

Information on Jaundice in Infant –

During their first few days of life, more than half of all full-term babies and as many as four out of five premature infants who are otherwise healthy develop jaundice, a yellowish discoloration of the skin and eyes. Although some babies are jaundiced at birth, most develop infant jaundice during their second or third day of life. That's why you may not notice it until after your baby is home.

Jaundice is caused by the inability of the baby's immature liver to break down red blood cells, leading to an increase in the levels of bilirubin in the baby's blood. This is fairly normal occurrence. To help speed up the process, you should be sure that your baby is taking in plenty of fluids, preferably breast milk. Breast milk is a laxative, helping to move the meconium from your baby's bowels.

Infant jaundice itself isn't a disease. In most cases infant jaundice occurs because your baby's liver isn't mature enough to metabolize a molecule called bilirubin, which normally forms when the body recycles old or damaged red blood cells. Breast milk jaundice is another common, usually non-harmful form of newborn jaundice. Breast milk may contain a substance that increases reuse of bilirubin in the intestines. Such jaundice appears in some healthy, breastfed babies after day 7 of life, and usually peaks during weeks 2 and 3. It may last at low levels for a month or more.

Jaundice usually appears around the second or third day of life. It begins at the head and progresses downward. A jaundiced baby's skin will usually appear yellow first on the face, followed by the chest and stomach, and finally, the legs. It can also cause the whites of an infant's eyes to appear yellow. Since many babies are now released from the hospital at 1 or 2 days of life, it is best for the baby to be seen by a doctor within 1 to 2 days of leaving the hospital to check for jaundice. Parents should also keep an eye on their infants to detect jaundice.

Although jaundice usually goes away within a week or two, the provider will monitor the baby's condition to see if treatment is needed. A skin or blood test easily measures bilirubin levels. Sometimes the provider may have to take daily blood samples for a few days until the baby's bilirubin levels stop rising.

Occasionally there are other factors that cause jaundice in an infant. Two of these causes are conditions known as ABO Incompatibility and Rh Incompatibility. Both of these conditions result in a very fast breakdown of red blood cells. Also, jaundice may appear in infants with physical defects in the organs that work to eliminate bilirubin from the body. If the baby's jaundice is caused by either of these (or other) conditions, expect additional details from the doctor or nurse caring for the baby.

In most cases, newborn jaundice is a temporary condition that is treated successfully with an increase in water and with light therapy. According to "Newborn Jaundice", when the amount of bilirubin in the blood is extremely high and standard treatments are unsuccessful, blood transfusions may be necessary. To be certain levels of bilirubin are decreasing, the blood will be tested in twelve hour increments. The same article says after the baby has left the hospital, the doctor will more than likely want to monitor bilirubin levels until all signs of jaundice are gone.

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