

Jaundice and your baby

What is jaundice?

Jaundice is a common condition in newborn babies. It can give the skin or the white part of the eyes a yellow colour. The yellow colour comes from bilirubin in the blood. Before birth, the mother's liver removes the bilirubin from the baby's blood. After the baby is born, it takes a few days for the baby's liver to get better at removing the bilirubin on its own. During this time, many babies develop jaundice. Jaundice can occur in a baby of any race or colour.

Feeding your baby often (especially breastfeeding) in the first few hours and days after birth can help lower the risk of jaundice. This helps your baby pass more bowel movements (stools) and gives your baby's liver the energy it needs to remove the bilirubin.

Are some babies more likely to get jaundice?

Yes, these circumstances can make jaundice more likely or make jaundice worse:

- birth more than 2 weeks before the due date
- weight less than 2500 grams at birth
- bruising from a difficult delivery (such as when forceps are used)
- baby's blood type is different than the mother's blood type
- signs of jaundice within the first 24 hours after birth
- baby has a sibling who was treated for jaundice
- baby is not feeding well
- baby has an infection
- baby is of Asian race

Is jaundice harmful?

Most babies have mild jaundice, which is not harmful. However, it is possible for a baby to have so much bilirubin in the blood that it becomes harmful. A very high bilirubin level can damage a baby's brain and cause lasting health problems.



Safety First

As a safety measure, we check all newborn babies for jaundice.

Babies who have signs of jaundice will be closely monitored and if needed, will be treated to lower their bilirubin level.

How do I know if my baby has jaundice?

Signs of jaundice

Each person who cares for your baby, including you and your family, should watch for these signs of jaundice:

- The whites of the baby's eyes are yellow.
- The baby's skin turns yellow. First on the face, then down the baby's chest, tummy, arms and legs. This is harder to see in babies with darker skin.
- The baby is sleepy and may be hard to wake.
- The baby does not feed well or refuses to feed.
- The baby is more fussy.
- The baby is losing weight.

Blood tests

The Canadian Pediatric Society recommends that all babies should have a bilirubin test to check for jaundice. The amount of bilirubin in your baby's blood will be measured from a small sample of blood taken from his or her heel.

A bilirubin test can be done along with your baby's Newborn Screening blood test, or at any time there is a concern that your baby is jaundiced.

The best time for this test is when your baby is between 24 and 72 hours old. If your baby goes home less than 24 hours after birth, ask your baby's doctor or midwife about a bilirubin test at your first follow-up visit.

Depending on the amount of bilirubin and your baby's age in hours, the doctor or midwife will decide if your baby needs more tests or treatment.

Your nurse will tell you if your baby needs another bilirubin test while you are in the hospital or after you go home. If your baby needs treatment, the doctor or midwife will discuss this with you.

How do I care for my baby if he or she has jaundice?

1. **Feed your baby more often.** This gives your baby extra fluids and helps to get rid of bilirubin through the urine and stools. If you are breastfeeding, feed your baby every 2 to 3 hours, during the day and night. Feed your baby as long as he or she wants.

If your baby is very sleepy or having problems feeding, have your baby checked right away.

2. **Check your baby's diapers each day.** Check to see if he or she is passing enough urine and stools for his or her age.

Baby's age	Wet diapers	Stools
1 day	<ul style="list-style-type: none"> • 1 to 2 wet diapers. 	<ul style="list-style-type: none"> • At least 1 stool that is black and tarry. This is called meconium.
2 days	<ul style="list-style-type: none"> • At least 1 to 2 wet diapers. • It is common to see small pink spots on the diaper caused by uric acid in the urine. 	<ul style="list-style-type: none"> • At least 1 stool that may have a greenish colour.
3 days	<ul style="list-style-type: none"> • 3 or more wet diapers. • You may still see small pink spots. 	<ul style="list-style-type: none"> • At least 3 stools that are dark green, yellow or brown.
4 to 6 days	<ul style="list-style-type: none"> • 6 or more wet diapers each day, without any pink spots. • Diapers will seem heavier as your baby passes more urine. 	<ul style="list-style-type: none"> • 3 or more soft stools each day. Your baby may have a stool with every diaper change. • Breastfed babies' stools are yellow and "seedy". • Formula fed babies' stools are yellow-brown.
7 days to 1 month of age	<ul style="list-style-type: none"> • 6 or more heavy, wet diapers each day that have pale or colourless urine. 	<ul style="list-style-type: none"> • At least 3 soft stools each day. Yellow (breastfed) or yellow-brown (formula fed).

3. **Check your baby each day for signs of jaundice** (see page 3). If you think your baby is becoming more jaundiced, call your doctor or midwife right away.

How is jaundice treated?

One way to lower bilirubin levels is to expose your baby's skin to light. This treatment is called phototherapy.

If your baby needs phototherapy, your doctor or midwife will decide which method of phototherapy is best for your baby. The nurse will give you more information and show you how to care for your baby during treatment.

When does jaundice go away?

In breastfed babies, jaundice often lasts for more than 2 to 3 weeks.

In formula fed babies, most jaundice lasts for about 2 weeks.

Jaundice may take longer to go away in babies who are sick or premature and who are being cared for in the Neonatal or Special Care Nursery.

What follow-up care does my baby need?

Your nurse will tell you:

- if your baby needs another bilirubin blood test after you leave the hospital
- when your baby needs to be seen by the doctor or midwife

Your baby must have a follow-up appointment with the doctor or midwife to make sure that he or she is not becoming more jaundiced.

Before leaving the hospital, call to confirm the date and time of your baby's appointment with the doctor or midwife.

Your nurse will confirm the date and time if you also have an appointment with:

- the Newborn Assessment Post-Discharge (NAP Clinic)
- **for patients at McMaster University Medical Centre**
- the Breastfeeding and Newborn Assessment Clinic (BANA)
- **for patients at St. Joseph's Healthcare Hamilton**

After I leave the hospital, when should I call the doctor or midwife?

At home, continue to check your baby for signs of jaundice.

Call your baby's doctor or midwife **AT ANY TIME** if you notice:

- your baby's skin appears yellow or is becoming more yellow
- the whites of your baby's eyes are yellow
- your baby is not feeding well or is refusing to feed
- your baby is sleepy and hard to wake
- your baby is becoming more fussy
- your baby has fewer wet diapers or bowel movements than expected for his or her age

If you are concerned that your baby may be jaundiced or is becoming more jaundiced – it is very important to call your doctor or midwife.

**Do not wait for your
baby's appointment.**

If you are unable to reach the doctor or midwife, take your baby to the nearest hospital emergency room to be checked.
