

Neonatal Jaundice

This leaflet offers more information about neonatal jaundice. If you have any further questions or concerns, please speak to the staff member in charge of your child's care.

What is jaundice and why has my child got it?

Jaundice is caused by bilirubin in the blood. This is made when red cells break down as part of a natural process and can make a baby look yellow or orange. Bilirubin is removed from the body by the liver. New-born babies naturally have more red blood cells than adults or older children and their liver is slower at removing the bilirubin. This leads to a build-up of bilirubin, which in turn causes jaundice.

This is natural and very common in new-born babies. Two thirds of babies born near their due date and almost all premature babies become jaundiced at some point. It is usually harmless. This is called **physiological jaundice** and will normally disappear on its own.

However, sometimes jaundice can mean that there is an underlying problem (**pathological jaundice**). Your baby may have a more serious problem if the jaundice is making them unwell or if s/he has any of the following signs:

- jaundice in the first 24 hours of life
- poor sucking or feeding
- excessive sleepiness
- high-pitched cry
- limpness or floppiness
- dark yellow urine (a newborn baby's urine should be colourless)
- pale putty-coloured faeces (poo) instead of yellow or orange in colour.

If any of these things happen, you should tell your GP, midwife or health visitor straightaway.

A common cause of pathological jaundice is incompatibility (a difference) between the mother's and baby's blood group. Other causes are infection, liver problems and problems with the red blood cells.

Your doctor or midwife will check if your baby has any of these problems and will talk to you in more detail if they think they have.

Jaundice lasting more than 14 days is called prolonged jaundice.

It is not normally a sign of other illness, but in rare cases might be caused by illnesses of the liver or other organs. Your GP or health visitor will arrange for your child to be seen by a paediatrician if this happens.

What are the signs and symptoms?

Jaundice causes a yellowish colour of the skin and eyes. The skin usually starts to go yellow on the baby's face before spreading to their chest and stomach.

The yellow colour may then reach their arms and legs.

Jaundice may be harder to spot where skin is dark, and the yellowness may be easier to see in the whites of your baby's eyes, inside their mouth or on the palms of their hands or the soles of their feet.

Do I need any tests to confirm the diagnosis?

Once jaundice is diagnosed, it is important to check the level of bilirubin in the blood to see if treatment is needed.

This can be done either by using a bilirubin meter to test the level at the skin or by a blood test. The blood test is more accurate. To test the blood, a small sample is taken by pricking your baby's heel. This is then analysed by a machine on the ward or in the laboratory. The ward machine can give a result in under 10 minutes and the laboratory test takes up to four hours.

The result is compared with a graph that is standard for your baby's age which will help your doctor or health visitor decide if treatment is needed.

Each of these tests has advantages and disadvantages and your midwife or doctor will decide which test is best.

What treatments are available?

Most babies with jaundice will not need treatment as the bilirubin will be naturally cleared from their bodies.

If the bilirubin is too high, it may make your baby ill so your midwife or doctor may recommend one of the following treatments.

Phototherapy aims to expose your baby's skin to as much ultraviolet (UV) light as possible. This allows the bilirubin to bypass the liver and makes it easier for your baby to get rid of it.

Phototherapy is given either using an overhead lamp or by placing your baby onto a special blanket (called a bili-blanket) or both. As most of your baby's clothes will need to be removed when they are under the lamp, they may need to be placed in an incubator to keep warm. They will also need a soft eye cover to protect their eyes. Some babies will need to go under the lamp more than once.

Sometimes babies will need other treatments for their jaundice and your doctor will talk to you about these if they are needed.

Feeding your baby regularly also helps to clear their bilirubin so you should do this even if they are sleepy from the jaundice. The midwives and nurses looking after your baby will help you to feed them.

When will my baby's jaundice get better?

Jaundice can last for many days. Your midwife or health visitor will carry on checking your baby to see if they need any more tests.

Any treatment needed is normally for a few days and blood tests will be taken to keep checking bilirubin levels to decide how long. As soon as bilirubin levels fall below a certain level, phototherapy will be stopped and more blood tests will be taken to check continuing levels. Bilirubin may build up again after phototherapy stops but usually no further treatment is needed, although sometimes some babies will need to restart their phototherapy.

What happens if my child does not get treatment?

Very high levels of bilirubin can cause injury to a baby's brain and can affect development later. This is very uncommon and usually only happens when a child has very high bilirubin levels that are not treated. Treated jaundice has no long term effects.

Is there anything I can do to help my baby?

Feeding your baby regularly helps to clear their bilirubin so you should do this even if they are sleepy from the jaundice. The midwives and nurses looking after your baby will help with this.

Useful sources of information

NICE website

www.nice.org.uk/guidance/QS57

NHS Choices

www.nhs.uk/conditions/jaundice-newborn

Contact us

If you have any questions or concerns about neonatal jaundice, or if you think your baby has it, please contact your midwife, health visitor or GP. If your baby's jaundice is making them ill or they seem to be getting darker in colour it is important to get urgent medical advice either from your GP or your nearest emergency department (ED or A&E).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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