

Patient information from BMJ

Last published: Jan 09, 2024

Jaundice in newborn babies: what is it?

Jaundice (a condition which causes yellowing of the skin and whites of the eyes) is common in newborn babies. You might be worried if your new baby gets jaundice, but it's not usually serious. In most cases, the jaundice goes away in a week or two without any treatment. But sometimes the jaundice can become serious and cause problems in the brain. Your doctor will monitor your baby carefully if they have jaundice to see whether treatment is needed.

Why do newborn babies get jaundice?

Jaundice in newborn babies is very common. It affects between 50 and 70 in every 100 babies carried full term, and 80 in every 100 babies born early (prematurely).^[1] It happens when there is too much of a substance called bilirubin in a baby's blood. This makes the baby's skin, the whites of their eyes, and the inside of their mouth look yellow.

Bilirubin is made naturally in the body, when red blood cells that aren't needed any more are broken down. Usually, the liver changes the bilirubin into a form the body can get rid of as waste. But sometimes the liver can't process all the bilirubin the body makes. When that happens bilirubin builds up in the body and makes the skin and the whites of the eyes look yellow.

Most newborn babies get jaundice for two main reasons:

- They produce twice as much bilirubin as adults
- Their liver isn't properly developed and can't process the extra bilirubin that their body makes.

Jaundice usually starts in the first few days after a baby is born. By the time babies are about 2 weeks old, they make less bilirubin and the jaundice clears up.

Sometimes newborn babies get jaundice because of an underlying illness, such as an infection or a condition called rhesus disease. In this leaflet, we discuss jaundice that isn't related to other problems.

What are the symptoms?

Newborn babies who have jaundice may get a yellow tinge to:

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- Their skin
- The whites of their eyes
- The inside of their mouth.

It can be hard to tell if a baby's skin is yellow, especially if the baby has dark skin. That's why doctors also look at babies' eyes and inside their mouth to spot jaundice. They often also use a device called a transcutaneous bilirubinometer, which helps them measure the yellowness of the skin.

Babies with severe jaundice may also:

- Feed less well than normal
- Seem less alert and harder to wake
- Have a high-pitched cry
- Seem limp.

If you think your baby has jaundice and seems unwell, you should tell your doctor straight away. If your doctor thinks the amount of bilirubin in your baby's blood is building up, they will do a blood test. This will help them decide if your baby needs treatment.

What will happen to my baby?

For most babies, jaundice goes away in a week or two without any treatment.

But if your baby's bilirubin level builds up, light treatment (called phototherapy) or an exchange transfusion should help to clear it.

If treatments don't work and your baby's bilirubin level gets too high, it can cause serious problems. A condition called kernicterus can develop and affect your baby's brain. This can lead to hearing loss, learning difficulties, and late development. But this condition is rare.

For more information on treatments for jaundice in newborn babies see our leaflet *Jaundice in newborn babies: what treatments work?*

References

1. Kumar RK. Neonatal jaundice. An update for family physicians. Aust Fam Physician. 1999 Jul;28(7):679-82.

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