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INFORMATION FOR PARENTS, GUARDIANS AND CARERS

Jaundice in newborn babies

Your baby was referred because he/she is jaundiced. This leaflet explains what jaundice is and how it is treated.

What is jaundice?

Jaundice is a yellow colouration of the skin and whites of the eyes that is common in newborn babies. It is caused by a pigment called bilirubin. Bilirubin is made from the breakdown of blood and is removed from the body by the liver. In newborn babies, blood breaks down more quickly meaning that bilirubin levels can build up very high.

A moderate amount of jaundice is quite common in many newborns and not harmful. However, extremely high levels may be harmful, so this is why jaundice levels are monitored during the first few days of life to prevent the level becoming too high. Sometimes we need to treat the jaundice to stop the levels becoming high enough to make your baby unwell. As the liver matures, your baby will be able to clear these high levels by his/her self. This should have occurred by two weeks of age (three weeks of age in premature babies).

How is jaundice monitored?

Health professionals check babies for signs of jaundice by looking at the colour of their skin and eyes. As part of the assessment they will also be asking about baby's wet and dirty nappies. If they notice jaundice they may use a machine (transcutaneous bilirubinometer), which measures an approximate level of jaundice through the skin. In some cases they may ask one of the paediatric doctors to look at your baby, and possibly ask for a blood test to check the jaundice level.

How is jaundice treated?

Feeding helps babies to process the bilirubin (yellow pigment). It is important that jaundiced babies feed well and often, as the bilirubin is removed from the body when babies pass urine. Jaundiced babies can be sleepy when feeding and if this is the case please ask your midwife for feeding support and advice.

Depending on the level of jaundice, your baby may need to be treated by special fluorescent lights called phototherapy.

What is phototherapy?

Phototherapy is a light treatment used to breakdown the yellow pigment (bilirubin) which causes jaundice. When using phototherapy, it is important to make sure the maximum area of light is in contact with your baby's skin.

Phototherapy must be continued until the bilirubin level has dropped to a low and safe enough level. You should give your baby short breaks (up to 30 minutes) for nappy changing, feeding and cuddles. Blood tests are used to monitor your baby's jaundice level.

Where will my baby receive phototherapy?

Most babies will have phototherapy on the postnatal ward or Ward 25. In some cases when the bilirubin level is very high, they may need to be admitted to the Neonatal Unit for phototherapy.

Does phototherapy have any risks or side effects?

When a baby is under phototherapy lights, there is increased water loss from the skin. It is important that your baby has frequent feeds to keep him/her well hydrated. All babies who are having phototherapy wear eye protection to prevent damage to the back of the eyes from UV light.

How long will the jaundice last?

The length of time babies remain jaundiced is different from one baby to another. Usually bilirubin levels (jaundice) increase over the first few days then decrease slowly over the next week or two.

When a baby is on phototherapy we do regular blood tests to check the bilirubin level, which needs to be below a certain level before deciding to stop phototherapy. The blood tests are done by taking a small sample of blood from your baby's heel. The length of time your baby will require phototherapy is very variable.

Once the phototherapy has been stopped we will need to take a further blood test to make sure the level is not rising again 8-12 hours after stopping.

Does jaundice cause any long-term problems?

For most babies, jaundice does not cause any long-term problems. Very rarely, the amount of bilirubin in a baby's blood is so high that it can cause problems such as hearing loss or cerebral palsy. We treat jaundice at the levels we do in order to give your baby a large safety margin to avoid these complications.

These complications are extremely rare and with the right treatment the small risk is reduced.

Contact details

Please contact your community midwife if you have any concerns about your baby being jaundiced.

Further sources of information

NHS Choices: www.nhs.uk/conditions/jaundice-newborn/
Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)
PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222
Newark Hospital: 01636 685692
Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them.

If you require a full list of references for this leaflet (if relevant) please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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