

Jaundice (Hyperbilirubinemia)

Jaundice (JOHN-diss) is also called hyperbilirubinemia (HI-per-bil-ee-roo-bin-EE-mee-ah). It means that there is a high level of bilirubin (BIL-ee-rue-bin) in the blood. This is a yellow pigment that settles in body tissues and can make your baby's skin look yellow. Jaundice often happens in newborns. It is usually seen on the second or third day of life and goes away by the second week after birth. The jaundice does not usually cause any lasting effects, but if levels are high and left untreated it can cause serious complications.

What Causes Jaundice

When red blood cells in the body break down, a yellow pigment called bilirubin is formed. Usually the liver is able to break down the bilirubin so it can leave the body in the urine and stool (bowel movements). Often, in newborn babies, especially premature babies, the liver is not developed enough to break down the bilirubin and jaundice results. As the bilirubin goes into the body tissue, the skin, gums and whites of the eyes will appear yellow. With time and treatment the baby's color returns to normal.

Treatment

Infants are treated with a special kind of light, called a *bili-light (or phototherapy)*.

- Your baby will be placed in a bed with bili-lights. The lights shine on his or her skin and change the bilirubin so it can be passed out of the body through the urine and stool.
- Your baby will need to be under the light for about 1 to 2 days.
- He may also lie on a blanket of light, called a *bili-blanket*.
- He will stay under the bili-light as much as possible. During this time, his eyes will be covered with patches because the light can damage them. The patches can be taken off whenever your baby is not under the light, such as when he is being fed or bathed.
- Tiny drops of blood will be drawn from your baby's heel periodically to measure the amount of bilirubin in the blood.

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Treatment , continued

- Feeding your infant every 2 to 3 hours helps move the bilirubin through the body so it can be passed out of his body through stool.
- If your baby is significantly dehydrated or unable to take enough formula or breast milk, he may need an IV (intravenous) line to deliver fluids into his body to make sure he's hydrated.

What You Can Do

This is an important time for you to get to know your baby (Picture 1). We encourage you to help with your baby's care, including holding, feeding, bathing and changing his diapers. This will help you and your baby get to know each other. If you are breastfeeding, please continue to breastfeed your infant directly and pump as needed. Direct breastfeeding your infant as much as possible helps to establish your milk supply. It also helps your baby to learn how to breastfeed successfully. We encourage and support you in this.



Picture 1 Getting to know your baby.

This may also be a hard time for you, so let us know how we can help. We understand that the hospital may be new to you, so please ask any questions you may have.

What to Expect

Remember jaundice is usually temporary and will go away in time. Once your baby is placed under the phototherapy lights, it is important to leave him under the lights between feedings to maximize the light therapy and bring down the bilirubin level quickly. The nursing staff will try to cluster vital signs, lab draws, and diaper changes around your baby's feeding time to maximize the time under the phototherapy light. Ongoing breastfeeding is strongly encouraged and supported.

Sometimes during the beginning hours of phototherapy, your baby may need to be given a bottle of your expressed breast milk or formula. This is so we can ensure he is getting adequate fluids and nutrition, which also brings down the bilirubin level faster. Breast pumps and kits are available if needed.

To keep the baby taking in adequate milk by direct breastfeeding is the ultimate goal. After your baby's bilirubin level has gone down (usually below 14) and the bili-light is turned off, he will be discharged as long as he has no other complications that required a longer hospital stay. Your doctor may want to check the bilirubin level again after your child goes home from the hospital.

If you have any questions, be sure to ask your nurse or doctor.

