

## **Parent Information Leaflet: Jaundice in the newborn baby**

### ***What is jaundice?***

Jaundice is the name given to yellowing of the skin and whites of the eyes and is very common in newborn babies. It is usually harmless and clears up in most babies after 10-14 days. There are two types of jaundice in newborn babies physiological (caused by natural processes and most common diagnosis) and pathological (caused by underlying health disorders)

### ***Why do newborn babies get jaundice?***

Newborn babies have extra red blood cells they no longer need which break down rapidly when they are born. This process produces a substance called bilirubin which initially is a fat soluble, until it is converted to a water soluble form by an enzyme produced in the liver. This is then passed out of the body through the stools. Because newborn babies have immature livers, it can take a few days for the enzyme to be produced as this requires baby to commence feeding to start producing the enzyme. This creates a build up of the fat soluble bilirubin which is then stored in the babies skin and whites of the eyes and is seen as yellowing (jaundice). This is called *physiological* jaundice. In some cases jaundice may indicate underlying health problems such as liver disorders or infections. This is called *pathological* jaundice.

### ***What should I do if my baby is jaundiced?***

For most babies jaundice will be harmless and resolve with regular 3 hourly feeds but for some babies the levels of bilirubin become very high, which can be harmful if not treated. If your baby becomes jaundiced it is important that you tell your Midwife, Health Visitor or GP on the day you notice this. If your baby is less than 24 hours age, is excessively sleepy, not interested in feeding, has pale chalky stools or dark urine then report it straight away as baby may need some tests and possible treatment.

### ***What tests will be done to check my babies jaundice?***

Your Midwife, Health Visitor or Doctor may use a device which is held against the skin to check the amount of bilirubin in babies that were born at more than 35 weeks gestation and more than 24 hours old. This is called a transcutaneous bilirubinometer. If the level is high or your baby was born at less than 35 weeks gestation or less than 24 hours old or a bilirubinometer is not available, a blood test will be taken to measure the level of bilirubin in the babies blood. If the measurements of bilirubin are high, treatment will be required to reduce the levels of bilirubin to prevent health problems.

### ***How is jaundice treated in babies?***

Most babies with high levels of bilirubin that requires treatment will be treated using phototherapy. In very rare cases the baby can require a blood transfusion or exchange transfusion, the team will discuss all the options with you. Phototherapy involves placing baby under a special light (not sunlight) which produces certain light waves which help remove bilirubin from the body. The baby may be placed under a single phototherapy lamp or on a fiberoptic phototherapy pad. You will be able to move your baby for feeding. If the levels of bilirubin are very high, your baby may need continuous multiple phototherapy. During this treatment the baby cannot be moved for feeding but you will be supported to express your breast milk if you are breast feeding which can then be given to baby. The levels of bilirubin will be checked 4-6 hours after starting treatment. Once the levels fall the test will be repeated in 6-12 hours. When the levels reach a level where phototherapy can stop, a blood test will be taken 12-18 hours after to make sure the jaundice has returned to normal. This last test may be done in an outpatient clinic.

### ***What is prolonged jaundice?***

This is where jaundice is still present in the newborn baby after 14 days of age (21 days if baby was born before 37 weeks). This can be associated with breastfeeding and often normal but may have other causes and so should always be investigated. Inform your Health Visitor or GP who will refer your baby for tests. Further information can be obtained from: <http://publications.nice.org.uk/ifp98>