



**Worcestershire
Acute Hospitals**
NHS Trust

JAUNDICE IN NEWBORN BABIES

Information for Parents
and Carers

ABOUT JAUNDICE

Most newborn babies have jaundice. If your baby has jaundice, their skin will look slightly yellow or suntanned. Sometimes the whites of their eyes or the inside of the mouth or gums will also look yellow. If your baby has dark skin, the main sign may be a yellowing in the whites of their eyes or inside their mouth.

For most babies jaundice is harmless and nothing for you to worry about. But if you think that your baby has jaundice, it's always best to let your midwife or doctor know.

Jaundice is caused by too much 'bilirubin' in the blood. Bilirubin is a chemical in the body that is normally passed out of the body in urine (wee) and stool (poo).

HOW SHOULD I CHECK IF MY BABY HAS JAUNDICE?

It is important that you check your baby for jaundice, particularly during the first week of life.

- Check if your baby's skin looks yellow. The yellow colour usually starts on the face and forehead and then spreads to the body, arms and legs.
- Check if the whites of your baby's eyes look yellow.
- Check if the gums or roof of your baby's mouth looks yellow. The best time to do this is when your baby is crying and their mouth is open wide.
- From time-to-time, gently press your baby's skin to see if you can see a yellow tinge.

A good time to check your baby is when you are changing their nappy or clothes. Try to check in bright and preferably natural light. Ask your midwife to show you how to check your baby for jaundice, if you are not sure.

Your midwife and doctor will also look for signs of jaundice each time they check your baby.

WHAT SHOULD I DO IF I THINK THAT MY BABY HAS JAUNDICE?

For most babies, jaundice is mild, harmless and clears up by itself. But it is important that you tell your midwife, your on-call midwife or your doctor if you notice that your baby's skin, the whites of their eyes or the inside of their mouth or gums have a yellow colour.

- If this happens **in the first 24 hours after birth**, contact them **urgently**. This could be a sign of another medical problem.
- If your baby is more than 24 hours old, contact them on the same day that you notice the change of colour.

You should also tell your midwife or on-call midwife or doctor if your baby passes pale, chalky coloured stools or dark urine that stains the nappy.

HOW WILL I KNOW IF MY BABY HAS JAUNDICE?

To confirm whether your baby has jaundice, your midwife will measure the amount of bilirubin in your baby's blood. This can be done by using a small hand held device that does not puncture the skin and is placed on your baby's forehead or chest, or your midwife may take a blood sample from your baby's heel. Your midwife may need to do this test again 6 to 12 hours later.

WHAT TREATMENT WILL MY BABY BE GIVEN?

Mild jaundice does not normally need any treatment, but your midwife will need to give you extra advice and support with breastfeeding to make sure that your baby is feeding adequately and correctly.

If the level of bilirubin in your baby's blood is high, they may need to go into hospital to get treatment. Your baby may be given light treatment known as 'phototherapy'. Your baby will be placed under a lamp that shines a special type of light onto the skin. This light helps to break down the bilirubin, which will then be passed out of your baby's body in their urine and stools.

Your baby will be placed under the light naked, apart from a nappy. This is to make sure that the light shines on as much of your baby's skin as possible. Eye pads will be placed over your baby's eyes to protect them.

The doctors or nurses or another health care worker will take a blood test to measure the amount of bilirubin in your baby's blood every 6 hours. You will be encouraged to take your baby out from under the lamp for short breaks for feeds, nappy changes and cuddles.

If your baby's bilirubin level is very high, more than one lamp will be used at the same time and your baby will need to stay under the lamps without breaks.

You can usually continue to breastfeed your baby during phototherapy.

Babies with extremely high bilirubin levels may need to be treated in an intensive care unit. These babies may need an 'exchange transfusion' which involves replacing the baby's blood with new blood from a donor.

Your doctor will discuss all treatment options with you and answer any questions that you have.

DOES JAUNDICE CAUSE ANY LONG TERM PROBLEMS?

For most babies, jaundice does not cause any long-term problems. Very rarely, the amount of bilirubin in a baby's blood is so high that it does cause long-term problems, such as hearing loss or cerebral palsy. You should remember that this is extremely rare and that with the right treatment this small risk is reduced even further.

WHAT SHOULD I DO IF MY BABY'S JAUNDICE DOES NOT CLEAR UP?

For most babies, jaundice clears up within a few days. If your baby has jaundice for more than 2 weeks (or for more than 3 weeks for babies that were born premature), make sure you tell your midwife or doctor. Your baby may need further tests to check for other medical problems.

WHERE CAN I FIND OUT MORE INFORMATION?

NHS Choices website

www.nhs.uk/conditions/jaundice-newborn

NICE website

www.nice.org.uk/guidance/CG98

Children's Liver Disease Foundation website

www.childliverdisease.org/education/yellowalert

