Mersey and West Lancashire Teaching Hospitals
NHS Trust

Jaundice in a newborn & prolonged jaundice

Patient information leaflet

If you need this information in a different language or accessible format, please speak to a member of staff who can arrange it for you

Якщо вам потрібна ця інформація іншою мовою або в доступному форматі, зверніться до співробітника, який зможе це для вас організувати

إذا كنت بحاجة إلى هذه المعلومات بلغة مختلفة أو بصيغة ميسّرة، فيرجى التحدث إلى أحد العاملين والذي سيقوم بترتيب ذلك لك.

如果您需要其他語言或無障礙格式的資訊，請聯繫工作人員，他們將為您安排。

இந்தத் தகவலானது உங்களுக்கு வேறொரு மொழியிலோ அல்லது எளிதில் அணுகக்கூடிய வடிவத்திலோ தேவைப்பட்டால், அதனை உங்களுக்காக ஏற்பாடு செய்துதரக்கூடிய பணியாளர் ஒருவரிடம் தயவுசெய்து பேசவும்.

Dacă aveți nevoie de aceste informații într-o altă limbă sau într-un format accesibil, vă rugăm să vă adresați unui membru al personalului, care va face demersurile necesare pentru dumneavoastră.

اگر به این اطلاعات به زبانی دیگر یا در قالب دسترس‌پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Se necessitar desta informação numa língua diferente ou num formato acessível, por favor fale com um membro da equipa que poderá organizá-la para si

اگر آپ کو یہ معلومات کسی مختلف زبان یا قابل رسائی فارمیٹ میں چاہیے، تو مہربانی کرکے عملے کے کسی رکن سے بات کریں جو آپ کے لیے اس کا بندوبست کر سکتا ہو۔

Jeżeli niniejsze informacje mają być przekazane w innym języku lub dostępnym formacie, prosimy o kontakt z członkiem personelu, który może to dla Państwa przygotować

ئەگەر پێویستیت بەم زانیاریانە هەیە بە زمانێکی جیاواز یان شێوازێکی تر، تکایە لەگەڵ ئەندامێکی ستافەکە قسە بکە کە دەتوانێت بۆت ڕێکبخات

Author: Nurse
Department: Paediatrics
Document Number: MWL2766
Version: 006
Review Date: 31/08/2028

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.

It usually occurs in the early postnatal period (just after the birth of the baby) and it can last up to 2 weeks in a full-term baby and 3 weeks in a pre-term baby. If your baby remains jaundiced beyond this point, we refer to it as prolonged jaundice. In most babies, jaundice is not harmful.

However, it can become harmful for some babies if the bilirubin reaches a very high level and it is not treated.

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.

Why is my baby jaundiced?

There are two types of jaundice:

Physiological

Physiological jaundice is part of the natural body process and is also the most common cause. Liver must break down red blood cells (RBC) and the waste product is bilirubin. The liver is immature and therefore it is not as effective as an adult liver at removing bilirubin.

Pathological

Pathological jaundice involves an actual abnormality that causes bilirubin levels to reach higher levels sooner or take more time to come down. This type of jaundice can be caused by several factors, including blood or liver diseases, infections, genetic disorders or physiological jaundice that worsens over time.



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 baby's 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.

What needs to be done if I think my baby is jaundiced?

If you think your baby is jaundiced or appears unwell, contact the midwife or your doctor immediately. Your doctor may ask you about any changes to the colour of their stool (poo) or urine. They will also ask about feeding patterns, their behaviour and their general well-being.

If your baby is suspected of having jaundice, your doctor may confirm this with a blood test by pricking the baby's heel to obtain a blood sample. The level of bilirubin is then plotted on a graph, and this will determine whether your baby needs treatment or not.

Further tests would be required if the jaundice is prolonged i.e. more than 2 weeks in a full-term baby or 3 weeks in a pre-term baby. This may include an infection screen, blood tests and urine tests. Of which, some tests will take several days for the results to come back.

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. You 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.





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 is prolonged jaundice?

For most babies, jaundice resolves by a few days of life. However, if your baby has jaundice for more than 14 days (or 21 days if they were pre-term), this is termed prolonged jaundice. Breast fed babies are more likely to develop jaundice. This is called breast milk jaundice.

Breast milk jaundice is thought to be caused by a certain complex protein in the milk, which can inhibit the breakdown of bilirubin in the liver. It is completely harmless. Breast milk jaundice is also the most common cause of prolonged jaundice. However, if your baby does have jaundice that persists, it needs to be checked out by your doctor or midwife.

Final points

- Check your baby for jaundice, particularly in the first few days of life.
- If you suspect that your baby has jaundice, contact your midwife or doctor.
- Most babies will have mild physiological jaundice and will not require any treatment.
- Prolonged jaundice is most caused by breast milk jaundice but still requires investigating to rule out any other medical causes.

If you would like any further information on Jaundice or Prolonged Jaundice, please use the webpage below:

www.nhs.uk/conditions/Jaundice-newborn

There may be students and observers present during your consultation as part of their ongoing training. Please let the staff know if you do not wish any students to be present during your attendance

Please ask a member of staff if you would like a chaperone present during your procedure.

MWL has a zero-tolerance approach to any form of abuse, violence or aggression shown to staff and patients, by patients, visitors or members of the public. We will not tolerate any form of bullying, victimisation, harassment, discrimination, unacceptable and inappropriate behaviour and/or unacceptable and inappropriate language.

All instances of abuse, violence or aggression, no matter how big or small, will be investigated and action taken if necessary.

Whiston Hospital
Warrington Road
Prescot
Merseyside
L35 5DR

St Helens Hospital
Marshall Cross Road
St Helens
Merseyside
WA9 3DA

Newton Hospital
Bradlegh Road
Newton-le-Willows
WA12 8RB

Southport Hospital
Town Lane Kew
Southport
Merseyside
PR8 6PN

Ormskirk Hospital
Dicconson Way
Wigan Road
Ormskirk
L39 2AZ