Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Jaundice in Babies

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Jaundice in Babies

Parent / Carer Information

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What is jaundice?

Jaundice is the name given to yellowing of the skin and the whites of the eyes. In new-born babies, jaundice is very common and usually harmless, clearing up on its own after 10–14 days.

New-born babies produce large quantities of a pigment called 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.

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 the jaundice needs treating.

Your care team

A range of professionals who specialise in different areas of treatment or support may be involved in your baby's care. These could include midwives, GPs, health visitors, hospital doctors and nurses. There is clear guidance available to support the decision-making process when these professionals are seeing your baby.

Which babies are more likely to develop jaundice that needs treatment?

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 where the plan is to breastfeed exclusively. This is not a problem, merely an explanation.
- babies who have signs of jaundice in the first 24 hours after birth.

The doctor or midwife will check whether your baby is at risk of developing high levels of jaundice soon after birth, and if so, the doctor or midwife will give your baby an additional check for jaundice during the first 48 hours.

Testing for jaundice

Your new-born baby will be checked for signs of jaundice at every opportunity, especially in the first 72 hours. This will include looking at your naked baby in bright light (natural light if possible) to see if they appear yellow. You can detect jaundice more easily by pressing lightly on the skin. A yellowing of the whites of the eyes and the gums are helpful indicators of jaundice, particularly in babies with darker skin tones. You or the doctor or midwife can carry out the check.

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, he/she 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. Once the doctor or midwife knows the results of the blood test, more tests may be needed to see if there is an underlying problem causing the jaundice.

Babies older than 24 hours

If your baby looks jaundiced and is older than 24 hours a doctor, nurse or midwife will measure your baby's bilirubin level within 6 hours. This can usually be done using a machine called a bilirubinometer. If this is not available, bilirubin levels can be measured using a blood test which is usually taken from a prick of the heel.

Phototherapy

If the doctor or midwife decides that treatment is needed because your baby's bilirubin level is higher than expected, your baby will be treated in hospital using phototherapy.

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. During phototherapy your baby will be placed on his/her back unless they have other conditions which prevent this.

Your baby's eyes will be protected, and they will be given routine eye care. Your baby may be placed in a cot or an incubator. Your baby's temperature will be monitored, and your baby will be checked to make sure he or she stays hydrated (has enough fluid in their body). This is done by weighing your baby and assessing their wet nappies.

The treatment may be stopped from time to time for up to 30 minutes so you can hold, feed, and cuddle your baby and change their nappy. You will be supported with feeding your baby.

Intensified phototherapy

If your baby's bilirubin level is very high or rising quickly, or if your baby's jaundice does not improve after phototherapy, the treatment will be stepped up. This is called 'intensified' phototherapy which involves increasing the amount of light used in phototherapy.

The phototherapy lamp may be turned up or another light source added at the same time to give more light. During intensified phototherapy, it is not usually possible for you to carry on breastfeeding because the treatment should not be stopped for breaks. However, you will be encouraged to express your breast milk, which can then be given to your baby through a feeding tube that passes up your baby's nose and into their stomach. Rarely, fluids may be needed, and these are given straight into a vein using a 'drip'. Your baby can be breastfed normally again after intensified phototherapy is stopped, and you will be offered extra help with this.

Checking to see if phototherapy is working

The level of bilirubin in your baby's blood will need to be checked with a blood test every 4 to 6 hours to see if the treatment is working. Once the levels of bilirubin become stable or fall, they will still have to be checked every 6–12 hours. When your baby's jaundice does get better, phototherapy can be stopped. Your baby will need another blood test 12–18 hours later. This is to make sure the jaundice has not returned to a level that would need further treatment. Your baby won't necessarily have to stay in hospital for this.

Other treatments for jaundice

If the level of bilirubin in your baby's blood is very high, your baby might need a complete changeover of blood (an exchange transfusion) because this is the quickest way to lower the bilirubin levels. Your baby will need to be admitted to an intensive care bed for this.

After the exchange transfusion is completed, your baby will need a blood test within 2 hours so that the bilirubin level can be checked to see how well the treatment has worked.

Rarely, in a condition called haemolytic disease where the mother's blood cells attack the baby's, your baby may need immunoglobulin which is a medicine given into the vein that helps to stop this from happening and support the baby's immune system.

After phototherapy what next?

After your baby has received phototherapy, your baby will be allowed home with you. The medical team will arrange for the bilirubin level to be checked again 12 to 18 hours from stopping the phototherapy. This may be done either whilst in hospital or in the community. If it goes back up above the treatment line your baby may need further treatment.

Jaundice usually gets better on its own after 10 to 14 days. In a few babies it may persist longer than this. For these babies, further tests may be required, your midwife will continue to check for jaundice which continues after 14 days and will refer you to the hospital clinic for babies with prolonged jaundice.

If you have further queries about jaundice, you should, in the first instance, contact your midwife or GP.

Advice and support can also be obtained from the following sources:

Bliss – the special care baby charity, 0808 801 0322

www.bliss.org.uk

The Breastfeeding Network 0300 100 0212

www.breastfeedingnetwork.org.uk

Children's Liver Disease Foundation, 0121 212 3839

www.childliverdisease.org

La Leche League, 0845 120 2918

www.laleche.org.uk

National Childbirth Trust, 0300 330 0700

www.nct.org.uk

Spoons Charity, 0300 365 0363

https://spoons.org.uk/

You can also go to NHS Choices for more information.

Equipment used for phototherapy

Phototherapy lights

Protective covers for your baby’s eyes

Cot/incubator



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