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Understanding Newborn Jaundice

WHAT IS JAUNDICE?

Jaundice is the yellowish discoloration of your baby's skin and/or eyes. More than half of normal, term infants will develop jaundice. For most babies, jaundice appears on the second to third day of life and is gone by the end of the first week of life.

Jaundice usually develops because your baby's liver is not yet fully mature, and is unable to breakdown and eliminate a substance called "bilirubin." Bilirubin is produced naturally as red blood cells recycle. Because your baby is brand new, with lots of red blood cells that need recycling and a liver still developing, your baby may be unable to process bilirubin adequately. When this happens, bilirubin builds up and appears as jaundice..

HOW DO I KNOW IF MY BABY HAS JAUNDICE?

Parents should look out for any changes in their newborn's skin color or the coloring in the whites of their baby's eyes. You can look at your baby's skin under natural daylight or in a room that has fluorescent lights. If you notice or suspect a yellowish color, schedule an appointment with your healthcare provider immediately to check your baby for jaundice.

HOW DO PEDIATRICIANS/NURSES TEST MY BABY FOR JAUNDICE?

In order to measure how much bilirubin is in your baby's tissue, pediatricians/nurses will either take a heel stick blood sample and have it tested by a lab technician or use a non-invasive transcutaneous device that measures bilirubin without drawing blood.

WHAT IS A BILICARE™ SYSTEM?

The BiliCare System is a non-invasive transcutaneous bilirubin meter that accurately and conveniently measures the amount of bilirubin in your baby's tissue without the painful heel stick. It is a small hand held device that a nurse gently attaches to your baby's ear for just a moment, while the device takes a reading. Based on the amount of bilirubin in your baby's tissue, your pediatrician will discuss your baby's treatment goals with you.

CAN JAUNDICE HURT MY BABY?

Jaundice can be dangerous if the bilirubin levels in the blood reach a level that is too high. A level that is too high depends on the baby's age and other medical conditions that may be affecting the baby. Based on any screening result, your pediatrician will determine whether your baby requires treatment.

HOW IS JAUNDICE TREATED?

If your baby's bilirubin level requires treatment, special lights called "phototherapy lamps" may be used. These lights shine on your baby and alter the bilirubin making it easier for your baby to eliminate it. Phototherapy may require your baby to stay in the hospital for a few days.

WHAT IS NEOBLUE® LED PHOTOTHERAPY?

neoBLUE LED Phototherapy is a special blue phototherapy light. Science has discovered that blue light is the most effective for treating jaundice. The neoBLUE device delivers this blue light in a safe way using blue light emitting diodes (LEDs) as it's light source. These LEDs have significant benefits. They emit minimal heat, so they will not contribute to dehydration, and they have minimal ultraviolet (UV) energy, so there's virtually no concern about UV exposure to your baby.

WHY ARE MY BABIES EYES COVERED?

Eyeshades must be used during phototherapy to protect your baby's eyes from excessive light exposure. Your nurse will take the eyeshades off when the neoBLUE light is turned off.

IS MY BABY IN ANY PAIN DURING NEOBLUE PHOTOTHERAPY?

No. neoBLUE phototherapy is painless.

WILL I STILL BE ABLE TO HOLD MY BABY AND FEED HIM/HER DURING TREATMENT?

In most cases, you will be able to hold and feed your baby during neoBLUE phototherapy, for limited periods of time. The more time your baby spends under the blue light, the quicker his/her bilirubin level will come down, and the sooner your baby will get to go home. Your nurse will let you know how long your baby can be away from the blue light therapy. In some cases, your baby may be treated by lying on a fiberoptic pad, such as the neoBLUE blanket LED Phototherapy System. Most fiberoptic systems allow you to hold and feed your baby as you wish to without interrupting treatment.

WILL I STILL BE ABLE TO BREASTFEED?

During the phototherapy treatment, you will still be able to breastfeed, especially if your baby is treated with a fiberoptic pad like the neoBLUE blanket LED Phototherapy System. You can also pump your breast milk and your baby's nurse may give that to your baby when you cannot be present to breastfeed. In some cases, your baby may need supplemental formula to augment hydration and facilitate the passage of bilirubin in his/her stool. Your pediatrician will talk with you about what is best for your baby.

WILL THE JAUNDICE COME BACK?

Normal newborn jaundice, or "physiologic jaundice" goes away on its own. There may be a slight rebound of the bilirubin level after treatment has been discontinued, however, it usually does not require any further treatment. Your pediatrician may monitor the level to ensure it continues to go down.

CAN I DO ANYTHING TO HELP?

Yes. Allow your baby to rest during neoBLUE phototherapy. His/her body is working very hard to eliminate the bilirubin. Try to keep interruption to a minimum and try to cluster your care (changing diapers, etc) around feeding time. While it is hard to be away from your baby, the more time he/she spends under the lights, the quicker the bilirubin will go down and the sooner your baby will leave the hospital.

If you are breastfeeding, continue to maintain proper nutrition and hydration, and continue to pump your breast milk regularly (every 2-4 hours or sooner if your breasts are feeling full). When you're finished pumping, your body will make more milk and this cycle will allow you to resume breastfeeding when your baby comes home.

If you have additional questions, you should address them with your physician and nursing staff or lactation specialist.

WHERE CAN I GET MORE INFORMATION ABOUT JAUNDICE?

For more detailed information on newborn jaundice and the treatment options that are available contact your pediatrician or designated healthcare provider.

You can find additional information on-line from the American Academy of Pediatrics. They can be found online at www.aap.org.

This information is provided for educational purposes only. It should not be used as a substitute for the routine medical care and advice of your healthcare provider.