

# JAUNDICE



## Postpartum Parent Support Program

# Information Sheet

Canada

**P**hysiological Jaundice, the yellow pigmentation of the skin is common in most newborns and is a normal part of the newborn's adjustment to life after birth. Although it may make your baby sleepy and slower to feed, it rarely causes problems for the full term infant.

Jaundice is caused by large amounts of the pigment (colouring) bilirubin in the blood, resulting in yellowish tinges to the baby's skin and in the whites of the eyes. This yellowish tinge is first noticed on the face and can progress to the chest, the stomach and lastly to the legs. Bilirubin is the normal product of the breakdown of red blood cells. It is usually eliminated from the system by the liver. Before birth babies have more red blood cells to carry oxygen, but after birth they are able to breathe in air on their own. However because their livers are not fully developed and can not yet remove all the bilirubin from their systems, many babies become jaundiced on the second to third day of life. As the baby's liver function improves, the jaundice condition will begin to disappear after the fourth to fifth day of life.

### Other Causes of Jaundice

There are situations in which jaundice may last longer or be more pronounced.

- Premature baby: because the liver is less mature, it takes longer to excrete bilirubin.
- Infection: may reduce the liver's efficiency.
- Bruising: during the birth process, bruising can result in a larger than usual amount of bilirubin in the baby's bloodstream.
- When the mother's and baby's blood types are different, the baby may be affected: For example mom is blood type O and baby is blood type A or B or mom is Rhesus positive and baby is Rhesus negative.
- There are two types of jaundice associated with breastfeeding. However, it is not appropriate to interrupt breastfeeding during the first week of your baby's life and rarely necessary to do so at any other time.

*"Not enough breastfeeding"* - If feedings are too few and if baby is not latching well and feeding effectively, you may see an exaggeration of the normal newborn jaundice that most newborns get. "Not enough feeding" slows down the baby's passage of meconium stools (first, black and sticky stools newborns pass). Feed your baby

often, 8-12 times in 24 hours, ensuring that the baby latches and feeds well. Ask your nurse to help you if you are unsure that your baby is not latching or feeding well. Your baby should, in the first 2-3 days, have 1-2 wet diapers. As well baby's stools will be soft and occur several times a day in this early time. Meconium stools are usually passed by 3-4 days.

- *Breast Milk Jaundice Syndrome:* Breast milk jaundice occurs in about 2-4 percent of breastfed infants and usually appears towards the end of the first week of life. There is no need to interrupt breastfeeding as the condition is not harmful to babies who are otherwise healthy. This jaundice resolves when feeds are established.

**NOTE:** In the hospital, newborn babies are closely monitored for both the onset and the degree of jaundice. Blood tests may be arranged to be certain that the level of bilirubin in your baby's blood does not rise high enough to affect your baby. The bilirubin can sometimes, at very high levels or when rising quickly, cause baby to be sleepy. Wake a sleepy baby for feeding by placing baby skin to skin with you and by gently stroking baby's hands, feet and head.

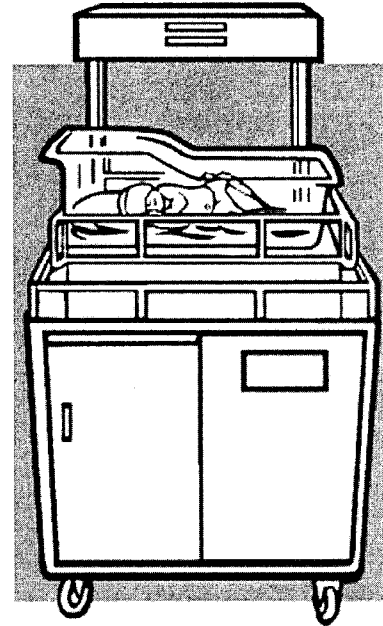
A simple treatment called phototherapy is available to reduce the jaundice. If the bilirubin in the baby's blood reaches a certain level, the baby may be given phototherapy treatment.

Suspected jaundice should always be reported to your doctor. Once the baby is at home, if the jaundice does not seem to be decreasing, call your doctor to have your baby assessed.

## How Does Phototherapy Work?

Light changes bilirubin into a harmless chemical, so the baby is placed under special lights to clear the bilirubin from the body more rapidly.

While the baby is undergoing phototherapy, coverings are used to shield the baby's eyes. Your baby will require more frequent feedings to replace fluids lost through phototherapy.



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