

What is Jaundice?

Jaundice is a very common newborn condition which causes a baby’s skin and the whites of their eyes to become yellow from a build-up of bilirubin. Part of the transition to life outside the womb involves the breakdown of extra red blood cells, and the by-product of this process is bilirubin. Bilirubin is processed by the liver and excreted in urine and stools. A baby’s bilirubin levels can become too high however, and although rare, very high levels can cause hearing loss, developmental delay or brain damage (Kernicterus). A baby may be especially at risk of complications if they are premature, not feeding well or have other risk factors such as an incompatibility with the mother’s blood type, a sibling who had jaundice, or bruising during the birth. Family history and ethnicity (East Asian or Mediterranean) may also increase the chance of jaundice.

Testing for Jaundice

Normally jaundice starts in the face and moves down the chest and legs as levels rise over the first 5 days of life. Jaundice that appears before 24 hours of life should be tested immediately. Your midwife will offer testing in the first few days after birth to see how high the bilirubin is in your baby’s bloodstream, and predict how high it might get. Checking the baby’s skin colour is not an accurate way to assess how high the bilirubin level is in your baby’s blood, especially for babies with darker skin. Testing may be done at the hospital if your baby was born there, or at home if your baby was born at home or left the hospital before 24 hours. Depending on the result, babies may need follow up testing to make sure the level doesn’t rise above the suggested cut off for their age.

Treatment for Jaundice

Babies with high levels will require phototherapy to help break down the bilirubin. The baby is undressed and placed in an incubator under UV lights until the bilirubin levels drop. Babies can still be breastfed while they are being treated. Rarely, babies will be given an IV to treat dehydration. Treatment for jaundice takes place at the hospital.

When to call your midwife

* Your baby is too sleepy to feed (8-12 feeds in 24 hours after the first 24 hours of life)
* Your baby is too irritable (crying) to feed
* Your baby’s pees and poops are not the number expected for their age
* Your baby is becoming more yellow

What you can do

* Keep track of the baby’s pees and poops
* Try to feed the baby every 2-3 hours or more frequently if the baby is hungry
* Do not supplement feeds with water
* A sunny window or direct light will not treat jaundice
* Vitamin D drops will not treat jaundice
* Call your midwife if you have any concerns