

FAQs:

Is jaundice harmful to my baby?

For most babies, jaundice does not cause long-term problems. In rare cases, extremely high levels of bilirubin that is not treated promptly may cause hearing loss or brain damage.

Can my baby get jaundice again?

After your baby is treated for jaundice and discharged home, it is unlikely he or she will need to be treated for jaundice again. However, it is important to take your baby to his or her recommended follow up appointments.

What follow-up care does my baby need?

If your baby has/had jaundice, you should have a follow up appointment with the baby's doctor or midwife in 24 to 48 hours. Your baby may require follow up bilirubin blood testing. Check your baby every day for signs of jaundice. If you think your baby is becoming jaundiced, call your baby's doctor or midwife.

You may also contact the NYGH Mother/Baby Follow-up Clinic which is open 7 days a week for an appointment. The clinic is staffed by Registered Nurses and Lactation Consultants who can assess breast feeding and check for jaundice.

Mother and Baby Follow-up Clinic North York General Hospital

Branson Ambulatory Care Centre
555 Finch Avenue West
Toronto, On M2R 1N5
T 416.633.9420 ext. 6046

You may ask your healthcare provider for a copy of your baby's bilirubin results. Keep these results and bring them to your baby's follow up visits with the doctor or midwife.



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What Is Jaundice?



North York General Hospital
4001 Leslie Street
Toronto, ON M2K 1E1
T 416.756.6000
nygh.on.ca

What is Jaundice?

Jaundice is common in newborns and refers to the yellow colour of the skin and the whites of the eyes. The yellow colour of the skin is caused by the excess build-up of bilirubin in the blood. **Bilirubin** is produced by the normal breakdown of red blood cells. Bilirubin is broken down in the liver then removed from the body in the baby's stool (poo) and urine (pee). A newborn's immature liver may break down bilirubin slowly; this may lead to jaundice.

All babies should be examined for jaundice in the first few days after birth. When a baby shows signs and symptoms of jaundice, the doctor or midwife would recommend a blood test to check the baby's bilirubin level. The doctor will recommend treatment for jaundice based on the bilirubin level, the age of the baby and the presence of other medical conditions.

Causes of Jaundice In Babies:

BABIES ARE MORE LIKELY TO DEVELOP JAUNDICE IF THEY:

- are born early (before 38 weeks of pregnancy)
- are bruised during birth
- have a brother or sister who was treated for jaundice
- have a family history of a genetic condition called G6PD deficiency
- have a different blood type than their mother's
- are of East Asian race
- are not well established at exclusive breastfeeding

SIGNS AND SYMPTOMS:

- Yellowing of the baby's skin, white parts of the eyes, and/or the gums
- Baby is always very sleepy, does not wake to feed, is not feeding well or refuses to feed

If your baby is not feeding well, he or she may have less than the expected number of wet/dirty diapers each day (number of wet/dirty diapers should be the same as the baby's age in days; up to 4 days old). When baby is 5 days and older, he or she should have 2 to 3 stools (poo) and at least 6 heavy wet diapers in 24 hours.

When to Contact Your Doctor or Midwife:

At North York General Hospital, a blood test will be recommended within 24 to 48 hours after birth to check for jaundice. It is important to pay close attention to the number of wet or dirty diapers your baby has each day. You may check your baby's skin for jaundice by gently pressing the skin with one finger; when you remove your finger, see if the skin has a yellow tinge. If your baby is showing any of the signs and symptoms of jaundice, contact your baby's doctor or midwife. Your baby's doctor or midwife may order a blood test to check the bilirubin level and decide if treatment is needed.

Treatment and Care:

If the bilirubin level in the blood is mild, treatment with **phototherapy** may be started while your baby is still in the Mother and Baby Unit with you. Phototherapy is a treatment that shines a special light onto your baby's skin. This light helps to break down the bilirubin, making it easier for the liver to process it so that it can be passed through the baby's urine (pee) and stool (poo). When baby receives phototherapy, the bilirubin level is routinely monitored to determine the effectiveness of the treatment. For most babies receiving treatment, phototherapy may be stopped for short periods to allow the baby to be fed. You will be encouraged to continue providing frequent feedings of breast milk or extra feeding with formula if necessary. Frequent feedings will help the baby get enough fluid so more bilirubin may be passed through the baby's urine (pee) and stool (poo).

If the bilirubin level in the blood is moderate to high, your baby may be admitted to the Child and Teen Unit or Neonatal Intensive Care Unit (NICU) where the recommended treatment is phototherapy and/or intravenous therapy. Phototherapy treatment is typically required for 2 to 5 days. Babies with very high bilirubin levels will have multiple intensive phototherapy and may require a blood transfusion.