

Jaundice in new-borns

This leaflet explains how jaundice can affect new-born babies and how it may be treated. If you have any further questions or concerns please speak with your midwife or GP.

What is jaundice?

Jaundice is the name given to yellowing of the skin and the whites of the eyes. Jaundice in new-born babies is very common, it is usually harmless and clears up on its own after 10–14 days. Newborn babies produce large quantities of the pigment bilirubin. This is the substance that gives the yellow colour to the skin and whites of the eyes. Bilirubin is a product of the breakdown of red blood cells. It is normally processed by the liver and passed out of the body through the bowels in faeces (poo). The skin and eyes turn yellow in jaundice because there is an increased amount of bilirubin in the body. Sometimes babies with darker skin tones can appear very red and the yellow colour is more difficult to recognise. Jaundice is assessed by looking at the baby's skin all over its body and also assessed by how sleepy / alert the baby is. 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. In rare cases, it can cause brain damage. This is known as kernicterus and is very rare in the UK. If you think your baby is jaundiced the doctor or midwife will be able to help you judge whether or not the jaundice needs treating. As well as the yellowing of the skin and whites of the eyes symptoms of jaundice can also include:

- being sleepy
- not wanting to feed
- having dark yellow pee (it should be colourless)
- having pale poo

Some babies are more likely to develop jaundice that needs treatment.

The chance increases if they:

- are born early (at less than 38 weeks of pregnancy)
- have a brother or sister who had jaundice that needed treatment as a baby
- babies who are exclusively breastfeeding
- have been born with the aid of forceps and/or ventouse-suction cup
- have signs of jaundice in the first 24 hours after birth.
- Are born to parents of Asian heritage

We do see increased cases of jaundice in babies that are exclusively breastfed. This is known as breastmilk jaundice and, while the cause is unknown, it may be because of a lack of hydration or breastmilk preventing the liver from processing the bilirubin. Breastmilk is the best form of nutrition for your baby and jaundice is not a reason to supplement with formula, unless medically needed.

Measuring bilirubin levels in babies with jaundice

- **Babies in the first 24 hours:** If your baby looks jaundiced in the first 24 hours after birth, your baby will need a blood test urgently (within 2 hours). This test measures the level of bilirubin in the blood to see if the jaundice needs to be treated. This should be noticed during the early baby check but if you are concerned please call a midwife to review your baby. If you are at home, contact your community midwife immediately. Once the doctor or midwife knows the results of the blood test, more tests may be needed to see if there is an underlying illness causing the jaundice.
- **Babies older than 24 hours:** If your baby looks jaundiced and is older than 24 hours, the doctor or midwife will measure your baby's bilirubin level within 6 hours. This can usually be done using a bilirubinometer machine which tests the levels through the skin by gently placing a light probe onto baby's chest. If the machine is not available, or if the level is above 250mol/L, the bilirubin levels will need to be measured using a blood test. If you are at home then you will be asked to attend the Paediatric observation bay, on Kempton Ward at the RBH. Our community staff will arrange this for you. Pack an overnight bag for yourself and the baby in case your baby needs to stay in for further monitoring or light treatment.

Phototherapy

If the doctor or midwife decides that treatment is needed because your baby's bilirubin level is higher than expected, your baby may be treated in hospital using phototherapy. If you are still on the post-natal ward your baby will stay with you during phototherapy treatment. If your baby is readmitted to hospital after you have been discharged from the postnatal ward, you will also be able to stay with your baby.

Phototherapy involves placing the baby under a special light (not sunlight). Light of a certain wavelength helps the body to break down the bilirubin and pass it out of the body.

Phototherapy treatment may involve the baby lying under the special lights or being cared for inside a special 'blanket of light' (a Bili-blanket). During phototherapy, your baby will be placed on their back unless they have other conditions that prevent this. Your baby's eyes should be protected. Your baby may be placed in a cot or an incubator or in the Bili-blanket. If the baby is lying under the lights the treatment may be stopped from time to time for up to 30 minutes so you can hold, feed, cuddle your baby, and change their nappy. If the baby is inside the Bili-blanket they can usually feed and be cuddled whilst staying in the blanket, usually they only need to come out for a nappy change. It may be necessary to supplement babies with extra milk whilst they need treatment for jaundice, it is preferable that as much of this as possible is your own breast milk. If formula milk is recommended then it is important to maintain your supply by encouraging baby to feed frequently or expressing your milk. Please ask for help with feeding and support with expressing if this becomes necessary.

Sometimes, more intense therapies are needed in cases of really high levels. Our staff will be able to discuss this with you if they are necessary.

Your baby will need regular blood tests to monitor the jaundice levels during treatment and even once the light therapy has finished. Light treatment may need resuming if the levels rise up again back into the treatment range. Our staff will advise you of any further follow up if needed.

Sometimes the jaundice is prolonged, lasting longer than two-three weeks; your baby may need a prolonged jaundice check, which can be arranged through your GP.

Further information

www.nice.org.uk/guidance/cg98/ifp/chapter/about-this-information.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

R Bonney-Napper, Infant Feeding Team Lead, July 2019

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