

Jaundice in newborn babies

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What is jaundice?

Jaundice is the name given to the yellowing of the skin and whites of the eyes. In newborn babies, jaundice is very common and is typically harmless.

Most babies will become jaundiced at two-three days of age, but this usually clears up by itself at 10-14 days of age.

Most babies that become jaundiced do not require further treatment or intervention.

What causes jaundice?

Jaundice is caused by a yellow pigment called bilirubin. When babies are born, they have a large amount of red blood cells which are no longer needed. When the red blood cells are broken down, a waste product called bilirubin is produced. Bilirubin is usually processed by the liver and is excreted in urine and faeces. Sometimes newborn babies' livers take time to adapt to processing excess bilirubin, and therefore there is sometimes a build-up of bilirubin in the body, causing jaundice.

What is 'breastfeeding jaundice'?

Jaundice is more common but not exclusive to newborn babies that are breastfeeding, and is therefore sometimes known as 'breastfeeding jaundice'. This is because breastfeeding babies often take less volume than those being artificially fed, but this is certainly not a reason to stop breastfeeding.

If you are breastfeeding your baby, you should be encouraged to breastfeed regularly and wake your baby for feeds regularly if required.

If your baby starts to become jaundiced, you should be supported to help you breastfeed successfully.

What is prolonged jaundice?

Prolonged jaundice is when the jaundice persists for more than two weeks. Prolonged jaundice needs to be reviewed by medical staff and will require further investigation at your local hospital. This is because we need to identify babies who may have any rare conditions that may cause jaundice to persist.

Can jaundice harm my baby?

Most newborn babies that develop jaundice do not require further treatment or intervention. However, some babies will produce very high levels of bilirubin, which can be harmful if not treated. In very rare cases, high levels of bilirubin can cause brain damage.

Which babies are more likely to develop jaundice requiring treatment?

- Babies born prematurely (at less than 38 weeks of pregnancy)
- Babies whose siblings have had jaundice and required treatment
- Babies who are being exclusively breastfed
- Babies who have signs of jaundice in the first day of life

Testing for jaundice

Newborn babies should be checked for jaundice at every opportunity, especially in the first 72 hours.

Looking at your baby in natural light or when pressing gently on the skin to see if they appear yellow are good ways of spotting jaundice. Additionally, yellowing of the whites of the eyes and gums are good indicators.

If you think your baby may be jaundiced, your doctor or midwife will be able to help decide whether the jaundice requires treatment or not.

If your baby becomes very yellow, sleepy or is slow to feed, then there are different tests that may be done by a midwife, nurse or doctor at your local hospital.

A small handheld machine called a bilirubinometer is sometimes used to test for jaundice. The machine is pressed gently on to your baby's skin to calculate the amount of bilirubin in your baby's body. However, if a bilirubinometer is not available, a simple blood test may be required to measure how much bilirubin is in your baby's blood.

How is jaundice treated?

If the doctor, midwife or nurse decides that treatment is required, your baby will need to be treated in hospital with **phototherapy**.

Phototherapy involves placing your baby under or on a special blue light, which helps to breakdown the bilirubin and pass it out of the body. These special lights can either be overhead or in a mattress form. In cases where the bilirubin level is very high or rising quickly, multiple sets of lights may be used.

During phototherapy, your baby will be placed in a cot or incubator, lying on their back (unless they have any conditions which prevent this) with only a nappy on. Your baby's eyes will be protected using a special mask and they should be given regular eye care. Midwives and nurses will monitor your baby's temperature and feeding pattern to ensure your baby is well hydrated.

Whilst your baby is receiving phototherapy, treatment may be stopped occasionally for up to 30 minutes so that you can cuddle, feed and change your baby's nappy.

In rare cases, if your baby has very high bilirubin levels, other treatments may need to be started. Your doctor will discuss this with you.

How do I know the jaundice has gone?

The level of bilirubin in your baby's blood will need to be checked regularly whilst they are receiving phototherapy to see if it is working. When your baby's jaundice has improved, phototherapy can be stopped, but your baby will need another blood test 12-18 hours later to check that the jaundice has not returned to a level that may need more treatment.

Further information

If you have any questions or concerns regarding your baby and jaundice, please ask your nurse, midwife or doctor, who should be able to help.

Bliss – the special care baby charity

www.bliss.org.uk

Tel: 0808 801 0322

The Breastfeeding Network

www.breastfeedingnetwork.org.uk

Tel: 0300 100 0212

References

National Institute for Health and Care Excellence (NICE) (2010). Jaundice in newborn babies. [Online]

Available at: <https://www.nice.org.uk/guidance/cg98/ifp/chapter/Jaundice-in-newborn-babies> [Accessed 19 July 2017].

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

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Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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