

Jaundice in newborn babies

Your baby was referred because he/she is jaundiced. This leaflet explains what jaundice is and how it is treated.

What is jaundice?

Jaundice is a yellow colouration of the skin and whites of the eyes that is common in newborn babies.

It is caused by a pigment called bilirubin. Bilirubin is made from the breakdown of blood and is removed from the body by the liver. In newborn babies blood breaks down more quickly meaning that bilirubin levels can build up very high.

A moderate amount of jaundice is quite common in many newborns and not harmful. However extremely high levels may be harmful, so this is why jaundice levels are monitored during the first few days of life to prevent the level becoming too high.

Sometimes we need to treat the jaundice to stop the levels becoming high enough to make your baby unwell. As the liver begins to mature your baby will be able to clear these high levels by itself. This should have occurred by two weeks of age (three weeks of age in premature babies).

How is jaundice monitored?

Midwives check babies for signs of jaundice by looking at the colour of their skin. As part of the assessment they will also be asking about the baby's wet and dirty nappies. If they notice jaundice they may use a machine (transcutaneous bilirubinometer) which measures an approximate level of jaundice through the skin. In some cases they may ask one of the neonatal doctors to look at the baby, and possibly ask for a blood test to check the jaundice level.

How is jaundice treated?

Feeding assists babies to process the bilirubin (yellow pigment), so it is important that jaundiced babies feed well and often, as the bilirubin is removed from the body when babies pass urine. Jaundiced babies can be sleepy when feeding and if this is the case please ask the midwives for feeding support and advice.

Depending on the level of jaundice, the baby may need to be treated by fluorescent lights called phototherapy.

What is phototherapy?

Phototherapy is a light treatment used to breakdown the yellow pigment (bilirubin) which causes jaundice. On the postnatal ward this is done using a biliblanket. This is a pad your baby can lie on that produces light to help reduce the bilirubin. When using the biliblanket it is important to make sure the maximum area of light is in contact with your baby's skin.

Phototherapy must be continued until the bilirubin level has dropped to a low and safe enough level. You should give your baby short breaks (up to 30 minutes) for nappy changing, feeding and cuddles. Blood tests are used to monitor your baby's jaundice level.

Where will my baby receive phototherapy?

Most babies will have phototherapy on the postnatal ward and in some cases there will be the option of having the phototherapy at home. For more information on having phototherapy at home, please see our leaflet; **Phototherapy at Home Service**.

If we can't control bilirubin levels with the biliblanket we may have to admit your baby to the Special Care Baby Unit (SCBU) for more intensive treatment (such as overhead phototherapy lamps). The SCBU is next door to the Postnatal Ward and we encourage you to be with your baby as much as possible while they are on the SCBU.

How long will the jaundice last?

The length of time babies remain jaundiced is different from one baby to another. Usually bilirubin levels (jaundice) increase over the first few days then decrease slowly over the next week or two.

When a baby is on phototherapy we do regular blood tests to check the bilirubin level, which needs to be below a certain level before deciding to stop phototherapy. The blood tests are done by taking a small sample of blood from a heel prick. The length of time your baby will require phototherapy is very variable, but it usually takes at least a couple of days for the bilirubin levels to reduce sufficiently to stop the phototherapy.

Once the phototherapy has been stopped we will need to take a further blood test to make sure the level is not rising again 8-12 hours after stopping.

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 can cause problems such as hearing loss or cerebral palsy. We treat jaundice at the levels we do in order to give your baby a large safety margin to avoid these complications.

These complications are extremely rare and with the right treatment the small risk is reduced even further.

Contact us

If you have any questions or concerns about your baby's jaundice while in hospital, ask the midwife looking after you and your baby. After transfer home please contact your community midwife (contact details are in your discharge pack).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.evelinalondon.nhs.uk/leaflets

Evelina London Medicines Helpline

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them or contact our helpline.

t: 020 7188 3003 10am to 5pm, Monday to Friday **e:** letstalkmedicines@gstt.nhs.uk

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and Accessible Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

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t: 0800 731 0319 **e:** members@gstt.nhs.uk **w:** www.guysandstthomas.nhs.uk/membership

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