

DEFINITION

In jaundice the skin and the whites of the eyes (the sclera) are yellow because of increased amounts of a yellow pigment in the body called *bilirubin*. Bilirubin is produced by the normal breakdown of red blood cells. It accumulates if the liver doesn't excrete it into the intestines at a normal rate.

TYPES OF JAUNDICE

Physiological (Normal) Jaundice

Physiological jaundice occurs in more than 50% of babies. An immaturity of the liver leads to a slower processing of bilirubin. The jaundice first appears at 2 to 3 days of age. It usually disappears by 1 to 2 weeks of age, and the levels reached are harmless.

Breast-feeding Jaundice

Breast-feeding jaundice occurs in 5% to 10% of newborns. It's caused by an insufficient intake of breast milk (calories and fluid). It follows the same pattern as physiological jaundice.

Breast-Milk Jaundice

Breast-milk jaundice occurs in 1% to 2% of breast-fed babies. It is caused by a special substance (inhibitor) that some mothers produce in their milk. This substance (an enzyme) increases the resorption of bilirubin from the intestine. This type of jaundice starts at 4 to 7 days of age and may last 3 to 10 weeks.

Blood Group Incompatibility (Rh or ABO Problems)

If a baby and mother have different blood types, sometimes the mother produces antibodies that destroy the newborn's red blood cells. This causes a sudden buildup in bilirubin in the baby's blood. This type of jaundice usually begins during the first 24 hours of life. Rh problems are now preventable with an injection of RhoGAM to the mother within 72 hours after delivery. This prevents her from forming antibodies that might endanger subsequent babies.

TREATMENT OF SEVERE JAUNDICE

High levels of bilirubin (usually above 20 mg/dl) can cause deafness, cerebral palsy, or brain damage in some babies. High levels usually occur with blood-type problems. These complications can be prevented by lowering the bilirubin by means of phototherapy (blue light that breaks down bilirubin in the skin). In many communities, phototherapy can be used in the home. In rare cases in which the bilirubin reaches dangerous levels, an exchange transfusion may be used.

TREATMENT OF BREAST-FEEDING JAUNDICE

Try to increase breast milk production. Read about breast-feeding or talk with a lactation specialist. Increase the frequency of feedings. Nurse your baby every 1½ to 2½ hours during the day. Don't let your baby sleep more than 4 hours at night without a feeding. If you must supplement, supplement with formula, not glucose water.

TREATMENT OF BREAST-MILK JAUNDICE

The bilirubin level can rise above 20 mg/dL in less than 1% of infants with breast-milk jaundice. Almost always, elevations to this level can be prevented by more frequent feedings. Nurse your baby every 1½ to 2½ hours. Since bilirubin is carried out of the body in the stools, passing frequent bowel movements is helpful. If your baby sleeps more than 4 hours at night, awaken him for a feeding.

Occasionally the bilirubin will not come down with frequent feedings. In this situation the bilirubin level can be reduced by alternating each breast-feeding with formula feeding for 2 or 3 days. Supplementing with glucose water is not as helpful as formula for moving the bilirubin out of the body. Whenever you miss a nursing, be sure to use a breast pump to keep your milk production flowing. Breast-feeding should never be permanently discontinued because of breast-milk jaundice. Once the jaundice clears, you can return to full breast-feeding and you need not worry about the jaundice coming back.

CALLING OUR OFFICE

Newborns often leave the hospital within 24 to 48 hours of birth. Parents therefore have the responsibility to closely observe the degree of jaundice in their newborn. The amount of yellowness is best judged by viewing your baby unclothed in natural light.



CALL OUR OFFICE

IMMEDIATELY if

- Your baby doesn't pass urine in more than 8 hours.
- Your baby develops a fever over 100.4°F (38°C) measured rectally.
- Your baby starts to look or act sick.

During regular hours if

- Your baby looks deep yellow or orange.
- Your baby has less than 3 BMs per day.
- Jaundice is not gone by day 14.
- You have other questions or concerns.