

Jaundice in the newborn

Patient information

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

St Helens Hospital
Marshall's Cross Road,
St Helens, Merseyside, WA9 3DA
Telephone: 01744 26633

Southport Hospital
Town Lane, Kew,
Southport, Merseyside,
PR8 6PN
Telephone: 01704 547 471

Ormskirk Hospital
Dicconson Way, Wigan Road,
Ormskirk, Lancashire, L39 2AZ
Telephone: 01695 577 111

www.MerseyWestLancs.nhs.uk

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إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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What is Jaundice?

Jaundice is the name given to the yellow appearance of the skin and the whites of the eyes. Newborn babies are born with a higher than normal number of red blood cells. The body continuously makes red blood cells and breaks down old ones. As these blood cells break down the body produces a waste product called bilirubin.

When bilirubin levels in the body are raised it causes jaundice. The liver removes the bilirubin from the blood, but the liver of a newborn baby can take a few days to work properly and this is what causes babies to be jaundiced. This is why jaundice is common in newborn babies, and even more common in premature babies.

Is Jaundice common?

Yes. About 9 out of 10 babies develop jaundice in the first week of life. For most babies, jaundice does not necessarily mean the baby is ill, and this early jaundice (known as physiological jaundice) is generally harmless.

Notes

Risks and discomfort of the treatment

Every care is taken to ensure your infants safety; however, it is important to protect eyes from the phototherapy.

- The infants can often also get a little dehydrated (dry) so extra fluids will be given to prevent this.
- Occasionally, babies can have a skin rash or diarrhoea when under the lights, but generally there are no problems.
- If the bilirubin level is too high a blood exchange transfusion may be needed to replace the baby's blood with 'bilirubin free' blood.
- If your infant does not receive phototherapy the Bilirubin level may rise to an unsafe level which may cause your baby to have a seizure (fit).

Discharge after treatment:

Once treatment has stopped your baby will be monitored for another 24 hours to make sure their 'Bilirubin' level does not rise again.

Infants who have jaundice are usually home 2-3days after admission.

Important: when you go home you continue to make sure your baby is feeding well and does not need to be woken for feeds.

Your midwife will visit regularly and monitor your baby after discharge to make sure they remain well and until their care is taken over by the health visitor at 28 days.

What are the symptoms?

Newborn jaundice primarily appears as a yellowish skin tone, often starting on the face and yellowing may start to spread down the body. Your baby may also have yellowing of the whites of the eyes.

Other symptoms can include:

- Lethargy—and reduced interest in feeds.
- High-pitched cry.
- Poor feeding.
- Dark/pale yellow urine—a babies urine should be colourless.
- Chalk-like stools (poo).

When is the right time to get help?

Immediately— If you notice signs of jaundice, particularly after the first 72 hours of birth when the initial newborn check is completed.

Seek advice from your midwife, health visitor, or GP for further assessment, as tests are needed to determine if your baby requires treatment.

How is the bilirubin level tested?

If your baby looks jaundiced a heel prick blood sample can be taken to measure the level of bilirubin in your baby's blood. This measurement will determine whether the baby will need treatment or not. Babies who are premature receive treatment at lower bilirubin levels than full term babies.

What is the treatment for Jaundice?

Babies are treated with phototherapy. These are blue lights which help breakdown bilirubin. Whilst your baby is under the phototherapy, it is very important to protect their eyes. A mask is put over their eyes to keep them safe. Your baby will also be lay inside the incubator in only a nappy to ensure the lights can get to as much of the skin as possible. Your baby will be placed inside an incubator with the lights above.

An **alternative method of treatment** is a Bili blanket. This is a mat that the lights fitted into, the mat gets placed into a fitted vest/sheet. This is used for when you are getting the baby out for prolonged periods of time. EG. Feeds/ cuddles when unsettled. Your baby will not need to wear an eye shield with the Bili blanket but it is important to replace it before putting the baby back into the incubator.

When coming into hospital due to high bilirubin levels, the bilirubin test will be checked before treatment is started, during the treatment to ensure the 'bilirubin' level is going down, this is usually daily, and after treatment, and a final test 24hours before discharge to ensure the levels are not rising again.

