Liverpool Women's
NHS Foundation Trust

Jaundice in New-born Babies Information Leaflet

Jaundice is common in new-born babies and is when their skin and whites of their eyes (sclera) look yellow. For most babies this is usually harmless and resolves with no treatment but some babies may develop high levels of jaundice which can be harmful if not treated.

What Causes Jaundice?

Jaundice can occur in some babies as a normal thing (we call this physiological jaundice) or it can happen because of an underlying problem (we call this pathological jaundice).

Physiological Jaundice

All people, including babies, are continually breaking down old blood cells. When these are broken down a yellow substance called bilirubin is made. The build-up of bilirubin in the skin is called jaundice.

The liver normally helps removal bilirubin from the body so jaundice does not occur in most people. In new-born babies the liver is not quite as good at removing the bilirubin as the liver in later life so jaundice is common in the first few days of life. In the vast majority of babies, this jaundice is only mild, is completely harmless and goes away without any treatment.

Pathological Jaundice

If jaundice increases very quickly or reaches high levels, this can be harmful to the baby. It can affect the baby's brain. This 'pathological' jaundice always has some underlying cause that is making the jaundice worse than 'physiological' jaundice. Common causes are abnormally rapid breakdown of red blood cells, liver disorders or infections.

What Should You Do If Your Baby Is Jaundiced?

If you think your baby's skin or the whites of their eyes appear yellow it is important to inform your midwife or doctor the same day so they can be assessed.

You should seek urgent attention if your baby:

- Is jaundiced on the first day of life or is excessively sleepy or not interested in feeding
- Has pale chalky stools or dark urine.
- Any of these situations may mean that your baby may need some tests and possible treatment.

How Do We Test For Jaundice?

Your midwife/doctor may check the levels of bilirubin in your baby's blood using a blood sample taken from baby's heel or by using a handheld device which is placed on the baby's head or chest.

The result of your baby's bilirubin level will be plotted on a graph. There are a number of graphs. The graph that is used for your baby depends on how many weeks pregnant you were when your baby was born. This gives three options:

- Your baby has low levels of jaundice and doesn't need any more tests.
- Your baby has a raised level of jaundice that doesn't need treatment but needs repeat measurement within 6 to 12 hours to ensure it hasn't risen.
- Your baby needs to start treatment.

How Do We Treat Jaundice?

Treatment for the majority of babies is phototherapy.

Phototherapy involves placing the baby under a special light (not sunlight) which helps the body to breakdown the bilirubin. Some babies need just a single light but if the levels of jaundice are higher sometimes a second or third light is used as well.

For the light to work the baby needs to be naked with just a nappy. The baby will be nursed in an incubator to keep them warm whilst they are being treated and their temperature will be measured regularly to make sure they are not becoming too hot or cold.

The baby will need to wear an eye shield to protect their eyes from the bright light. The baby's eyes will need to be checked regularly to look for any signs of eye irritation or infection.

Some babies may show signs of dehydration when they are jaundiced and receiving phototherapy. We will check for signs of this by monitoring the baby's weight and checking how many wet nappies they are making. If there are signs of dehydration, extra feeds may be necessary to replace the fluid. Babies who are becoming dehydrated do not need water or other fluid's, they should just be given extra milk feeds.

Phototherapy is, however, a safe, well tolerated treatment.

The baby does not have to be under the light continuously. We encourage you to take baby out for breaks for cuddles, to be changed and to feed. If you wish to breastfeed this is also encouraged and does not have to stop because of the phototherapy.

If the jaundice levels are very high a baby can require treatment using a blood transfusion called an exchange transfusion. This is very rare. If it becomes necessary for your baby a doctor will discuss this fully with you.

Monitoring Jaundice

Your baby will need to have repeat blood tests after 6 hours to monitor the levels of bilirubin and to assess if the phototherapy is working.

This is plotted on the chart and once the levels are low enough to stop treatment the lights can be stopped.

Occasionally the levels of jaundice can rise again when the lights are stopped so all babies have a repeat blood test 12 – 24 hours after treatment is stopped to ensure that there has been no 'rebound jaundice'.

Prolonged Jaundice

Most babies, jaundice gets better within a few days. If your baby is still jaundiced after two weeks (or three weeks if your baby was premature) then make sure you tell your midwife or doctor as they may need further tests.

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Further Questions and Information

If you have any questions or concerns please speak to any of the midwives, nurses or doctors who will help to answer your queries at the time. If you want more information, please see:

- NHS choices website - www.nhs.uk/conditions/Jaundice-newborn
- NICE website - www.nice.org.uk/guidance/CG98

This leaflet can be made available in difference formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at Pals@lwh.nhs.uk

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