

Hyperbilirubinemia (Jaundice)

- What is the main problem:
 - After babies are born, the red blood cells that carry oxygen in their body is replaced with new red blood cells. When the old red blood cells break down bilirubin is released. Sometimes the baby's system is not able to clear it out of their body fast enough. This causes the baby to look yellow or jaundice. This can happen when:
 - There is a conflict between the baby's and the mother's blood types.
 - There is bruising on the baby.
 - The baby is a boy.
 - The baby is breastfeeding.
 - You have had another baby who had high bilirubin levels.
 - The mother has maternal diabetes.
 - Bilirubin is flushed through the body when the baby takes in fluids. The bilirubin is removed through urine and stool.
 - Symptoms of high bilirubin levels include:
 - yellow coloring to skin and eyes
 - fussiness
 - poor feeding
 - fatigue
- What do I need to do:
 - Try to feed my baby often.
 - Breast feeding at the first sign of hunger will help to increase fluid intake. Add expressed breast milk, donor milk or formula to increase the fluid volume intake. Try to get my baby to eat every 3 hours with a goal to take a certain amount of fluid. Increased fluid volume will aid in removal of bilirubin.
 - Goal volume amounts will be based on my baby's weight and hours of age.
 - My baby may need a special blanket.
 - A biliblanket is a flat light which is laid underneath or wrapped around my baby. The blue UV light helps the body remove bilirubin from the blood. My baby must stay on the blanket at all times to be the most effective. Eye protection must be used to prevent damage to the eyes. My baby will only have on a diaper so that more skin is exposed to the light. My baby can be swaddled to help keep the blanket on and increase comfort.

- Bililights:
 - Bililights can be used with the biliblanket. My baby is placed in an isolette with 1 or 2 overhead lights which will increase the amount of bilirubin breakdown. Eye protection is a must.
- Isolette:
 - My baby will be placed in an isolette when on bililights. The isolette keeps my baby warm with only a diaper. My baby should only be out of the isolette to breastfeed for 20 minutes each time.
 - A pacifier may be used to comfort my baby.
- Bilirubin lab testing:
 - Every newborn will have a bilirubin test at 24 hours. Some newborns with risk factors may have the test at 6 or 12 hours of life. This result is plotted onto a bilirubin graph. My baby will have an individualized treatment plan to lower their level of bilirubin. The test will be repeated as needed. The blood will be drawn from my baby's heel. We get results in about 1 hour.
- Cord blood testing:
 - Newborns born of mothers who are blood type O or Rh negative will have blood testing done from the blood in the cord. This helps determine the newborn's risk of jaundice. A positive Coombs test detects antibodies created by a reaction between my baby's blood and mine. These antibodies attack the red blood cells of the newborn, causing an increased breakdown of red blood cells. When the cells break down, bilirubin is released into the bloodstream. Based on a positive Coombs result, a bilirubin level will be drawn from the cord blood to show bilirubin levels at birth. The results of this test will guide follow up testing and the treatment plan.
- IV fluids:
 - My baby may need IV fluids to help flush out the bilirubin. My baby will need to stay in the nursery while the IV fluids are running.