

צהבת היילוד – מידע להורים Newborn Jaundice

Information for Parents

Dear parents,

Congratulations!

Your baby is in its first hours and days of his life, going through a rapid adjustment to life outside of the uterus.

From the moment your infant is admitted to the department, and until his/her release, we track a number of important indicators reflecting the functioning of vital bodily systems. Among other indicators – we track the color of the baby's skin.

The skin color reflects the rate of production and elimination of bilirubin. Most of the bilirubin produced in the newborn's body is the result of the breakdown of hemoglobin – which gives blood cells their red color. Newborns have more red blood cells, and these cells have a shorter lifespan than those of adults. As a result, during the first days of life there is an accelerated process of breaking down of hemoglobin.

Jaundice begins generally on the second day of life, reaches its peak on days 3-5, and passes 1-2 weeks after birth.

Jaundice is not contagious and does not endanger the baby's surroundings.

Nevertheless, the staff monitors the development of jaundice for each newborn because an extremely high level of bilirubin may cause very rare, yet severe, brain damage, which is what we are trying to prevent.

Every morning, the attending nurse checks your baby's level of bilirubin on the facial skin on the forehead (a test that your baby does not take notice of). If the bilirubin level is higher than average, a blood test will be performed through a light prick of the baby's heel, in order to get a more precise result from the laboratory.

Special monitoring is conducted for the following newborns:

- Newborns born prior to week 37.
- Significant jaundice observed already in the first hours after birth.
- If the mother is type O blood and the newborn is type A or B.
- If the mother's blood type is - and the newborn is +.
- If there is a history of siblings undergoing phototherapy due to jaundice.
- Significant weight loss – over 10% of birthweight.
- Vacuum or forceps birth that caused accumulation of blood under the skin of the scalp.
- Lack of the enzyme G6PD: Favism (checked for every newborn in the risk group based on ethnicity etc.)



You child was found by the staff to require such monitoring, and perhaps also phototherapy later on.

How is high bilirubin treated?

1. **Feeding: since bilirubin is expelled in feces, it is important for the baby to produce as much feces as possible. You must make sure your baby is sufficiently fed. It is very important to remember: the best form of feeding is frequent nursing.**
2. In rare cases, the physician will order a stoppage of nursing for 24 hours. Do not stop nursing at your own discretion!
3. If the bilirubin level rises above acceptable levels, your baby will be admitted to phototherapy. Light assists in the breakup and expelling of bilirubin from the body. Under the light, the baby will have no clothing, only a diaper. The light also warms the baby and thus – do not worry – the baby will not be cold! To prevent dryness in the eyes, we will protect the baby's eyes with a special cover.
4. The nurse will continue sampling the baby's bilirubin level a number of times each day, in order to know when to stop the phototherapy and discharge your baby for follow-up treatment in the community.
5. Please note: Do not leave your baby outside of the phototherapy beyond the time necessary for nursing. You can alternate between nursing and bottle feeding. The nurse and nursing advisor are available to explain how milk can be pumped for bottle feeding, and how to reduce time spent outside of phototherapy.
6. In extremely rare cases of “stubborn” jaundice, other means of treatment will be necessary.

We are here for you and your baby

We will gladly answer any question you may have

The Neonatology Department staff

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