

# Jaundice in newborn babies

This information sheet aims to answer some commonly asked questions about jaundice in newborn babies.

**IMPORTANT:** This is general information only. Ask your doctor, midwife or nurse about your own situation.

## What is jaundice in a newborn baby?

Jaundice is when the skin and whites of the eyes become yellow. It is common in newborn babies and is not the same as jaundice in adults. If your baby has jaundice they need to be checked by a healthcare provider.

Jaundice often becomes visible on day 2 or 3 after birth. Most of the time, jaundice will go away by itself over 1 to 2 weeks (3 weeks for preterm babies) and does not cause any long term problems. Sometimes jaundice needs to be treated, especially if it appears in the first 24 hours after your baby's birth.

Breast milk jaundice may develop 5–7 days after birth and is a harmless type of jaundice. If you think your baby may have breast milk jaundice continue breastfeeding and see your healthcare provider. If breast milk jaundice is confirmed, there is no need to stop breastfeeding.

## Does jaundice harm your baby?

Jaundice doesn't usually cause any major problems. However, if your baby looks jaundiced it is very important a healthcare provider checks to see if any special tests or treatment are needed. Starting treatment when they need it, can help prevent problems for your baby later on.

Rarely, babies that do not have treatment may have problems with their development. This can include seizures and muscle spasms, delays in development, deafness, and physical and intellectual disability.

## What causes a baby to become jaundiced?

Before birth, your baby has a lot of red blood cells that carry oxygen from the placenta around their body. After birth they don't need as many of these cells. The extra red blood cells are broken down and passed out in their stools/poo (bowel movements). Your baby looks jaundiced (yellow) when there is a build-up of these extra red blood cells (bilirubin) in their skin. There is a higher chance of your baby getting jaundiced and needing treatment if they:

- are born before full term
- are not feeding well
- had a sibling who was jaundiced
- have a different blood group from their mother
- became bruised during their birth
- have an infection

There are also other reasons why your baby may become jaundiced. Your healthcare provider will talk with you about these if required.

## Can the jaundice level be measured?

There are two ways to measure the level of jaundice:

- a special meter can be placed on your baby's skin to check the jaundice level
- a small amount of blood taken from your baby's heel will show the bilirubin level in the blood



Image: bilirubin testing on a newborn baby



## How is jaundice treated?

- if your baby is sleepy and not feeding well it is important to:
  - regularly wake and feed (at least every 3 to 4 hours) your baby as it helps digestion and helps your baby pass the extra red blood cells (bilirubin) in their stools/poo
  - talk to your healthcare provider if you need help or advice with feeding
- phototherapy is the most common treatment for jaundice in babies
- sometimes other treatment is needed. If your baby needs another treatment your baby's healthcare provider will discuss this with you
- sunlight is not a recommended treatment for jaundice
- appears yellow (jaundiced) at any time especially in the first 24 hours of life
- has jaundice that spreads down their body
- becomes more jaundiced after phototherapy has stopped

## What is phototherapy?

Phototherapy is a special bright light that shines on your baby to help breakdown the extra red blood cells (bilirubin) in their skin so that it can be passed in their stools/poo. Phototherapy is given from an overhead light or through a special mat or pad.

Your baby is placed under or on the special lights in their cot or in an incubator. They will only wear a nappy so that most of their skin is exposed to the lights. Eye shields are used to protect their eyes from the bright overhead lights. Phototherapy is not painful for your baby, and you will still be able to hold, feed and care for your baby.

## What follow up care is needed?

If your baby shows signs of jaundice it is very important they are seen by a healthcare provider as they may need further treatment.

If your baby has had jaundice or has been treated for jaundice, plan to visit your healthcare provider within 1 to 3 days of leaving hospital. At this visit your baby's jaundice will be checked along with their weight, feeding, urine and bowel movements. You can also talk about any concerns you may have.

## When should you contact your healthcare provider?

Contact your healthcare provider if you are concerned about your baby or if your baby:

- appears yellow (jaundiced) at any time especially in the first 24 hours of life
- has jaundice that spreads down their body
- becomes more jaundiced after phototherapy has stopped
- is not feeding well or is difficult to wake to feed
- is sleepy or is unwell (such as unsettled or vomiting a lot)
- has less than 3 wet nappies each day from 3 days of age. Once your milk comes in your baby should have 5 or more wet nappies each day
- is still jaundiced 14 days after birth
- passes dark coloured urine
- passes pale stools/poo—check the chart below for the normal colour of a baby's stools/poo

**OKAY:** Yellow (breast feeding) or bright yellow/green (formula feeding) stools (poo)



**NOT OKAY:**



If your baby's stools are pale or their urine is a dark colour take them to your doctor straight away.

## Support & Information

Queensland Clinical Guidelines Parent information [www.health.qld.gov.au/qcg](http://www.health.qld.gov.au/qcg)

**13HEALTH** (13 432584) telephone service providing health information, referral and services to the public.

[www.qld.gov.au/health/contacts/advice/13health](http://www.qld.gov.au/health/contacts/advice/13health)

**Pregnancy, Birth & Baby Helpline** (1800 882 436) offers free, confidential, professional information and counselling about conception, pregnancy, birthing and postnatal care. [www.health.qld.gov.au/pregnancyhelpline](http://www.health.qld.gov.au/pregnancyhelpline)

**Mum Space:** Digital resources supporting mental and emotional wellbeing during and beyond pregnancy. [www.mumspace.com.au](http://www.mumspace.com.au)

**Lifeline** (13 11 14) Lifeline offers a telephone crisis support service to anyone. [www.lifeline.org.au](http://www.lifeline.org.au)

**Child Health Service** Provides newborn drop-in services, early feeding and support, child health clinics. For your nearest service refer to [www.childrens.health.qld.gov.au/community-health/child-health-service](http://www.childrens.health.qld.gov.au/community-health/child-health-service)

**Women's Health Queensland Wide** (1800 017 676) offers health promotion, information and education service for women and health professionals throughout Queensland. [www.womhealth.org.au](http://www.womhealth.org.au)

**Australian Breastfeeding Association** (1800 686 268) Community based self-help group offers information, counselling, and support services, on breastfeeding issues. [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

**Inform my care** is a website to compare information about public and private hospitals in Queensland. [www.informmycare.qld.gov.au](http://www.informmycare.qld.gov.au)