

Prolonged Jaundice

Why do we investigate?

What is jaundice?

Jaundice is the name given to a yellow appearance of the skin and the whites of the eyes. It occurs in around two thirds of healthy babies in the first week of life, and usually fades by about 2 weeks. Jaundice is caused by a raised level of bilirubin. This is a waste product from the normal break down of red blood cells and is removed by the liver. A newborn baby's liver is immature and not as good at removing bilirubin as an adult liver, so this build up of bilirubin appears as a yellow colour in the skin.

This does not usually cause the baby any harm, however if the level was very high in the first week of life your baby may have been given treatment with phototherapy (blue lights).

What is 'prolonged jaundice'?

Jaundice is said to be 'prolonged' when a baby born at the normal time (after 37 weeks of gestation) remains jaundiced at 2 weeks of age if bottle fed or 3 weeks of age if breast fed or if a premature baby remains jaundiced at 3 weeks of age.

Why do we investigate?

If your baby is healthy, is feeding well and gaining weight and has yellow or green stools and pale urine it is unlikely the jaundice is of concern.

If your babies' stools are consistently pale or urine consistently dark there needs to be a medical review without delay and if any bruising or bleeding as an emergency, however apparently minor.

Nearly all babies who have 'prolonged jaundice' are healthy breast fed babies. There is something in breast milk that reduces the livers ability to remove bilirubin. This does not cause the baby any problems and there is no need to stop breast feeding. Bottle fed babies remain jaundiced less often.

When we investigate babies with prolonged jaundice we are looking for very rare but important conditions in which early treatment can improve the outcome for the baby. These are mainly liver conditions, but we may also check for urine infection and thyroid disease.

What do we do in a 'prolonged jaundice screen'?

If your GP or health visitor thinks your baby has prolonged jaundice they will arrange for your baby to be reviewed by a member of the neonatal medical team, this may be a Doctor or an Advanced Neonatal Nurse Practitioner (ANNP). You will be asked to send via email, photographs of your baby, including a photograph of a nappy with your babies' poo in it. This is so that can assess your babies skin colour and stool pigmentation.

You will be given a time and date (it will be in the morning) to receive a telephone call from the neonatal to discuss your babies' jaundice. Following this conversation, the clinician will decide whether you will need to bring your baby into hospital the same afternoon for a face to face appointment. At this appointment your baby will be examined, weighed and a blood sample taken.

What happens next?

We will write to you, your GP and your Health Visitor with the results. Most babies will have normal results and we can say your baby almost certainly has harmless breast milk jaundice. If this is the case, no further action needs to be taken and you do not need to be seen again at the hospital. The jaundice will gradually fade. There is no need to stop breastfeeding.

We occasionally have to repeat one or more of the tests but this does not mean there is a serious problem. The doctors will explain to you what is happening.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

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