

Newborn Jaundice

Patient Information Sheet

“Jaundice” is the term used to refer to the yellow colour that may be seen in the skin or whites of the eyes of many babies by the second or third day of life. However, it is important to remember that in babies with darker skin complexion, this may be difficult to see.

Why do newborns develop jaundice?

The yellowish colour results from the increased amount of bilirubin in the blood. Bilirubin is the yellow pigment produced as a result of the normal break down of red blood cells. Your baby’s liver helps to clear the bilirubin from the body, but it may not do this well for the first few days while the baby’s liver is still developing. Jaundice results when the yellow pigment builds up in the baby’s body and becomes visible in the skin and in the whites of the eyes.

When should you be concerned?

Physiological (“normal”) jaundice is usually recognized on the second or third day of life and usually disappears by the tenth or twelfth day. If you notice that your baby’s skin is becoming yellow within the first 48-72 hours, you should immediately contact your healthcare professional (physician/midwife or nurse if still in hospital) in order that they may consider and rule out any condition(s) that would require immediate investigation and treatment.

Why should you be concerned?

Most jaundice is mild and considered part of normal baby maturation, and will require no treatment other than an examination of the baby by your healthcare professional, and probably a blood test. Jaundice causes no harm to older children and adults, but if the level of

bilirubin is high enough in a newborn, it may enter the brain and could result in serious long-term complications. Your doctor or midwife has the knowledge to determine, based on many factors, including age, whether the bilirubin level is at a level that would require no treatment, require closer monitoring and/or treatment.

What should you do if you observe that your baby’s skin is turning yellow?

If your baby appears yellow, you should contact your baby’s physician/midwife or nurse for advice on what to do, and to make arrangements for your baby to be examined. A blood test is one way to determine how severe the jaundice is, and what treatment would be needed.

Prior to being discharged from the hospital, your baby will have a blood test done to test for a variety of inherited metabolic conditions – this is part of the Provincial Neonatal Screening Program. At Southlake, as an added safety precaution for your baby, we have also included a test for bilirubin level to be done at the same time, whether your baby appears jaundiced or not. If you are discharged before your baby is 24 hours old, please ensure that your baby is seen by a physician or midwife within 24 hours after discharge.

Based on the level of the bilirubin and other clinical factors, your physician or midwife will decide whether specific phototherapy treatment is indicated. Phototherapy refers to treatment with high intensity light, which has been shown to be safe and effective in breaking down the bilirubin into a form that can be more easily excreted by the baby.

How does phototherapy work?

Phototherapy helps to lower the baby's bilirubin level. The phototherapy light changes the bilirubin to a safer form that makes it easier for the baby's body to eliminate it through bowel movements and urine. When undergoing phototherapy, your baby will be in an isolette (either naked or wearing a diaper) to allow as much of the skin as possible to be exposed without losing necessary body heat.

The isolette will keep your baby warm. Brief exposure to the phototherapy light has not been shown to be harmful to the baby's eyes. However, as an added precaution, it is our policy to make every effort to keep the eyes covered at all times while under the phototherapy light, to minimize exposure.

When undergoing phototherapy treatment and before discharge, your baby will require periodic checks of the bilirubin levels, as measured by blood tests. The blood is usually obtained from a heel prick. The result and dropping level will help your healthcare professional determine when treatment can be safely stopped and your baby discharged from the hospital.

What kind of care does your baby need?

Normal newborn care will generally continue as usual, including the baby staying in your room, but other than for feedings, your baby should spend all the time under the phototherapy light, which usually may take anywhere from one to several days.

Feeding

During feeding time, your baby will be taken out of the isolette, dressed, and the eye patches will be removed. Feed your baby as usual, unless your doctor has ordered otherwise. Jaundiced babies are usually sleepy and feed slowly. Call your nurse if you need any help with feeding or have questions or concerns.

Full feedings will stimulate your baby's bowels to function. As bilirubin is eliminated in the bowel movements, the stools may become green and very loose, especially during phototherapy treatment. Do not hesitate to speak to your nurse or doctor if you have any questions.

Outpatient Bilirubin Testing at Southlake (by order of the physician or midwife on staff) (905) 895-4521, ext. 2268

Following discharge from the hospital, your physician or midwife may want you to come back to the hospital to have a blood test done to check your baby's bilirubin level. Your physician who ordered the test(s) will receive the results usually within an hour; this will enable a decision to be made whether additional treatment or repeat tests may be required. Your physician or midwife is responsible to communicate the results with you and you should contact them directly if you have any questions or concerns.