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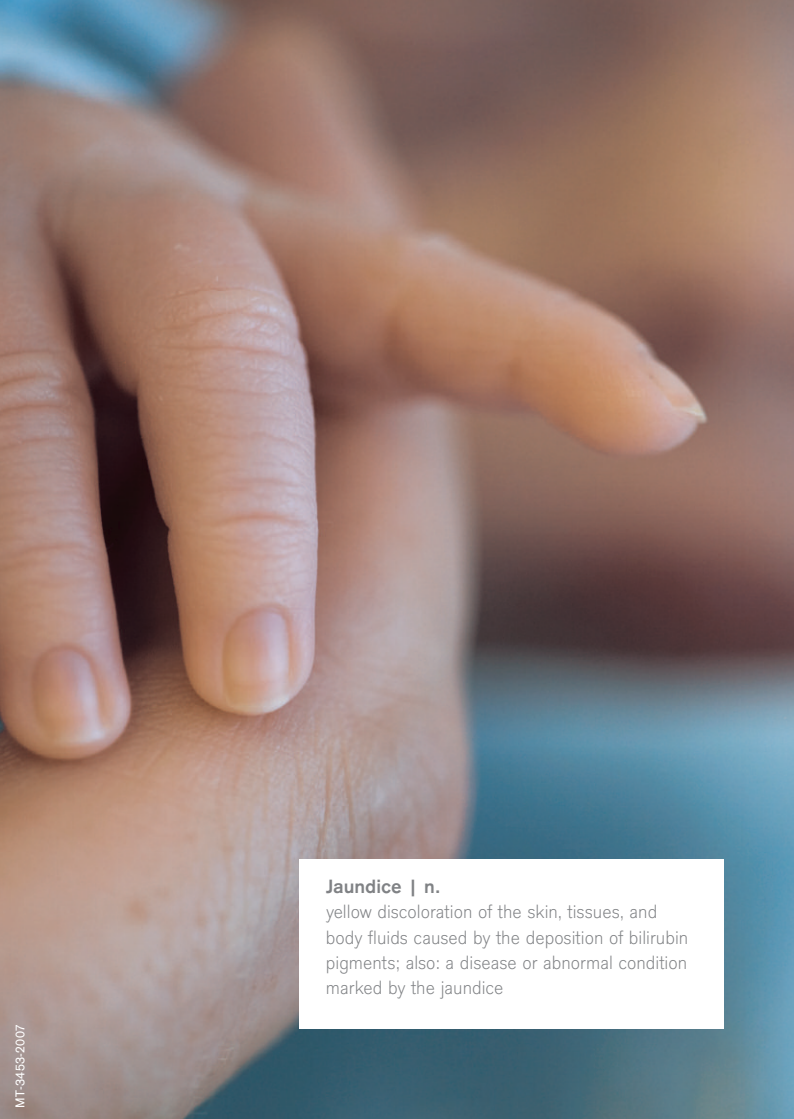
Understanding Newborn Jaundice

What is Jaundice?

If someone says, “your baby has jaundice,” it means that the color of your baby’s skin has a yellow tint. But where does this yellow color come from?

Newborn infants are constantly making new red blood cells, and breaking down the old ones. One of the waste products of old blood cells is a yellow substance called bilirubin. Bilirubin is processed by the liver into an easily disposable form and then eliminated from the body in the bowel movements.

Some babies make bilirubin faster than they can get rid of it, causing the bilirubin to build up in the body and make the skin appear yellow. The yellow color is most visible in natural daylight (near a window) or under the fluorescent lights like those in the hospital nursery.



Jaundice | n.

yellow discoloration of the skin, tissues, and body fluids caused by the deposition of bilirubin pigments; also: a disease or abnormal condition marked by the jaundice

How are babies checked for jaundice?

Every baby is watched for jaundice in the hospital. Although nurses and physicians might notice jaundice by looking and touching your baby's skin, other tests must be used to accurately measure the level of bilirubin. These are the serum bilirubin test and the transcutaneous bilirubin test.

The serum bilirubin test is a blood test that is sent to the hospital laboratory. Blood for this test is usually taken from a small puncture of your baby's heel. It can take an hour or longer to get the results of the serum bilirubin test.

A transcutaneous bilirubin can be done with a small hand-held instrument that measures the level of jaundice through the baby's skin. It is not an invasive procedure as it does not require any blood and the results are instantaneous.

Some babies might need to have both types of bilirubin tests. If the transcutaneous bilirubin test is high, a blood bilirubin test will be done to see if treatment is necessary.



Is my baby likely to have jaundice?

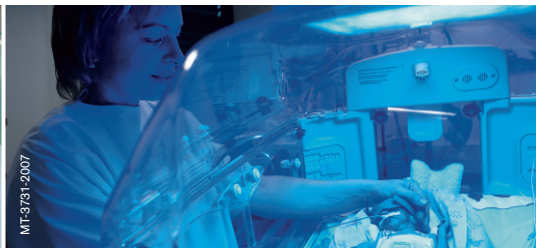
Any baby can have jaundice because it can take a few days for a newborn baby's liver to become efficient at processing bilirubin. Some babies are more likely than others to have jaundice, or to have more severe jaundice. These are called risk factors for jaundice:

- Babies who start having jaundice in the first 24 hours of life.
- Babies who have different blood types from their mothers.
- Babies born before 38 weeks completed gestation.
- Babies who are breastfeeding, especially if getting off to a slow start.
- Babies with bruising from birth (on the skin, or under the scalp).
- Babies who had a previous brother or sister who was jaundiced.

There are also hereditary and ethnic risk factors for jaundice. Babies from families with East Asian and Mediterranean heritage, and some African American males can have a genetic condition called G6PD deficiency that sometimes causes jaundice. Talk to your physician about this and other risk factors for jaundice that your baby may have.

How is jaundice treated?

Jaundice is treated with phototherapy. “Photo” means light, so phototherapy is “light therapy”. The baby is undressed and placed under special lights that penetrate the skin and change bilirubin to a form that the baby can eliminate easily. Jaundice is not treated by putting the baby near a window or in direct sunlight.



Is jaundice harmful?

The amount of jaundice that most newborns have is not harmful. However, at very high levels, bilirubin can damage the brain or the hearing. The goal is to make sure that every baby has a safe experience with jaundice. You can help by asking your nurses and physicians about jaundice in your baby, asking for help with breastfeeding if your baby is not feeding well, and making sure you take your baby in on time for check-ups or bilirubin tests after you leave the hospital.

How long does jaundice last?

Newborn jaundice is usually gone by about 2 weeks of age. However, it should be “fading” (going away steadily) after it peaks around the 4th or 5th day of life. In other words, your baby should not still look as jaundiced at one week old as he or she did when 4 or 5 days old. If so, you should call your doctor and ask for a bilirubin test, even if your baby already had one. The bilirubin level changes over time, and it could still be going up.

Is jaundice harmful?

What else should I watch for if my baby has Jaundice?

- Whites of the eyes becoming yellow
- Pinkish-orange spots on the diaper that look like face make-up. This can be a sign of dehydration.
- Not having enough wet diapers or bowel movements
- Excessive sleepiness (won't wake up to eat), or excessive wakefulness (won't sleep at all)
- Refusing to eat (possibly spitting up what he or she does eat).
- High-pitched cry
- Limp or tense, or alternating between the two
- Arching of the back or neck
- Fever (temperature higher than 100 °F / 37.8 °C)

Call your baby's healthcare provider immediately if you see any of these changes in your baby.





What should I tell my healthcare provider?

You might be talking to someone who doesn't know you or your baby, so be sure to have the following information ready:

- The date and time of your baby's birth (how many hours old your baby is)
- Your baby's birthweight and gestational age, if you know (how many weeks early your baby was)
- How your baby is feeding now (well, poorly, how often, formula)
- How many wet diapers and bowel movements today.
- Any episodes of vomiting
- Any fever
- How your baby is behaving (sleepy/not sleeping, crying a lot, arching)
- Any other risk factors for jaundice (bruise on the scalp, vacuum delivery, different blood type than yours, looked jaundiced in the hospital, lost a lot of weight after birth, did not nurse well, brother or sister had jaundice)
- If your baby had a bilirubin test done before, and what the result was.

Actual symptoms and conditions of Jaundice may vary between patients. This booklet is intended merely as an aid to parents, contains only general information and should not be used as a substitute for obtaining medical advice from your physician.

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