To make sure your baby’s first week is safe and healthy, it is important to check your baby for jaundice in the hospital, help you with breastfeeding if needed, and have a doctor or nurse see your baby at 2 to 5 days of age. This handout gives information about jaundice.

What is jaundice?
Jaundice is the yellow color that is seen in the skin, eyes, and mouth of many newborns. It occurs when a chemical called bilirubin builds up in the baby’s blood. Jaundice can occur in babies of any race or color.

Everyone’s blood contains bilirubin – it is made when the body breaks down old red blood cells. This is a normal life process. Bilirubin normally goes to the liver, where it is changed into substances that the intestines and kidneys can excrete.

Why is jaundice common in newborns?
Before birth, the mother’s liver gets rid of bilirubin for the baby. After birth, it can take a few days for the baby’s liver to start removing bilirubin. This is why babies may develop jaundice in the first few days of life.

If your baby’s skin is bruised at birth, your baby will have more red cells to break down. This means your baby has a higher risk of jaundice.

How can I tell if my baby is jaundiced?
The skin of a baby with jaundice usually looks yellow. The best way to see jaundice is in good light, such as daylight or under fluorescent lights.
Jaundice usually appears first in the face. It then spreads to the chest, abdomen, arms, and legs as the bilirubin level increases. The whites of your baby’s eyes may also become yellow. Jaundice may be harder to see in babies with darker skin color.

**Can jaundice hurt my baby?**

Most infants have mild jaundice that is harmless. Rarely, the bilirubin level can get very high and might cause brain damage. This is why newborns should be checked carefully for jaundice, and treated if needed.

**How will my baby be checked for jaundice?**

We will use a skin test or blood test to check your baby’s bilirubin level before you take your baby home. A bilirubin level is always needed if jaundice develops before the baby is 24 hours old. Whether a test is needed after that depends on:

- Your baby’s age
- The amount of jaundice
- If your baby has other factors that make jaundice more likely or harder to see

**Does breastfeeding affect jaundice?**

Jaundice is more common in babies who are breastfed than babies who are formula-fed. It is most common in infants who are not nursing well. If you are breastfeeding, nurse your baby at least 8 to 12 times a day for the first few days. This will help you produce enough milk and will help keep your baby’s bilirubin level down. If you are having trouble breastfeeding, ask your baby’s doctor, nurse, or a lactation specialist for help.

**How is jaundice treated?**

If your baby has jaundice and has a:

- **Low bilirubin level:** Your baby does not need treatment. Keep breastfeeding your baby often, at least 8 to 12 times a day.

- **High bilirubin level:** Your baby will need light therapy. This is called *phototherapy*. Phototherapy helps break down the bilirubin in the skin.
Phototherapy uses special bright lights that can be in a lamp that shines over the baby or in a blanket that the baby can lie on. Sometimes we use both. Your baby’s eyes are covered to protect them from the bright lights. Phototherapy usually lasts for 1 to 2 days.

- **Very high bilirubin level:** Your baby might need an *exchange transfusion*. In an exchange transfusion, some of your baby’s blood is removed, and new blood is given to your baby. This is very rarely needed.

### When should I call my baby’s doctor?

Call your baby’s doctor if:

- Your baby’s skin turns more yellow.
- Your baby’s abdomen, arms, or legs are yellow.
- The whites of your baby’s eyes are yellow.
- Your baby is jaundiced and is:
  - Hard to wake
  - Fussy
  - Not nursing or not taking formula well

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**Questions?**

Your questions are important.

If you have questions about jaundice, call your baby’s healthcare provider.

If you have a medical emergency, call 911.