



## Patient Information

# Neonatal Jaundice

### Information about Jaundice in Newborn Babies.

Jaundice in new-born babies is common, and usually short-lasting and harmless.

### Signs of Jaundice

If your baby has jaundice, their skin will look slightly yellow. The yellowing of the skin usually starts on the head and face, before spreading to the chest and stomach.

In some babies, the yellowing reaches their legs and arms. The yellowing may also increase if you press an area of skin down with your finger.

Changes in skin colour can be more difficult to spot if your baby has a darker skin tone. In these cases, yellowing may be more obvious elsewhere, such as:

- in the whites of their eyes
- inside their mouth
- on the soles of their feet
- on the palms of their hand

A newborn baby with jaundice may also:

:

- be poor at sucking or feeding
- be sleepy
- have a high-pitched cry
- be limp and floppy
- have dark, yellow urine – it should be colourless
- have pale poo – it should be yellow or orange

If you notice any of the above signs please let a member of staff know..

### Why does my baby have jaundice?

Jaundice is caused by the build-up of bilirubin in the blood. Bilirubin is a yellow substance produced when red blood cells are broken down.



# Neonatal Jaundice

Jaundice is common in newborn babies because babies have a high level of red blood cells in their blood, which are broken down and replaced frequently. The liver in newborn babies is also not fully developed, so it's less effective at removing the bilirubin from the blood.

By the time a baby is about two weeks old, their liver is more effective at processing bilirubin, so jaundice often corrects itself by this age without causing any harm.

In a small number of cases, jaundice can be the sign of an underlying health condition. This is often the case if jaundice develops shortly after birth (within the first 24 hours).

## **How common is it?**

Jaundice is one of the most common conditions that can affect newborn babies. It's estimated 6 out of every 10 babies develop jaundice, including 8 out of 10 babies born prematurely (babies born before the 37th week of pregnancy).

However, only around 1 in 20 babies has a blood bilirubin level high enough to need treatment.

For reasons that are unclear, breastfeeding a baby increases the risk of them developing jaundice, which can often persist for a month or longer. In most cases, the benefits of breastfeeding far outweigh any risks associated with jaundice.

## **Examination of baby with jaundice**

A visual examination of your baby will be carried out to look for signs of jaundice. Your baby needs to be undressed during this so their skin can be looked at under good – preferably natural – light.

Other things that may also be checked include:

- the whites of your baby's eyes
- your baby's gums
- the colour of your baby's urine or poo

## **Bilirubin test**

If it's thought your baby has jaundice, the level of bilirubin in their blood will need to be tested. This can be done using:

- a small device called a bilirubinometer, which beams light on to your baby's skin – it calculates the level of bilirubin by analysing how the light reflects off or is absorbed by the skin.



# Neonatal Jaundice

- a blood test of a sample of blood taken by pricking your baby's heel with a needle – the level of bilirubin in the liquid part of the blood (the serum) is then measured.

In most cases, a bilirubinometer is used to check for jaundice in babies. Blood tests are usually only necessary if your baby developed jaundice within 24 hours of birth or the reading is particularly high.

The level of bilirubin detected in your baby's blood is used to decide whether any treatment is necessary.

## **Treating newborn jaundice**

Most cases of jaundice in babies don't need treatment as the symptoms normally pass within 10 to 14 days, although symptoms can last longer in a minority of cases.

Treatment is usually only recommended if tests show a baby has very high levels of bilirubin in their blood because there's a small risk the bilirubin could pass into the brain and cause brain damage.

There are two main treatments that can be carried out in hospital to quickly reduce your baby's bilirubin levels. These are:

- phototherapy – a special type of light shines on the skin, which alters the bilirubin into a form that can be more easily broken down by the liver
- an exchange transfusion – a type of blood transfusion where small amounts of your baby's blood are removed and replaced with blood from a matching donor

Most babies respond well to treatment and can leave hospital after a few days.

## **Feeding your baby**

If you are breastfeeding your baby, you should be encouraged to feed your baby regularly (minimum of 3 – 4 hourly, and to wake your baby for feeds if necessary). If your baby looks jaundiced you should be offered support to help you breastfeed successfully. In some circumstances it may be necessary on medical advice to discuss a feeding plan or supplementary fluids.

Phototherapy involves placing the baby under a special light (not sunlight). Light of a certain wavelength helps the body to break down the bilirubin and pass it out of the body.

During phototherapy your baby will be placed on his or her back unless they have other conditions that prevent this. Your baby's eyes should be protected and they should be given routine eye care. Your baby may be placed in a cot or an incubator. Your baby's temperature will be monitored every 4 hours and your



# Neonatal Jaundice

baby should be checked to make sure he or she stays hydrated (has enough fluid in their body). Your baby should be passing urine regularly in their nappies. The treatment may be stopped from time to time for up to 30 minutes so you can hold, feed and cuddle your baby, and change their nappy. Please ask for help with feeding.

The bilirubin levels will be tested 4-6 hours after starting phototherapy. It will then be monitored every 6-12 hours once the bilirubin level is stable or falling. The phototherapy will be stopped once the bilirubin level is at least 50 micromol/litre below the threshold for phototherapy. Once phototherapy has stopped your baby's bilirubin will be checked again this is usually after 6-12 hours.

Please only take your baby out of phototherapy to feed him/her or for a nappy change. The eye-mask can be removed whilst you do this.

If you are comfortable putting your baby's eye-mask on prior to recommencing treatment please do so. If you require assistance please ask a member of staff. Please do not switch the phototherapy lights on and off. Please do not alter the temperature of the hot cot.

**Please ask your midwife if you require more information.**

Further information can be found using this website.

<https://www.nhs.uk/conditions/jaundice-newborn/treatment>.

**This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email [gwh.pals@nhs.net](mailto:gwh.pals@nhs.net)**

**Document Control**

Division: Women & Children's  
Department: Paediatric  
Approved Date: 22 November 2018  
Next Review Date: December 2021  
Document Number: W&C - PIL0019