Newborn Jaundice

Newborn Jaundice is a common condition in babies that causes yellowing of the skin and the whites of the eyes. It is caused by an increase in a natural substance called bilirubin in blood.

Why do babies have jaundice?

After birth, babies do not need so many red blood cells as in foetal stage. These red blood cells are broken down and bilirubin is released in the blood. The newborn babies’ liver is not mature enough to handle the extra bilirubin, thus causes building-up of bilirubin in their blood.

When will jaundice appear and go away?

Jaundice usually appears on the second or third day of life and it takes about two to three weeks to subside when their liver is more effective at processing bilirubin.
Can jaundice harm my baby?

Newborn Jaundice is not a serious problem in most healthy babies. However, very high bilirubin levels can be dangerous and can cause brain damage in some babies.

Some babies have a greater risk for high levels of bilirubin:
- Are born before full term
- Are not feeding well
- Have Glucose 6 Phosphate Dehydrogenase deficiency
- Have a different blood group from mother
- Have an infection

What can I do if my baby has jaundice?

💡 Ensure your baby has adequate feeding to prevent dehydration. You can tell from the amount of urine and stool your baby passed in a day.

(For details, please refer to the section “Guide to Bottle Feeding: Is my baby getting enough to eat” in this booklet.)

💡 As bilirubin level may go up in first few days of life, bring baby to Maternal and Child Health Centre or your Family doctor/ paediatrician for assessment soon after discharge from hospital.

💡 The doctor will monitor the baby’s situation. If necessary, babies will be referred to hospital for treatment.
Does jaundice need any treatment?

💡 Most jaundiced babies do not require treatment. Jaundice will go away by itself as babies’ livers mature.
💡 If the bilirubin level is very high or increases very quickly, your baby will need phototherapy in hospital.

Can sunbathing help reducing jaundice?

Sunbathing is not an appropriate method to treat neonatal jaundice. Treatment for jaundice should be under medical supervision.

If my baby has jaundice, can I continue breastfeeding my baby?

💡 You can continue breastfeeding your baby. All newborn babies may develop jaundice no matter breast-fed or formula-fed.
💡 Provided your baby has enough breastmilk, as reflected by adequate amount of urine and stool as well as normal weight gain, there is no need to stop breastfeeding or add formula milk.

(For details, please refer to the section “Breastfeeding: How do you know your baby is getting enough milk?” in this booklet.)

💡 Jaundice of some breastfed babies may persist slightly longer and usually subside within two to three months. This is called “Breastmilk jaundice” which is mild and does not cause any harm to baby’s health. It is not necessary to change to formula milk.
The jaundice of my baby doesn’t go away, what can I do?

- If jaundice persists beyond two to three weeks or baby’s stool turns pale, bring baby for early medical consultation or back Maternal and Child Health Centre for check-up.
- Baby may need to be referred to Paediatric specialists for further examinations to rule out liver or biliary problems.

What is Glucose 6 Phosphate Dehydrogenase (G6PD) deficiency? How do I know if my baby has G6PD deficiency?

- G6PD deficiency is an inherited condition.
- When babies with G6PD deficiency are exposed to Fava beans, certain drugs or Chinese herbal medicines, Naphthalene-containing products etc., large amount of red blood cells will break down resulting in severe jaundice. For details, please refer to the leaflet of the Genetic Screening Unit, Clinical Genetic Service of the Department of Health https://www.dh.gov.hk/english/main/main_cgs/files/DH2289E%20G6PD%20English.pdf
- Babies born in public hospitals of Hong Kong have umbilical cord blood tests for G6PD deficiency. Parents will be informed, usually before discharge from the hospital, if the baby is detected to have G6PD deficiency.