

# Jaundice in newborns

**This leaflet explains how jaundice can affect newborn 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 newborn babies is very common, 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 stools (faeces). 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 & 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.

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.

The following 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 breastfeed exclusively
- babies who have been born with the aid of forceps and/or ventouse-suction cup
- babies who have signs of jaundice in the first 24 hours after birth.
- babies born to parents of Indian heritage

## 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. Call a member of staff 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 have come in from home then you can 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 his or her 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. Please ask for help with feeding and support with expressing if that becomes necessary.

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

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](http://www.nice.org.uk/guidance/cg98/ifp/chapter/about-this-information).

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://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

Reviewed: July 2021

Amended: August 2022

Next review due: July 2023