**NEWBORN JAUNDICE**  
*(Hyperbilirubinemia)*

---

**What is jaundice?**

Jaundice is a yellowish coloring of the skin. It is a temporary condition and is not dangerous to most infants. Jaundice usually becomes visible on the second or third day of life and begins to decrease between the fifth and seventh days. Most infants have some mild jaundice. Jaundice can be very serious for the health of the baby so it must be watched closely.

**What babies are most at risk for developing jaundice?**

Some babies are at an increased risk for developing jaundice:

- Babies who have different blood types from their mothers
- Babies with a lot of bruising to their scalp or face from the delivery
- Premature babies
- Babies of diabetic mothers
- Babies with certain problems who may not feed well in the first few days of life

Breastfed babies often have more jaundice than formula fed babies. However, the benefits of breastfeeding still outweigh any risk of mild jaundice.

**What causes jaundice?**

Jaundice is caused by a high level of bilirubin. Bilirubin is a normal part of red blood cells. When the body breaks down old red blood cells, such as with bruising, bilirubin is released and removed from the system by the liver. In a baby, the liver is immature and sometimes it cannot remove all of the extra bilirubin. When this happens, the bilirubin is stored in the skin giving it a yellow color. After 3-5 days the baby’s liver begins to work better and the extra bilirubin is removed from the body when the baby wets a diaper or has a bowel movement.

**What tests will be done?**

Your health care provider may order blood tests to be taken from your baby’s heel. If the baby is being followed for jaundice, it is important to know the level of the bilirubin and to have the baby checked every time your health care provider requests. Levels of 20 mg/dl or greater may be dangerous to a baby’s nervous system and require that the infant receive special treatment.
**How is jaundice treated?**

Treatment depends on the level of bilirubin. The most common treatment is exposure to light, known as phototherapy. Sunlight, or a special type of light (bililight) can be used for phototherapy. Your baby’s health care provider may also suggest very frequent feedings.

**How do I use sunlight to treat jaundice?**

When using sunlight to treat the jaundice undress the baby except for the diaper. Keep the baby in a room that has a lot of sunlight. **Do not** place the baby directly in the sun. This can cause sunburn very quickly. Since the baby is uncovered, you will need to be sure he or she doesn’t get cold. If the baby becomes cold re-warm the baby by dressing and wrapping him or her in a blanket. Once the baby becomes warm, wait 1-2 hours, undress the baby and try again.

**What about using the special type of lights (Bililight)?**

Bililights will be ordered by your baby’s health care provider, if needed. Your baby may need to use these lights in the hospital or at your home after discharge from the hospital. **Do not** use lights without instruction. You will be given instructions before you leave the hospital.

---

**INSTRUCTIONS FOR PARENTS:**

Date: ___________ Your baby’s bilirubin level is _____.

- No special treatment is necessary for your baby at this time.
- Your baby should be seen by your local medical provider within ___ day(s) to monitor the jaundice.
- Your baby requires special lights for phototherapy; these lights can be used at home if needed.
- Contact provider if:
  
  (1)
  
  (2)
  
  (3)

Approved by NC Women’s Hospital Patient Education Committee, May 20, 2002.