

The yellow color seen in the skin of many newborns is called jaundice. While common, it can sometimes become a serious condition if not promptly treated.

Here's what you need to know.

Newborns and Jaundice

New parents may notice a yellowish tint in the skin of their infants shortly after birth. That is called jaundice, and it is quite common among newborns of any race or color. In fact, infant jaundice affects more than half of all healthy babies born after a full nine-month pregnancy and four out of five infants born prematurely.

Everyone's blood contains a chemical called bilirubin, which is normally removed from the body by the liver. Within a few days of birth, a newborn's liver may not be mature enough to break down bilirubin. Jaundice occurs when bilirubin builds up in a baby's blood. That buildup turns a baby's skin (and sometimes the whites of his or her eyes) yellow. For most babies, this occurs when they are two or three days old.

These days, a mother and her newborn will most likely leave the hospital within 48 hours of birth. As a result, pediatricians now must more quickly identify and treat newborn jaundice, and new parents need to know how to keep an eye out for this condition at home.

Jaundice is usually mild and harmless, points out Ann Stark, M.D., FAAP, and chair of the AAP Committee on Fetus and Newborn. "In almost all cases, [jaundice] won't cause your baby discomfort, and usually it disappears in one to two weeks."

But if it is left untreated, extremely high levels of bilirubin can lead to brain damage or other serious conditions. "If severe jaundice is carefully monitored and treated promptly, the outcome is excellent," Dr. Stark says.

Is It Jaundice?

You can look for jaundice by viewing your baby in a good light, such as daylight or under a bright indoor light. Gently press your finger on the baby's forehead or nose. If the skin is yellow, jaundice is the likely culprit. Jaundice usually appears on the face first, and then on the chest, stomach, arms, and legs. However, jaundice can be harder to see in babies with darker skin color.

A pediatrician diagnoses jaundice based on a baby's appearance or by taking a blood sample to measure bilirubin levels. Your doctor or hospital may have a special light to measure bilirubin through the skin. Since darker-skinned babies are more difficult to diagnose, the best way to test is with a blood sample or the physician's light test.

Premature Birth and Breastfeeding

Jaundice is more common — and sometimes more severe — in babies born prematurely because their livers are less developed. They may feed less and therefore have fewer bowel movements. Bowel movements help pass bilirubin from the body.

Breastfed babies also experience a higher rate of jaundice, usually because they aren't getting as much milk in the first few days. The cause for this is often poor breastfeeding technique so it's very important to see your doctor or a breast-feeding (lactation) specialist if you are having trouble breastfeeding. Sometimes substances in the mother's milk can raise bilirubin levels, too. Called breast-milk jaundice, this type usually appears at four to seven days of age and can last several weeks. To avoid this, mothers can nurse more than the usual 8 to 12 times daily to encourage more bowel movements.

Treating the Problem

Mild jaundice requires no treatment because your baby's body gets rid of the excess bilirubin naturally. Moderate or severe jaundice is treated with light therapy. The baby is placed under ultraviolet light or wrapped in a fiber-optic blanket. The light changes bilirubin into a form that can be eliminated by the kidneys in the baby's urine. The treatment usually lasts several days and can be done in the hospital or at home.

However, exposing your baby to sunlight is not recommended as a possible cure. A baby must be completely undressed to receive the right treatment, and sunburn is always a danger from direct sun exposure.

When to Call the Doctor

Call your doctor if:

- Jaundice lasts more than two weeks in formula-fed babies and more than three weeks in breastfed babies.
- Baby's skin is bright yellow, indicating severe jaundice, or his chest, trunk, arms, or legs look yellow.
- The whites of your baby's eyes are yellow.
- Baby is jaundiced and is listless or difficult to wake; is not gaining weight or nursing well; or is fussy.

Jaundice that lasts longer than two weeks could signal serious conditions and should be evaluated and treated right away.

A Frequently Asked Questions (FAQ) Web page offers the AAP's guidelines about jaundice. Visit www.aap.org/family/jaundicefaq.htm.

Heading Home with Baby

New mothers should always make sure their newborns are checked for jaundice before leaving the hospital. Doctors will give both verbal and written information about jaundice and set a follow-up appointment. It is important that babies be seen by a nurse or doctor when three-to-five-days old. This is usually when bilirubin levels are highest.

If you had high bilirubin as a baby and received light therapy, or if you are the parent of another child who did, it is even more important to schedule a follow-up appointment within a few days of hospital discharge.

Often, pediatricians do not see a newborn before two weeks. "That worked when babies were in the hospital longer," says Dr. Stark. Today, mothers and infants leave the hospital before bilirubin level has peaked and before breastfeeding is established. "All babies who leave the hospital before 72 hours should schedule a follow-up appointment within one or two days of discharge, depending on their risk," she says. "Both families and health care providers need to understand how important this is." ●