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Jaundice and Your

Newborn



What is jaundice?

Jaundice, characterized by the yellowing of a newborn's skin, is caused by the presence of bilirubin in the blood. While most cases of mild jaundice are harmless, elevated bilirubin levels can, in rare instances, lead to severe consequences such as brain damage. Consequently, it is crucial to adhere to recommended bilirubin level testing.



Why is jaundice common in newborns?

Jaundice is common in newborns because everyone's blood contains bilirubin, which is derived from red blood cells and typically processed by the liver. Before birth, the mother's liver takes on this role for the child. Most infants experience jaundice in the initial days after birth as their liver develops the ability to effectively eliminate bilirubin. In breastfed babies, jaundice may persist for up to a month or occasionally longer, while formula-fed babies usually see resolution within two weeks. It is important to inform the pediatrician if the baby is jaundiced for more than two weeks (for formula-fed) or three weeks (for primarily breastfed).

How do I identify if my newborn has jaundice?

Jaundice is visually apparent as a yellow tint on the baby's skin, best observed in bright white light such as daylight. A simple test involves pressing a finger on the baby's nose or forehead and lifting it. If the pressed area appears yellow, the baby has jaundice. Typically, jaundice first appears in the face and then progresses to the chest, abdomen, arms, and legs as bilirubin levels rise. The whites of the eyes may also exhibit a yellow tint, and jaundice may be less noticeable in babies with darker skin.



Extent of jaundice

Is there a test for jaundice?

Yes, doctor can conduct a physical examination and test for jaundice, either through a blood test or by measuring bilirubin levels through the skin.



When should my child's bilirubin level be tested?

A bilirubin skin or blood test is essential before the child is discharged from the hospital to measure bilirubin levels. The need for additional tests depends on factors such as the child's age, bilirubin level, and other conditions affecting jaundice visibility. It's crucial for the child to be examined soon after leaving the hospital, with a doctor's visit recommended within two days for most cases of discharge before 48 hours.



Is there anything I can do on my own to help the jaundice get better?

Ensuring adequate hydration is crucial for improving jaundice. For breastfeeding mothers, it's important to breastfeed often and in the correct manner. If concerns about the child's intake arise, consulting with the doctor or nurse is advisable. Signs of effective feeding include observing six or more wet diapers a day, a shift in bowel movements from dark green to yellow, and a content appearance after feeding. The doctor will guide further treatment if necessary, considering that mild jaundice often resolves on its own, while higher bilirubin levels or premature birth may require intervention.

Does my child have risk factors for high bilirubin levels?

Some children may have risk factors for elevated bilirubin levels, necessitating earlier post-hospitalization follow-up. If the child exhibits signs such as a high bilirubin level before discharge, premature birth (more than two weeks before the due date), jaundice within the first 24 hours after birth, breastfeeding challenges, significant bruising or bleeding under the scalp related to childbirth, or a family history of high bilirubin with light therapy, an early doctor's visit is recommended. Additionally, informing the child's doctor about the consumption of fava beans or the use of specific products is crucial, as these can contribute to severe jaundice in rare cases and should be avoided.

How is jaundice treated?

Treatment is crucial to prevent potential harm from jaundice, although in most cases, it does not require intervention. When treatment is necessary, babies are exposed to special lights (phototherapy) after being undressed. Phototherapy effectively reduces bilirubin levels and is typically administered in a hospital setting. Depending on factors such as the child's bilirubin level, age, and other considerations, at-home phototherapy may be an option. In some cases, supplementing breast milk with formula can aid in lowering bilirubin levels.

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How is jaundice treated?

It's essential to note that exposing the child to sunlight is not a safe jaundice treatment method. Instances of very high bilirubin levels constitute a medical emergency, potentially requiring admission to an intensive care unit and further treatments, including a specialized blood transfusion for rapid bilirubin level reduction.



When should I call the doctor?

Contact the child's doctor if:

- The baby's skin turns dark yellow.
- The child's belly, arms, or legs exhibit a yellow tint.
- The whites of the child's eyes appear yellow.
- The baby is challenging to wake, fussy, or experiences difficulties with breastfeeding or formula acceptance.



Remember:

Ensuring a safe and healthy first week for your baby is paramount. Collaborate with a pediatrician or another primary care provider for ongoing care. Ensure jaundice screening in the hospital through a blood or skin test for bilirubin. Discuss the results and follow-up plans with the pediatrician. Seek necessary support for successful breastfeeding if applicable.



Sources and references:

All illustrative images from canva.com

- 1. American Academy of Pediatrics.
 - 2. Uptodate medical website

Review and audit:

The content of this booklet has been reviewed by Pediatric medicine and

surgery Consultants at King Fahd University Hospital.

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