

Jaundice and your newborn baby

Children's Services

Last reviewed: May 2023

Information for Parents and Carers

Next review: May 2026

Leaflet number: 490 Version: 1

Does this information apply to me?

This information applies to you if you are a parent or carer of a newborn baby (including babies born early before 38 weeks) with jaundice, from birth to 28 days of age.

Introduction

Jaundice is the name given to the yellowing of the skin and the whites of the eyes. Jaundice in newborn babies is very common, is usually harmless and usually clears up on its own after 10 to 14 days.

Most babies who develop jaundice do not need treatment or extra monitoring. However, a few babies will develop very high levels of bilirubin, which can be harmful if not treated.

If you think your baby is jaundiced, the doctor or midwife will be able to help decide whether or not the jaundice needs treating.

What causes jaundice?

When babies are born, they begin breaking down the extra red blood cells that they needed in the womb, but that they no longer need once they are born. This breakdown of red blood cells produces large quantities of the pigment bilirubin which is yellow.

Bilirubin is normally processed by the liver and passed out of the body through the bowels in your poo (stools/ faeces). However, newborn babies are not very good at this so the extra bilirubin is stored in the skin and eyes and makes them look yellow. This tends to start at the head and face and spreads downwards.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Which babies are more likely to develop jaundice that needs treatment?

- Babies who were born early (at less than 38 weeks of pregnancy).
- Babies who have a brother or sister who had jaundice that needed treatment as a baby.
- Babies whose mother intends to only breast feed.
- Babies who have signs of jaundice in the first 24 hours after birth.

Whether your baby looks jaundiced or not, the doctor or midwife should check whether your baby is at risk of developing high levels of jaundice soon after birth. If so, the doctor or midwife should give your baby a further check for jaundice during the first 48 hours.

Testing for jaundice

Your newborn baby should be assessed for signs of jaundice at every midwife, nurse or doctor check, especially in the first 72 hours. This will include looking at your naked baby in bright light (natural day light if possible) to see if they look yellow. You can see jaundice more easily by pressing lightly on the skin. Yellowing of the whites of the eyes is also a helpful sign of jaundice, particularly in babies with darker skin tones.

How is neonatal jaundice diagnosed?

Your midwife will review your baby on a regular basis. If they feel that there are signs of jaundice, they will check the levels of jaundice by placing a device on your baby's skin that measures the level of bilirubin. If this level is high, your baby may need to go to hospital for blood tests to check the levels of bilirubin and for treatment if it is needed.

This test will be repeated regularly to check bilirubin levels and decide if we carry on with the same treatment or change to a different treatment. More tests may be needed to look for any other possible causes of jaundice.

How will the jaundice be treated?

If the doctor decides that treatment is needed your baby will be treated in hospital using phototherapy. Phototherapy is where your baby is laid under a special light. This is because light of a certain wave length 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 will be covered with a soft mask 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 checked regularly, as well as whether they have been feeding enough. This is done by checking their wet 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. You should be given help with feeding. Please do not take your child away from the light unless you have talked with the nurses or doctors first. If your baby's bilirubin level is very high or rising quickly, or if your baby's jaundice does not get better after phototherapy, your baby's treatment will be stepped up.

You will also be offered feeding support during this time, it is important for newborn babies with jaundice to be well hydrated and nourished. Depending on your child's specific needs this may include breast feeds, expressed (pumped) breast milk bottle/cup feeds, formula bottle feeds or a mixture of the above. In some cases, if babies are too sleepy to feed or have very high levels of jaundice, doctors and nursing staff may decide to pass a tube into the stomach via the nose to give milk or a tube in the vein to give a drip. This will be discussed with you if needed.

Checking to see if phototherapy is working

The level of bilirubin in your baby's blood will need to be checked with a blood test 4 to 6 hours after starting phototherapy. This is to see if the treatment is working. At this time we may do other blood tests including one to check your baby's blood type. If the bilirubin levels are not dropping, after 4 to 6 hours of phototherapy, the phototherapy may need to be intensified.

After this, the bilirubin levels will be checked every 6 to 12 hours until phototherapy is stopped.

When your baby's jaundice does get better, phototherapy can be stopped. Your baby will need another blood test 12 to 18 hours after switching off the lights, to make sure the jaundice has stayed at a safe level and not returned to a level that would need further treatment.

What next?

For most babies, jaundice clears up within a few days and they can be discharged home safely.

If your baby has jaundice for more than 2 weeks (or for more than 3 weeks for babies that were born early), make sure that you tell your midwife or doctor. Your baby may need further tests to check for other medical problems that could be causing the jaundice. This is called a "prolonged jaundice screen".

Sources of advice and support

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

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk