



Jaundice in Newborns: Parent FAQs

Jaundice (</English/tips-tools/symptom-checker/Pages/symptomviewer.aspx?symptom=Jaundiced+Newborn>) is the yellow color seen in the skin of many newborns. It happens when a chemical called *bilirubin* builds up in the baby's blood. Read on for answers to some common questions parents have about this condition and how it's treated.



Why is jaundice common in newborns?

Everyone's blood contains bilirubin, which comes from red blood cells and is removed by the liver. Before birth, the mother's liver does this for the baby. Most babies develop jaundice in the first few days after birth because it takes a few days for the baby's liver to get better at removing bilirubin.

How can I tell if my baby has jaundice?

The skin of a baby with jaundice usually appears yellow. The best way to see jaundice is in white light, such as daylight or under fluorescent lights. Jaundice usually appears first in the face and then moves to the chest, abdomen, arms and legs as the bilirubin level increases. The whites of the eyes may also be yellow. Jaundice may be harder to see in babies with darker skin color.

Can jaundice hurt my newborn?

Most babies have mild jaundice that is harmless. But in rare cases, the bilirubin level can get very high and might cause brain damage. This is why testing bilirubin levels as recommended is important.

Does breastfeeding affect jaundice?

Breast milk (</English/ages-stages/baby/breastfeeding/Pages/Where-We-Stand-Breastfeeding.aspx>) (human milk) is the ideal food for your baby. Jaundice is more common in babies who are breastfed than babies who are formula-fed. This happens more often in newborns who are not getting enough breast milk because their mothers are not producing enough milk (</English/ages-stages/baby/breastfeeding/Pages/low-breast-milk-supply.aspx>) (especially if the milk comes in late) or if breastfeeding is not going well, such as babies not latching on properly.

For the first 24 hours after birth, normal breastfed newborns receive only about 1 teaspoon of milk with each feeding. The amount (</English/ages-stages/baby/breastfeeding/Pages/How-to-Tell-if-Baby-is-Getting-Enough-Milk.aspx>) of breast milk provided increases with each day. If you are breastfeeding, you should breastfeed your baby at least 8 to 12 times a day for the first few days. This will help you produce enough milk and will help keep the baby's bilirubin level down. If you are having trouble breastfeeding, ask your baby's doctor or nurse or a lactation specialist for help.

When should my baby's bilirubin level be measured?

Any baby that has jaundice in the first 24 hours after birth should have the bilirubin level measured right away. All babies should have at least one bilirubin measurement with skin or blood test before discharge from the hospital. Whether a baby needs additional bilirubin levels measured depends on the baby's age, the level of bilirubin, and whether the baby has other things that make jaundice more likely.

It's important for your baby to get checked soon after leaving the hospital. In most cases, babies discharged before 48 hours should be seen within 2 days by a healthcare provider. Ask your baby's healthcare provider about their bilirubin level and schedule a follow-up appointment.

Why do some babies need an earlier follow-up visit after leaving the hospital?

Some babies have a greater risk for high levels of bilirubin and may need to be seen sooner after discharge from the hospital. Ask your doctor about an early follow-up visit (</English/ages-stages/Your-Childs-Checkups/Pages/Your-Checkup-Checklist-Newborn-Visit-2-to-5-days-old.aspx>) if your baby has any of the following symptoms:

- A high bilirubin level before leaving the hospital
- Early birth (more than 2 weeks before the due date)
- Jaundice in the first 24 hours after birth
- Breastfeeding that is not yet going well
- Bleeding under the scalp or a lot of bruising related to labor and delivery
- A parent, brother or sister who had a high bilirubin level and received light therapy

Also, let your baby's doctor know if you eat fava beans (<https://www.ncbi.nlm.nih.gov/books/NBK532498/>) (broad beans) or use any of the following products: mothballs, antibiotics, henna, or herbal remedies. Eating fava beans and using these products should be avoided because in rare cases this can cause severe jaundice.

When should I call my baby's doctor?

Call your baby's doctor if you notice these symptoms:

- Your baby's skin turns more yellow.
- Your baby's abdomen, arms, or legs are yellow.
- The whites of your baby's eyes are yellow.
- Your baby is hard to wake, fussy, or not nursing or taking formula well.

How is jaundice in babies treated?

Treatment can prevent the potentially harmful effects of jaundice. Most jaundice requires no treatment. When treatment is needed, babies are placed undressed under special lights (phototherapy). Phototherapy helps lower the bilirubin level. This is typically done in the hospital, but depending on your baby's bilirubin level, age, and other things, it can sometimes be done at home. In some babies, supplementing breast milk with formula can help lower the bilirubin level.

Very high bilirubin levels are a medical emergency that might require admission to the intensive care unit and other treatment, including a special type of blood transfusion that can rapidly decrease the bilirubin level.

Note: *Putting your baby into sunlight is not a safe way to treat jaundice.*

When does infant jaundice go away?

In breastfed babies, it is common for jaundice to last 1 month or occasionally longer. In formula-fed babies, most jaundice goes away by 2 weeks. Let your baby's doctor know if your baby has jaundice for more than 2 weeks if your baby is formula fed or longer than 4 weeks if your baby is primarily breastfed.

More information

- 11 Common Conditions in Newborns (</English/ages-stages/baby/Pages/Common-Conditions-in-Newborns.aspx>)
- Health Issues in Premature Babies (</English/ages-stages/baby/preemie/Pages/Health-Issues-of-Premature-Babies.aspx>)
- Symptom Checker: Jaundiced Newborn (/English/tips-tools/symptom-checker/Pages/symptomviewer.aspx?symptom=Jaundiced+Newborn&_ga=2.261133065.581683914.1658755746-1323654368.1515105807&_gac=1.93449967.1656065135.CjwKCAjwwdWVBhA4EiwAjcYIEBvcd2SnTBQkpY0xBvtMk5KehPvKuefO8w7Xse6NqoyRDAxjIRyDEhoCSVQQAvD_BwE&_gl=1%2aj6jvw7%2a_ga%2aMTMyMzY1NDM2OCNTE1MTA1ODA3%2a_ga_FD9D3XZVQQ%2aMTY1ODc3NjE3OS4xMDE4LjEuMTY1ODc3NjE3OS4w)
- AP Revises Clinical Guidelines for Hyperbilirubinemia in Newborns (</English/news/Pages/AAP-revises-clinical-guidelines-for-hyperbilirubinemia-in-newborns.aspx>)

Last Updated 8/5/2022

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