

Jaundice

If your baby's skin and eye white (sclera) appear yellow, the term jaundice is used. Jaundice occurs in many normal babies within the first several days of life. It clears in about a week. Unlike adults or an older child, the presence of jaundice in a newborn usually does not indicate a problem, but rather that his or her liver metabolism is not fully mature. The yellow color is due to an increased amount of a pigment called bilirubin that is present in the body. Bilirubin is produced by normal breakdown of red blood cells. This bilirubin is normally cleared by the liver, which may not be working at peak efficiency in the first several days of your baby's life. Should you notice that your baby appears yellow, please call the office number so that we can advise you about what is best for your baby. While waiting for a return phone call, one should strip the infant down to the diaper and place him/her in a sunny window in the indirect sunlight for approximately four hours daily. Make sure that your infant nurses or feeds frequently. Finally, take your infant's temperature and call immediately if rectal temp is greater than or equal to 100.5F (click on [fever tab](#) on the Patient Education page).

There are three common types of jaundice in the newborn period: 1) Physiologic (Normal) Jaundice, 2) Blood Group Incompatibility (ABO and/or Rh), 3) Breast-milk Jaundice.

Physiologic (Normal) Jaundice

This is the most common form of newborn jaundice, occurring in greater than 50% of infants. As stated above, a newborn's liver is still somewhat immature during the first few days of life, which leads to a slower processing of bilirubin. This type of jaundice generally first appears somewhere between 2 and 4 days of life. It generally responds well to indirect sunlight exposure for four hours daily and frequent feedings. One should strip the infant down to the diaper and place him/her in a sunny window for four hours daily and still touch base with your pediatrician by phone for further instructions. This type of jaundice generally disappears by the time your infant is two weeks old.

Blood Group Incompatibility (ABO and/or Rh)

This type of jaundice occurs when there is a difference in the blood type of a mother and her baby. When this difference exists, the mother may make antibodies against the infant's red blood cells. This results in an increased rate of destruction of infant red blood cells, which in turn leads to a sudden buildup of bilirubin in the baby's bloodstream. This often occurs in the first 24 hours of life. Depending on the rate of rise of the bilirubin in your infant's bloodstream, treatment such as phototherapy may be required. Your child would be placed under a blue (ultraviolet) light that breaks down bilirubin directly without it first having to be processed by the liver. This treatment can be done in the hospital as well as in the home depending on the rest of your infant's health. For further information on this subject please contact my office.

Breast-milk Jaundice

This is another cause of jaundice in the newborn that only occurs in approximately 2% of breast-fed infants. There is an enzyme that is present in the breast-milk of some mother that increases the resorption of bilirubin from the intestine of the infant thereby increasing bilirubin levels. Unlike the previous two types of jaundice that have been described, this is not usually noticed until five to seven days of age and may persist until two months of age. Treatment for this form of jaundice is usually not necessary; however, you should consult with your pediatrician so that he/she can distinguish this type of jaundice from other less common forms of jaundice that may require treatment. Breast-milk jaundice often clears with frequent nursing. Some physicians may have you supplement feedings with formula or pumped breast-milk. Avoid supplementing with glucose water, as it is not as helpful as formula in promoting intestinal motility that helps your infant excrete bilirubin from the body. Discontinuation of breastfeeding for a period of time used to be a recommended treatment for this problem. This should no longer be considered as an option. If you and your physician have chosen to use supplemental feedings as a form of therapy, you can return to exclusive breastfeeding once the jaundice has cleared. Remarkably the jaundice does not return.