



## **Jaundice in Newborns**

Jaundice occurs in most newborn infants. Excessive bilirubin is the main cause of jaundice. Bilirubin, which is responsible for the yellow color of jaundice, is a normal part of the pigment released from the breakdown of old red blood cells. A newborn's immature liver often can't remove bilirubin quick enough, causing an excess of bilirubin, appearing as yellowing skin by the 2nd or third day of life. Bilirubin is passed through the stool and urine which makes frequent breastfeeding a key factor in managing jaundice.

### **Physiologic Jaundice (aka Breastfeeding Jaundice)**

Not visible in first 24 hrs

Starts on head and face then moves down to the trunk and extremities

Rises slowly and peaks at day 3 or 4

Not visible after 10 days

Total bilirubin peaks at less than 13mg/dl

#### **\*Management at home:**

Keep baby (undressed) in sunny window for direct sunlight on the body, even during feedings.

Frequent feedings to stimulate intestinal motility and early, frequent passage of meconium

### **Pathological Jaundice:**

Visible within 24 hours

usually indicates a much higher level of bilirubin which needs extra monitoring, blood testing and **prompt management by pediatrician.**

### **Warning Signs in Newborn: Contact pediatrician immediately**

Poor feeding

Lethargy

Fatigue

Dark colored, concentrated urine

Weight loss

Temperature instability