Jaundice in Newborns (Hyperbilirubinemia)

**Jaundice** makes a baby’s skin and whites of the eyes look yellow. It happens because babies’ livers are not yet able to get rid of extra bilirubin in the blood. **Bilirubin** (bil-ee-ROO-bin) is made when the body breaks down old red blood cells. This waste leaves the body through urine and stool. Jaundice in babies is common. About 2 out of 3 babies have jaundice within 2 to 7 days of life.

Too much bilirubin, if left untreated, can cause brain damage and lead to these problems:

- Hearing loss
- Nerve and muscle problems
- Intellectual disabilities
- Behavioral problems

**How do I know if my baby has jaundice?**

You may notice jaundice starting in your baby’s face. It may spread downward, towards your baby’s feet, as the bilirubin level gets higher.

Common signs of jaundice to watch for in your baby:

- Sleepy
- Sluggish
- Not eating well
- Irritable

**How is my baby checked for jaundice?**

Skin color, alone, is not enough to tell if your baby has jaundice. Blood tests measure your baby’s bilirubin level.
How is my baby treated for jaundice?

Sometimes babies with jaundice are treated with a special type of fluorescent light. This is called **phototherapy**. The skin absorbs the light, and changes the bilirubin so that your baby’s body can get rid of it more easily in stool and urine. It is important to expose as much of your baby’s skin as possible during phototherapy, except the eyes and genitals. Treatment is usually started in the hospital, with some babies needing to continue phototherapy at home. There is no set bilirubin level for treatment or discharge from the hospital, as this depends on the age and other characteristics of the individual infant. Your health care provider will let you know what your baby’s bilirubin levels are and the best treatment plan.

![Phototherapy equipment](image)

A BiliBlanket® is another type of phototherapy that uses a fiber optic wrap. These wraps are used for babies with mild jaundice because they reduce your baby’s bilirubin level more slowly than standard phototherapy.

Sometimes standard phototherapy and the Bili Blanket® are both used.

![BiliBlanket®](image)
How is my baby protected during phototherapy?

With safety precautions, the fluorescent lights used in phototherapy are not harmful. Light-blocking shields are put over your baby’s eyes while the lights are on. They are taken off when the phototherapy lights are off. Babies are used to being in the dark after months in the womb, so the shields should not bother your baby or slow development.

Your baby must wear a diaper while receiving phototherapy. Phototherapy may cause loose, watery stools, as the bilirubin leaves the body. As bilirubin levels decrease, your baby may get a pain-less, bluish-red skin rash (bilirash). It will go away after the therapy is complete. Frequent skin care is important, but do not use lotions, creams, balms, or ointments on uncovered skin. These products react with the phototherapy lights and cause burns.

What should I feed my baby with jaundice?

Feeding your baby frequently will provide the sustenance needed to get rid of the extra bilirubin through stool. Whether breast-feeding or bottle-feeding, you may be able to help decrease jaundice by feeding your baby about 8 to 12 times a day, or every 2-3 hours. A hydrated baby will have 4-6 wet diapers and 3-4 stools a day.

Some breastfeeding mothers think they should stop breastfeeding once their babies become jaundiced. The American Academy of Pediatrics encourages mothers to keep breast-feeding and focus on increasing the frequency of feedings. Lactation consultants are available, if you need help with breastfeeding.

What should I expect after discharge from the hospital?

Your baby will be sent home when he or she has returned to a safe bilirubin level, as decided by your treatment team. It is important to keep all your baby’s appointments with health care providers. Your baby may need blood tests after discharge. In some cases, jaundice will come back once phototherapy is stopped. Often this corrects itself without any more treatment.
Things to remember:

- Special lights and controlled surroundings are always needed to treat jaundice safely.

- Placing your baby under fluorescent lights in your home, near a window in the sunlight, or outside in the sun will NOT lower the amount of bilirubin. These are all dangerous, as your baby’s skin may get burned or become too cold.

- Water or dextrose water should not be used to supplement breast milk or formula feeds. This type of hydration can cause other problems and doesn’t work as well at getting rid of bilirubin.

Who do I call with questions?

Your baby’s primary doctor or nurse practitioner can answer any questions.