

Dear parents,

Congratulations on your new baby! The purpose of this brochure is to give you a brief explanation about jaundice in newborn infants. "Jaundice" means that the skin becomes visibly yellow because the yellow bile compound *bilirubin* accumulates. To be able to see jaundice, you need to look at the skin in bright light (daylight or white fluorescent lamps).

Jaundice is a normal transition phenomenon in newborn babies and occurs because the infant's liver now needs to start performing those processes which the mother's liver handled for the baby during pregnancy. All newborn babies have elevated levels of bilirubin in their blood, but it is not visible in all. After a few days, jaundice will begin to disappear.

In some babies, jaundice increases to higher levels. This can be due to blood group incompatibilities between mother and infant, such as Rhesus or AB0-incompatibility. Hereditary factors can also play a role. If older siblings had jaundice, and particularly if they needed to be treated for jaundice, it is more likely that your new baby will also experience jaundice.

If jaundice becomes very pronounced, the baby may become drowsy and less interested in feeding. This shows that severe jaundice can affect the workings of brain cells. This will disappear when jaundice becomes less pronounced, but your baby's doctor may choose to treat your baby in order to reduce the level of jaundice.

Jaundice in babies typically first becomes visible when the baby is 2-3 days old, reaching its peak when the baby is 4-5 days old. Visible jaundice on the first day of life is unusual, and such babies should be examined by a physician. Your maternity staff will discuss with the physician/pediatrician whether testing is needed. Testing can be done in two ways. A small apparatus sends a flash of light into the skin, measures the light that is reflected, and gives a number for the bilirubin level. If the number from that machine seems high, a blood test will occasionally be necessary to ascertain the more precise value.

Jaundice can be treated in several ways, and the choice of method will depend on the cause of jaundice. The most common method is phototherapy. Light changes bilirubin so that it can be excreted from the body without help from the liver. The infant needs to be naked in a bed, bassinet, or incubator, and will have her/his eyes covered for protection.

The light can come from above, or below, or both. This treatment can last anywhere from a few hours to several days.

If the jaundice is caused by blood group incompatibility, we now give immune proteins intravenously when needed. Rarely, an exchange transfusion may become necessary. With this procedure the infant's blood is exchanged with blood from a donor, which is carefully screened and prepared by the blood bank.

What can or should parents do about jaundice in their baby?

Please inform the maternity staff if you have a family history for conditions which can cause the baby to become more jaundiced. Such history may include the following: you yourself or the baby's older siblings needed treatment for jaundice as babies; you or other people in the family have Gilbert syndrome; there are cases of hemolytic jaundice in your family/kin.

If you go home before the infant is 2-3 days old, it may be sensible to check a bilirubin level before you go home, or when you come back to have the baby tested for metabolic disease. The medical staff will assess whether close follow-up is recommended. If one or both parents are of African heritage, the infant's bilirubin should be checked at 1 day of age and when the baby is discharged from the maternity ward (earlier if the baby shows symptoms).

If the baby appears more jaundiced after you come home, you should bring the baby back to the birth hospital to measure the bilirubin. This is particularly urgent if the baby should become noticeably drowsy, does not eat properly, or becomes irritable. At the bottom of this page you will find the telephone number you should call to let the staff know you are coming back with the baby for evaluation.

All follow-up of babies for jaundice during the first 2 weeks of life should be done by the maternity ward (or NICU, if the baby has been admitted there). If the baby remains jaundiced beyond 2-3 weeks of age you should ask your Well Baby Clinic for advice. This is usually a normal phenomenon, but if the baby's stools become grey/white, the baby will need further examinations. Premature infants may remain jaundiced for weeks after birth, but this should disappear gradually.

Phone number for maternity or NICU: _____

Jaundice in newborn infants - AN EXPLANATION FOR PARENTS

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