

Jaundice in Newborn Babies Information for Parents and Carers

What is Jaundice?

Jaundice is a yellow colour to the skin and the whites of the eyes. It is very common in babies, affecting around 60% of all full term babies and 80% of all babies born before 37 weeks. It is caused by a buildup of bilirubin, a chemical in the blood which is produced when red blood cells are broken down.

Newborn babies have a higher number of red blood cells and in some babies, the liver is still developing and can take time to function and clean the blood properly. This leads to extra bilirubin in the body, which causes a yellow tinge to the skin and sometimes the whites of the eyes.

How do I check my baby for jaundice?

A good time to look for jaundice is when you are changing your baby's nappy, clothes or having skin to skin and you can see their whole body.

Jaundice tends to appear from the top downwards, starting on the face and forehead, gradually spreading to the arms, chest, back and legs. You may see a yellow colour to the whites of your baby's eyes, their gums or the roof of their mouth when they cry. Occasionally, try to gently press the skin to see if you can see a yellow tinge as you let go. Other things to look out for are dark urine that stains the nappy, or chalky, pale stool.

If you are unsure, ask your midwife how you can check your baby for jaundice.

What do I do if I think my baby is jaundiced?

Usually jaundice occurs in the first week of life, however if your baby is yellow and not yet 24 hours old, you should seek immediate advice from your midwife or GP. This could be a sign of another medical problem that will need to be investigated. If your baby is over 24 hours old, please tell your midwife on the day that you notice that they look yellow.

If you are in hospital, then your midwife can contact one of the neonatal team to review your baby and check their jaundice level with a simple blood test from your baby's heel.

If you are at home, then your midwife will visit you to assess your baby's colour and if they feel that the jaundice level is high, they will ask you to take your baby to the children's assessment unit (CAU) for review by a paediatrician.

How is jaundice treated?

Mild jaundice does not need treatment.

However, your midwife will offer extra advice and support with feeding to ensure that your baby is having enough fluid so that their body can clear the jaundice by itself. This will mean offering more frequent and/or more effective feeds. You can also do breast compressions to get more milk into your baby. Ask your midwife how to do this.

If the jaundice level is high, your baby will need to come back into hospital for phototherapy treatment.

Phototherapy is a blue light, which is placed over your baby in the cot while they wear just a nappy. The light shines through the skin and helps to change the excess bilirubin to a form that the liver can process more easily. It is then passed out of your baby's body in their urine and stool. Some babies may need up to three lights, two overhead lights and a blue light blanket that they can lie on.

Your baby's eyes will be protected from the blue light - they will either have a pair of goggles or an orange plastic shield over their eyes.

The bilirubin level will need to be checked regularly while your baby is having treatment, usually every 6 hours at first. Once the jaundice is improving, the level can be checked 12 hourly and when the light is stopped, a repeat check is taken to ensure that the level does not rise again. It is common for babies to need light therapy more than once during their admission.

If your baby does need to come into hospital for light therapy, you will be asked to stay with them if you can and we encourage you to give your baby short breaks from the lights for nappy changes, feeds and cuddles. If the bilirubin level is very high, then we may ask you keep your baby under the light without any breaks, so that their jaundice is controlled.

Occasionally, some babies need extra milk, especially if they are very sleepy and not feeding well. If this is necessary then we will discuss this with you and all the other treatment options available.

Very rarely, jaundice levels can be so high that light therapy is not enough to treat it effectively. In this instance, these babies will be admitted to intensive care and need an 'exchange transfusion.' This involves taking some blood that is high in bilirubin from the baby and replacing it with new blood from a donor. This is very rare and if your baby's jaundice is this high, then all treatment options will be discussed with you at the time.

Are there any long-term problems associated with jaundice?

For most babies, jaundice does not cause any long term complications and your baby will make a full recovery. In extreme cases, where the bilirubin level is very high, then there is a risk of problems such as hearing loss and cerebral palsy. You should remember that these complications are very rare and with the correct treatment, this risk is reduced further.

What if my baby's jaundice continues?

The majority of babies with jaundice improve within the first week. If the jaundice continues for more than 2 weeks (or 3 weeks if your baby is premature) then further tests will be taken to check for other medical conditions.

Where can I find further information?

NICE website: www.nice.org.uk/guidance/CG98

NHS Choices website: www.nhs.uk/conditions/jaundice-newborn

Children's Liver Disease Foundation: <https://childliverdisease.org/liver-information/baby-jaundice/>