



Jaundice: What Every Caregiver Needs to Know

What is 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. It can occur in babies of any race or ethnicity, regardless of skin color. Low levels of bilirubin are not a problem. If not treated, high levels of bilirubin can cause brain damage and a life-long condition called kernicterus. Yet, early detection and management of jaundice can prevent kernicterus. At a minimum, babies should be assessed for jaundice every 8 to 12 hours in the first 48 hours of life and again before 5 days of age.

What causes jaundice?

Jaundice can develop when red blood cells break down and bilirubin is left. It is normal for some red blood cells to die every day. In the womb, the mother's liver removes bilirubin for the baby, but after birth the baby's liver must remove the bilirubin. In some babies, the liver might not be developed enough to efficiently get rid of bilirubin.

What are some of the signs of jaundice?

When too much bilirubin builds up in a new baby's body, the skin and whites of the eyes might look yellow. Jaundice usually appears first on the face and then moves to the chest, belly, arms, and legs as bilirubin levels get higher.

Jaundice can be harder to see in babies with darker skin color. Your baby's doctor or nurse can and should test how much bilirubin is in your baby's blood. Checking the gums and inner lips may detect jaundice.

Can jaundice be treated?

Yes. When being treated for high bilirubin levels, your baby will be undressed and put under special lights. The lights will not hurt the baby. This can be done in the hospital or at home. The baby's milk intake may also need to be increased. In some cases, if the baby has very high bilirubin levels, the doctor will do an exchange transfusion of the baby's blood. Putting your baby in sunlight is not recommended as a safe way of treating jaundice.

Will my baby become jaundiced?

About 60% of all babies have jaundice. Some babies are more likely to have severe jaundice and higher bilirubin levels than others. Babies with any of the following risk factors need close monitoring and early jaundice management:

- Preterm babies
- Babies born before 37 weeks, or 8 1/2 months, of pregnancy
- Babies with darker skin color
- Heredity; a baby born to an East Asian or Mediterranean family
- G6PD deficiency
- A sister or brother that had jaundice
- Bruising at birth; the healing of large bruises can cause high levels of bilirubin
- Feeding difficulties
- A mother with O blood type or Rh negative blood factor (mothers with Rh incompatibility should be given Rhogam)

What can I do to make sure my baby's jaundice does not cause brain damage?

Jaundice is generally treated before brain damage is a concern. Ask your doctor or nurse about a bilirubin test. Create a follow-up plan before leaving the birth hospital. All babies 3 to 5 days of age should be checked by a nurse or doctor, because this is usually when a baby's bilirubin level is highest. The timing of the follow-up visit will depend on how old your baby is when you leave the birth hospital and any other risk factors.

Ask your pediatrician to see your baby the day you call, if your baby is:

- Very yellow or orange (skin color changes start from the head and spread to the toes)
- Hard to wake up or will not sleep at all
- Not breastfeeding or sucking from a bottle well
- Very fussy
- Not producing enough wet or dirty diapers

Get emergency medical help if your baby is:

- Crying inconsolably or with a high pitch
- Arched like a bow (the head or neck and heels are bent backward and the body forward)
- Stiff, limp, or floppy
- Making strange eye movements

For more information visit: www.cdc.gov/jaundice rev 606