What is jaundice?

Newborn babies often appear to have a yellowish tinge to their skin. This is called jaundice. It happens when a chemical called bilirubin builds up in the baby's blood and tissues.

In most babies jaundice is a normal event and not serious. It will nearly always disappear gradually within days without the need for any special treatment.

Why is jaundice common in newborn babies?

Bilirubin is a yellow-red pigment that is a product of the cycle of red blood cells breaking down. It is normal to find small amounts in everyone's blood. Bilirubin is removed by the liver.

Most babies will develop jaundice in the first few days of life because:

- While you are pregnant, your baby's bilirubin is removed by the placenta and your liver. After the birth, your baby's liver has to take over the job of removing the bilirubin and this can take a little while.
- It is common for a newborn baby to have extra red blood cells that are broken down after birth, so more bilirubin is produced.

How do I know if my baby is jaundiced?

If your baby is jaundiced his skin will appear to be yellow. You will notice it three to five days after his birth. It is best seen in good daylight. Jaundice usually appears in the face and then moves to the chest, abdomen, arms and legs as the bilirubin level increases. The whites of his eyes may also be yellow. Jaundice may be harder to see in babies with darker skin.

Is jaundice harmful to my baby?

Most jaundice is mild and will not harm your baby. It will usually disappear as her liver matures towards the end of her first week. This is called physiological jaundice.

Very rarely, the bilirubin level will get so high that it can cause brain damage. This is not the usual case of jaundice. This condition is always due to some other underlying problem that causes the bilirubin levels to get so high. This is called pathological jaundice.

Pathological jaundice is why both health care workers and families need to keep jaundice in check. It is always important to watch the baby and the level of bilirubin, and to treat the jaundice if it is necessary.

When should I worry about my baby's jaundice?

Your midwife will monitor your baby for jaundice while you are both in hospital. After discharge from hospital your baby will be checked by the domiciliary midwife or your independent midwife or by the Hospital in the Home nurse. Your local Maternal and Child Health nurse and family doctor will also provide you with support and observe your baby.

Your baby's jaundice needs to be checked by a doctor if he:

- looks yellow and is less than 48 hours of age (take your baby immediately to the Emergency Department at the hospital!)
- is rapidly becoming more yellow
- is yellow on the tummy, arms or legs
- is too sleepy to feed
- is feeding poorly
- has fewer wet or dirty nappies
- a combination of the above, or if your baby seems unwell.

When will my baby need treatment?

The midwife, nurse or doctor will ask you questions about your baby's feeding, sleepiness and about the number of wet and dirty nappies. Your baby will then be weighed, examined and a decision will be made about the need to measure the bilirubin level in his blood with a heel prick test.

Most babies with jaundice will not need their bilirubin level to be measured, nor need any treatment. However, once the bilirubin reaches a certain level treatment will be recommended.

The bilirubin level at which treatment is recommended is still much lower than the level which will harm your baby.
How is jaundice treated?

If needed, jaundice is treated by exposing the baby’s skin to light which helps to break down the bilirubin in the skin until the baby’s liver takes over. This is called phototherapy. During this process your baby will be placed in an incubator wearing only a nappy and eye patches to protect her eyes from the light. The treatment may cause your baby to have skin rashes or loose bowel movements. It is a good idea to breast feed baby more often during treatment so that she has enough fluids. Phototherapy is safe, but it is only used when it is needed, which is usually for two to three days.

In severe cases of pathological jaundice the baby may need to have new blood transfused and the old blood removed. This is called an exchange transfusion. This is rarely needed and we would give you full information about this procedure if your baby requires it.

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