

What can I do to help my baby get rid of bilirubin?

Right after your baby is born and beyond:

- Feed your baby often (at least 8 times every 24 hours)
- Keep track of your baby's urine (wet) and stool (dirty) diapers

NOTE: Giving your baby plain water or sugar water will not get rid of jaundice and can be dangerous.

When should I be concerned about my baby?

Contact your health care provider right away if:

- You have concerns about your baby's feeding
- Your baby's urine (wet) and stool (dirty) diapers are fewer than expected
(Please visit this website for more information www.caringforkids.cps.ca/handouts/how_many_diapers_will_my_baby_go_through)
- Your baby is sleepy all the time even during feeds
- Your baby's skin or the whites of their eyes is becoming more yellow (jaundiced).

If you are unable to reach your health care provider, take your baby to the nearest hospital.

If you have a follow-up appointment scheduled and have questions, please call:

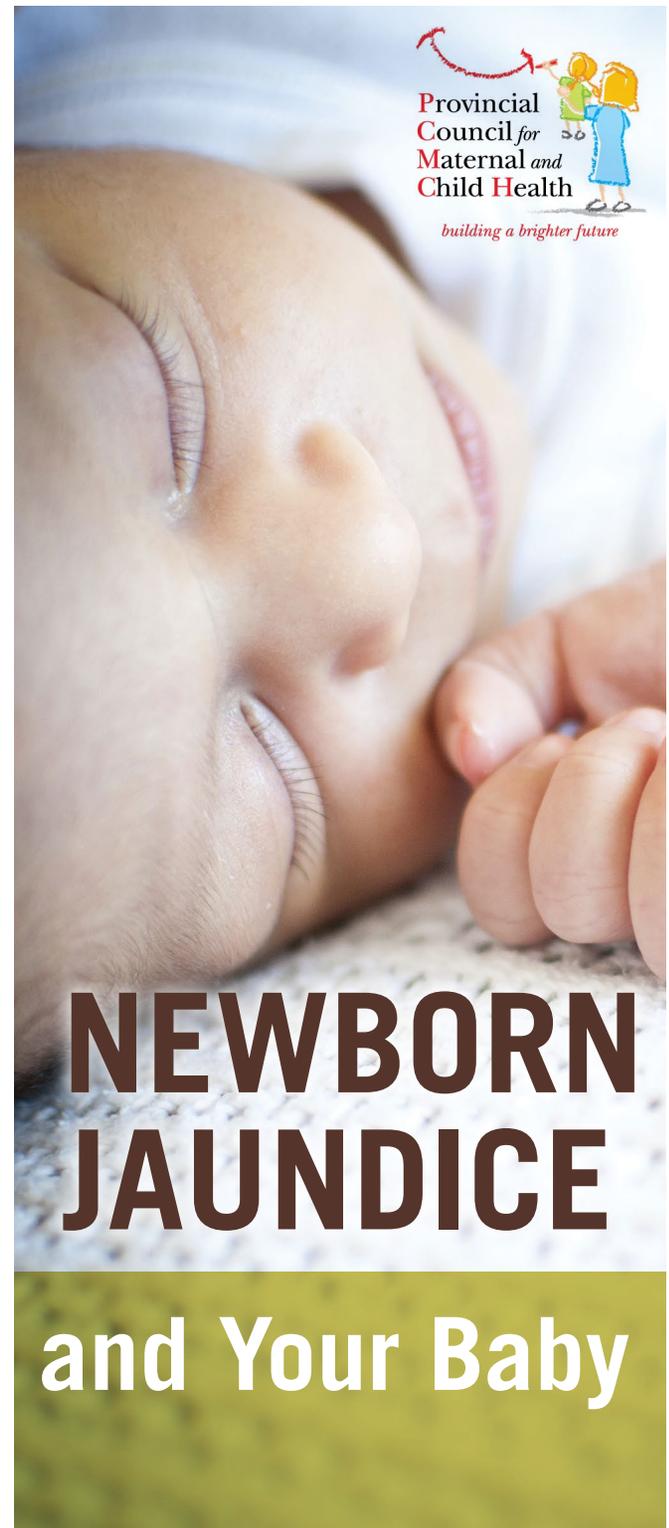
Resources

- **Handout about newborn jaundice:**
www.caringforkids.cps.ca/handouts/jaundice_in_newborns
- **Mother and baby health care services offered in your area:**
1-866-532-3161 or
www.health.gov.on.ca/en/common/system/services/phu/locations.aspx#

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NEWBORN JAUNDICE and Your Baby

What is newborn jaundice?

- Jaundice is common and is a normal part of your baby's adjustment to life after birth.
- After babies are born, some cells in the blood break down and produce a substance called **bilirubin**. Bilirubin can cause babies' skin and whites of their eyes to look yellow. This is called **jaundice**.
- Jaundice can cause baby to be extra sleepy and not feed well. Jaundice often happens 2 to 3 days after the baby is born, and slowly goes away over the next few weeks.

Why do we screen (or test) for jaundice?

- Although rare, if bilirubin reaches very high levels, it can collect in your baby's brain and may cause lasting harm such as brain damage (kernicterus), hearing loss, and mental disability.
- We check bilirubin levels in all babies to find out which babies should be monitored more closely and which ones require immediate treatment. By treating babies before their bilirubin level becomes too high, we can prevent complications.



When do we screen for jaundice?

Your baby will be screened within 24 to 72 hours after birth with a heel prick blood test or an external reading from the skin using a bilimeter. Some babies may need more than one bilirubin test.

NOTE: If your health care provider orders a bilirubin test after your baby goes home from the hospital, please do not cancel or reschedule this test (even if you think your baby looks fine). The timing of this test is very important.

How is jaundice treated?

- Most babies will not require treatment and jaundice will go away on its own.
- The most common treatment for jaundice is phototherapy. Phototherapy is a special type of light that breaks down bilirubin so that your baby can get rid of it in their urine (wet) and stool (dirty). Your health care provider will explain if additional treatments are needed.

Note: Putting your baby in direct sunlight or in front of a window will not treat jaundice.

It is very important to take your baby for all bilirubin tests and appointments with your health care provider.



Which babies are more likely to need treatment for jaundice?

Babies who:

- Are born early (before 38 weeks of pregnancy)
- Have bruising after birth
- Have a brother or sister who was treated for jaundice
- Have a family history of a genetic condition called G6PD deficiency
- Have an ethnic risk factor
- Are having difficulty feeding

