

Department of General Paediatrics

Jaundice in Newborn Babies

Information for parents

Introduction

This fact sheet is aimed at providing parents and carers with information about a condition called Jaundice.

What is Jaundice?

Jaundice is the name given to the yellow appearance of the skin and whites of the eyes which is often seen in newborn babies.

What causes Jaundice?

The body continually makes red blood cells and breaks down old ones. Babies are born with a higher number of red blood cells, and when these are broken down, the body produces a waste product called bilirubin. When bilirubin levels are high, it causes jaundice.

The liver removes bilirubin from the blood, but in newborn babies, the liver is initially less able to clear this. This is what causes newborn babies to be jaundiced.

How common is Jaundice in new babies?

Jaundice is very common in newborn babies, with 9 out of 10 babies becoming jaundiced around two or three days after birth. Jaundice usually reaches its peak at about four days of life and then gradually disappears by the time your baby is two weeks old. Jaundice does not mean your baby is ill, but if your baby is at home, it is important that you tell your midwife or doctor if you think your baby is unwell or not feeding well.

Can the level of Jaundice be measured?

Yes. It can be difficult to see jaundice in some babies, but the level of bilirubin in your baby's blood can be measured quite simply by taking a heel prick sample. This is sometimes called a TSB or SBR (serum bilirubin) test. This test will show whether a baby has jaundice, and if the level of jaundice is high.

Why do some babies remain Jaundiced?

Jaundice is usually clear by two weeks of age, but sometimes it can last longer. There are a number of reasons why this might happen:

- Your baby may have been born prematurely.
- Your baby may break down blood cells more quickly. For example, if there is a difference in mother and baby's blood types, such as Rhesus disease. It is recognised as jaundice soon after birth, or may show up on scans during pregnancy. Further treatment may be necessary and your doctor will explain what is involved. Tests for anaemia are often done a few weeks after discharge.
- It is normal for breastfed babies to be jaundiced for longer than bottle fed babies. This is perfectly healthy, and breastfeeding should be continued. The jaundice usually fades naturally with time. This is often called breastfeeding jaundice
- Your baby may have an infection.
- Your baby may have a thyroid gland that is not working properly.
This is usually tested as part of the newborn screening blood test carried out on all babies

between 5 and 10 days old.

- Your baby may have a problem with their liver, however this is rare.

What symptoms should I be concerned about?

If your baby's poo looks chalky or very pale in colour, you should tell your midwife or doctor. Sometimes the urine (wee) is persistently dark in colour too.

- Breastfed baby poo is usually green or daffodil yellow.
- Bottle fed baby poo is usually green or mustard yellow.
- Newborn baby wee is usually straw coloured.

What will happen if the Jaundice doesn't go away?

If jaundice continues after two weeks of age in a full term baby, or three weeks in a premature baby then this will be investigated.

A blood sample will be required to do a test called a 'split bilirubin'.

This test measures the two different types of bilirubin in your baby's blood, called 'conjugated' and 'unconjugated' bilirubin.

Before reaching the liver, bilirubin is called unconjugated, meaning un-combined. In the liver, the bilirubin combines with certain sugars to make conjugated (or combined) bilirubin. This is eventually passed out of the body in poo and wee.

If the conjugated bilirubin is high, this will help us to decide what further investigations we need to do. We will also test for liver and thyroid function.

What treatments are used for Jaundice?

Most babies don't need any treatment, and the jaundice fades with time. If treatment is required this can be as simple as increasing your baby's milk intake.

Phototherapy uses a special light which is shone onto your baby to help break down the bilirubin under their skin.

In the most serious cases, an exchange blood transfusion may be considered, as very high bilirubin can cause harm to the baby

Your doctor will talk to you about what is best for your child.

References

This information is based on NICE Clinical Guideline 98: Neonatal Jaundice, published in May 2010. <https://www.nice.org.uk/guidance/CG98>

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment. This information can be made available in other languages and formats if requested.

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