

NEONATAL JAUNDICE



What is it and why does it happen?

Jaundice is the name given to the yellow appearance of the skin, which develops due to the build-up of a substance called bilirubin in the skin. It can be caused by many different medical problems but can also be something that happens normally in a newborn baby.

All newborn babies have some degree of jaundice. This is because they no longer need the high numbers of red blood cells they had in the womb to carry oxygen around the body. These extra red blood cells are broken down and the iron they contain is recycled. The by-product of this breakdown process is bilirubin and this causes the yellow coloring to the skin.

When does jaundice become a problem?

We know that if a very high level of jaundice lasts a long time the bilirubin can become deposited in the brain. This can cause difficulties in later life with hearing and control of muscle movements. We therefore keep a close eye on all jaundiced babies and check the levels of bilirubin in their bloodstream where necessary. This allows us to know when treatment to prevent later problems is needed and allows us to give that treatment before the levels of bilirubin get too high.

What does the treatment involve?

When babies are very jaundiced, their bodies are not able to get rid of the bilirubin quickly enough. It is possible to help them out by providing plenty of fluid and calories in the form of milk. We advise frequent feeds and often need to give extra food too, by giving milk via a tube through the nose into the stomach. We occasionally give fluids and calories to the baby in the form of an intravenous dextrose 'drip'. The body can then use the extra fluid and calories to help get rid of the bilirubin.

A second way of helping the removal of bilirubin is to use special lights to break down the bilirubin in the skin. This is called phototherapy and usually involves using an overhead blue-colored light and/or a special pad or mattress to shine light up from underneath the baby. This is a common and safe treatment that has been in use for many years. Eye protection is used in a similar way as sunglasses to protect the baby's eyes from the bright light.

In nearly all cases these treatments will be enough to prevent the level of jaundice getting high enough to cause possible problems, but sometimes further treatments such as blood transfusion may be needed.

Which tests need to be done?

When babies are very jaundiced it does not usually mean that there is another medical problem. There are a few, however, who might break down their red blood cells even more quickly than usual. These babies will often become jaundiced more quickly than others would and we need to take blood tests in order to confirm this. Sometimes, the problem is that the baby's blood group is different from its mother's. The problem is not often with the liver or the body metabolism. All babies who are very jaundiced will need a close watch kept on their bilirubin levels every few hours, so we do need to take small samples of blood regularly until the jaundice is getting better. Once the jaundice is under control and the baby is feeding well and is off extra treatments, they will be ready to go home.

What should I be doing now?

If your baby is not making 4 bowel movements daily while we are trying to get rid of this bilirubin it is very important that you give extra water or formula to stimulate the GI tract!!! The stools eliminate the bilirubin.

Your baby should be making wet diapers every few hours. Learning how to get nutrition by mouth is a natural process and all will be well in a few days, but this transition is delicate after so long in the womb without any work. Especially with a bilirubin elevation, we must avoid dehydration. Sometimes while a baby is learning how to latch on to mom and feed well we must give feeds from another source (ie: the old days, a wet nurse, now, a *supplemental formula* [regular Enfamil or other] or water).

For nursing mothers we recommend that the baby always spend at least 5 minutes on the breast with good effort prior to giving a *supplemental formula*. That way when the milk starts flowing well and your baby figures out how to suck well, he/she will always enjoy a good taste of "you" first and of course will eventually prefer just you. But don't let baby stay on your breast more than 7-15 minutes the first few days or you might get sore nipples.

We hope this information is useful to you as your baby receives treatment for jaundice. Naturally, we at Caring Family, SC will be happy to talk to you about any concerns that you may have.

IMPORTANT INFORMATION FOR YOUR DOCTOR TO PROPERLY TREAT YOUR BABY

Name: _____

Date of birth: ___-___ at ____:____am/pm at Centegra's Northern Illinois Medical Center

Born at: Term / Early / Late by ___ weeks

Mom's blood type: A B AB O positive or negative (Rh)

Any illnesses or medical conditions in mom: _____

Any inherited blood conditions on mom or dad's side: _____

Baby's blood type: A B AB O positive or negative (Rh); Coombs test: neg / pos

Birth weight: _____ and then discharge weight: _____

Time /date of discharge weight: ___-___ at ____:____am/pm

Time and date of bilirubin tests with results: ___-___ at ____:____am/pm: RESULT: _____mg/dl

____-____ at ____:____am/pm: RESULT: _____mg/dl

____-____ at ____:____am/pm: RESULT: _____mg/dl

Nutrition: breast milk: yes / no ; formula: yes / no type: _____

When breast milk began to flow well ___-___ at ____:____am/pm

Is feeding going well? yes / no Explain if no: _____

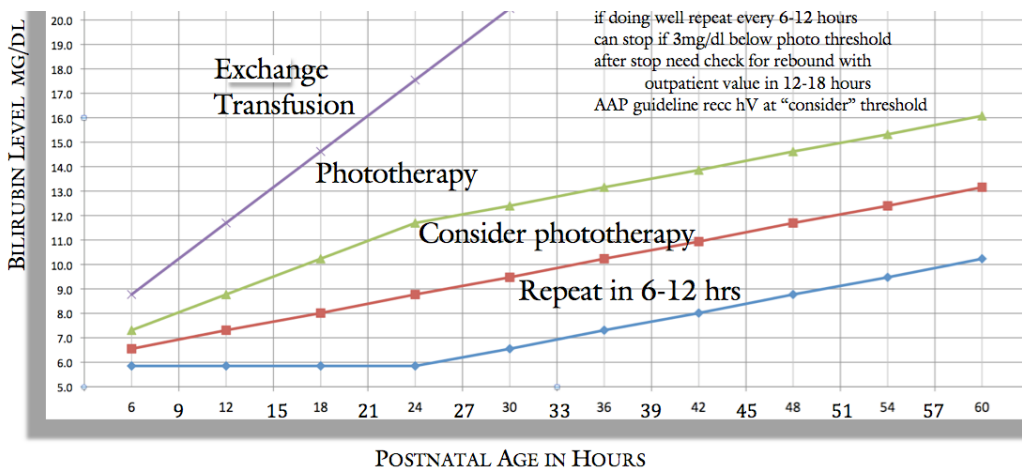
If mom is experiencing: nipple damage, excessive engorgement, mastitis, postpartum depression, new medications, restrictive diet, lack of support system, or you perceive you have a low milk supply:

DISCUSS this with your baby's doctor!!

support!!! Text one of McHenry County's lactation consultants for excellent help:

English: Ann 815-334-4504; English or Spanish: Kate 815-382-5201 or Linda 815-382-1439

CARING FAMILY, SC 815-459-2200
 Todd S. Giese, MD, Raquel N. Ramirez, MD, George B. Gancayco, MD, Jamie
 TM Gancayco, MD & Lauren K. Hielke, FNP Family Nurse Practitioner.
 Visit our website at: www.mycaringfamily.com
 815-459-2200



It is very important you get a repeat blood test on the baby for bilirubin on ___-___ by ___ am/pm

We recommend you call us if you have not heard from us within 3 hours of the blood test.

The doctor that will be able to give you that result will be Dr. _____ phone _____-____-_____