospital.

Commonly Asked Questions:

1. What is jaundice? Jaundice refers to the yellow coloring of your baby's skin caused by excess amounts of bilirubin in the body. Babies are especially prone to jaundice in the first week of life. Jaundice is common in newborns of any race or color and is usually harmless. However, if the bilirubin level in the baby's blood becomes too high, it may need to be treated to prevent serious complications.
2. Why is jaundice common in newborns? Everyone's blood contains bilirubin, which is removed by the liver. Prior to birth, the mother's liver does this for the baby. Most babies develop jaundice in the first few days after birth because it takes a few days for the baby's liver to fully function properly.
3. How can I tell if my baby is jaundiced? The skin of a baby with jaundice usually appears yellow. The best way to spot 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 scleras (white portion of your baby's eyes) may also be yellow. Jaundice may be harder to see in babies with darker skin.
4. How is my baby checked for jaundice? If your baby looks jaundiced in the first few days after birth, your baby's doctor or nurse may use a skin or blood test to check your baby's bilirubin level. A bilirubin level is always needed if jaundice develops before the baby is 24-hours old. Whether a test is needed after that depends on the baby's age, the amount of jaundice and whether the baby has other factors that make jaundice more likely or harder to see.

5. Can jaundice hurt my baby? Most babies have mild jaundice that is harmless, but in unusual situations the bilirubin level can rise very high and might cause brain damage. Therefore, newborns should be checked carefully for jaundice and treated to prevent a high bilirubin level.
6. Does breastfeeding affect jaundice? Jaundice is more common in babies who are breastfed than babies who are formula-fed, but this occurs mainly in newborns who are not nursing well. If you are breastfeeding, you should nurse your baby at least eight to 12 times a day for the first few days. This will help you produce enough milk and keep your baby's bilirubin level down. If you are having trouble breastfeeding, consult your baby's doctor, nurse or a lactation consultant for help. The AAP recommends breastfeeding infants for at least 12 months and for as long thereafter as desired.
7. When should my newborn be checked after leaving the hospital? It is important that your baby be seen by a nurse or doctor when your baby is between three and five days old, because this is usually when the baby's bilirubin level is highest. This is why, if your baby is discharged within 72 hours of birth, your baby should be seen within two days of discharge. The timing of this visit may vary depending on your baby's age, when he/she was released from the hospital and other factors.
8. Which babies require more attention for jaundice? Some babies have a greater risk for high levels of bilirubin and may need to be seen sooner after discharge from the hospital. Ask your doctor about an early follow-up visit if your baby has any of the following: a high bilirubin level before leaving the hospital; early birth (more than two weeks prior to due date); jaundice in the first 24 hours after birth; complications with breastfeeding; severe bruising or bleeding under the scalp related to labor and delivery; and/or a parent, brother or sister who had high bilirubin and received light therapy.
9. When should I call my baby's doctor? Call your baby's doctor if: your baby's skin becomes more yellow; your baby's abdomen, arms or legs are yellow; the scleras (white portion of your baby's eyes) are yellow; and/or your baby is jaundiced and is hard to wake, fussy or not nursing/taking formula well.
10. How is harmful jaundice prevented? 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. However, sun exposure to infant's and children's skin has been shown to increase the risk for skin cancer later in life. It's now recommend that infants and young children not be in direct sunlight when they are outside, particularly infants younger than six months of age. Sunscreens should be used on all children when in sunlight.
11. When does jaundice go away? In breastfed babies, jaundice often lasts for more than two to three weeks. In formula-fed babies, most jaundice goes away within two weeks. Contact your baby's doctor, if your baby is jaundiced for more than three weeks.

Please note: the information contained in this publication should not be used as a substitute for the medical care and advice of your provider. There may be variations in treatment that your provider may recommend based on individual facts and circumstances. *American Academy of Pediatrics, 2009*

For additional questions, please call WMMC Labor and Delivery at (660) 747-2500, extension 7514.