

Patient Information



**Milton Keynes
University Hospital**
NHS Foundation Trust

**Women's and
Children's**

**Jaundice in newborn
babies**

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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 usually 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.

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.

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 whose mothers intend to breastfeed exclusively
- babies who have signs of jaundice in the first 24 hours after birth

Your newborn baby should 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.

If your baby is at risk of developing high levels of jaundice soon after birth, the doctor or midwife should give your baby a check for jaundice during the first 48 hours.

How can I tell if my baby has jaundice?

Jaundice can be detected more easily by pressing lightly on the skin. If you gently press the tip of your baby's nose for a few seconds and then release, you may see a yellow colour visible beneath the skin. A yellowing of the whites of the eyes and the gums are also helpful indicators of jaundice, particularly in babies with darker skin tones.

What should I do if I think my baby has jaundice?

You must contact the hospital **immediately** on 01908 243478 if:

- You think your baby is jaundiced **in the first 24 hours**
- You are concerned that your baby is jaundiced and is **otherwise unwell** e.g. lethargic, not feeding well, 'floppy'
- You are concerned that your baby has **pale, chalky stools and/or dark urine**

If you think your baby is jaundiced after the first 24 hours, but is otherwise well e.g. feeding well, alert, good tone, please call the Community Midwives' Office on 01908 243534 between 9am-4pm. If there is no answer, or outside these hours, please call Labour Ward on 01908 243478 so that your baby can be reviewed promptly.

Testing for jaundice

If it looks like your baby has jaundice, it is important to measure the level of bilirubin is measured. The doctor or midwife shouldn't rely on visual inspection alone to estimate the bilirubin level.

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) and will be admitted to Ward 10 for review by a paediatrician. 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 condition causing the jaundice.

Babies older than 24 hours

If your baby looks jaundiced and is older than 24 hours, the doctor or midwife should measure your baby's bilirubin level within 6 hours. This can usually be done using a special hand-held device placed briefly on the skin (a 'bilirubinometer'). It won't hurt your baby. If a bilirubinometer is not available, the reading is high, or in certain clinical situations, the bilirubin levels can be measured using a blood test.

Treating jaundice

The doctor or midwife will use a table or chart to decide whether your baby's bilirubin level needs treating and what kind of treatment would be best.

If your baby needs treatment for jaundice, this will be done in hospital. The doctor or midwife should give you appropriate information about the treatments. The information should include:

- what the treatment involves
- how long the treatment is likely to last
- how you can hold, touch and feed your baby during their treatment

Phototherapy treatment for jaundice

If the doctor or midwife decides that treatment is needed because your baby's bilirubin level is higher than expected, your baby will usually be treated 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 in a cot or incubator with light sources overhead. Your baby's eyes should be protected, temperature monitored and your baby should be checked to make sure he or she stays hydrated (has enough fluid in their body).

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 should be

given help to ensure your baby is feeding effectively.

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 4–6 hours after starting phototherapy 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 but your baby will need another blood test 8–12 hours later to make sure the jaundice has not returned to a level that would need further treatment.

Intensified phototherapy treatment

If your baby's bilirubin level is very high or rising quickly, or if your baby's jaundice does not improve after phototherapy, your baby's treatment should be stepped up. The healthcare team should offer 'intensified' phototherapy. This may either be carried out on Ward 10 or the Neonatal Unit depending on the level of treatment. This involves increasing the amount of light used in phototherapy. The phototherapy lamp may be turned up or another light source added to give more light. During intensified phototherapy, the treatment should not be stopped for breaks. If you are breastfeeding, you may need to temporarily express

breastmilk. Your baby can continue to breastfeed normally again after phototherapy is stopped, and you will be offered extra help with this.

Depending on their exact circumstances, some treatments may not be suitable for your baby or additional treatments may be required. If you have questions about specific treatments/options, please talk to a member of your baby's healthcare team.

Prolonged jaundice

Most jaundice resolves by 14 days of age. Jaundice that lasts longer is usually harmless, but is sometimes caused by an underlying clinical condition. Babies who are jaundiced after 14 days of age are referred to the Prolonged Jaundice Clinic for further investigations.

References

NICE (2010) Jaundice in newborn babies under 28 days.

We ask information about you so that you can receive proper care and treatment. This information remains confidential and is stored securely by the Trust in accordance with the provisions of the Data Protection Act 1998.

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Reviewed By:
Date written: 07/2017
Review Date: 07/2020
Version No: Approved**

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