

Jaundice

Jaundice appears in about half of full term infants and about three quarters of premature infants. It is usually part of the newborn baby's natural adjustment to life after birth. Following birth, babies have extra red blood cells. As the blood cells break down, a yellow substance called bilirubin is formed. Sometimes the baby's liver cannot handle all the extra bilirubin. The extra bilirubin in the baby's blood causes the skin and the whites of the eyes to take on a yellowish colour. This is called jaundice.

Conditions that increase the chances that your baby will be jaundiced include:

- **Prematurity** - the liver is less mature and takes longer to remove bilirubin
- **Bruising** - there are more red blood cells that need to be removed
- **Baby having a different blood type than mother...**
Antibodies from the mother can breakdown the baby's red blood cells

Mild to moderate levels of jaundice do not need treatment. However jaundice can be dangerous if the bilirubin reaches a level in the blood that is too high.

In some cases, the doctor may decide to place your baby under special blue lights (phototherapy). This changes the bilirubin to a harmless form. There are two ways

phototherapy treatment can be provided, with overhead blue lights or Wallaby® Phototherapy system. The overhead phototherapy lights are only provided in the hospital. The baby will wear the protective eye covering and a diaper only. The Wallaby® system provides phototherapy from light paddle placed directly on the baby's back. Baby can be dressed as usual. This treatment can be provided in the hospital or at home. Your doctor will advise you which treatment is best for your baby. As a result of jaundice, your baby may be sleepier and slower to feed. However, frequent feedings are necessary to keep up baby's fluid intake. The hospital staff is available to discuss these and any other special needs your baby has while under phototherapy. Nurses are also available in hospital to help you with any breastfeeding questions.

In most infants jaundice is mild and lasts only a few days, reaching it's highest level at 4-5 days of life and then gradually decreasing by the end of the first week. If your baby becomes or remains jaundiced after one week of life, speak to your healthcare provider. You may need to wake your baby to ensure that there are 8-12 feedings in 24 hrs. Frequent feeding helps your milk to come in more quickly and provides the baby with colostrum/milk, which helps move the babies bowels. Bilirubin is removed from the baby's body through the stool. If your baby is still yellow after three weeks, speak to your doctor as other tests may need to be done.

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Key things for you to look for at home include:

- ▶ Increasing yellow colour to your baby's skin, especially if it extends from the face down onto the baby's body, arms and legs.
- ▶ Baby is unusually sleepy and not waking up for feedings 8 or more times a day.

If you notice any of these changes your baby should be checked by your community health nurse, physician or midwife.

Resources:

- ▶ For more information you can obtain a copy of "Baby's Best Chance" at your local health unit or online at: <http://www.healthservices.gov.bc.ca/cpa/publications/babybestchance.pdf>
- ▶ Look up information on the Canadian Pediatric Society web site, www.cps.ca

Developed by: Postpartum Family Education Working Committee March 2002
Reference: Baby's Best Chance: A Parents Handbook of Pregnancy and Baby Care