

Emergency Department

Jaundice

Information for Parents/ Carers

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. This is caused by a build-up of a substance called bilirubin in the blood.

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 these cells also survive for a shorter time than in adults.

When the red blood cells 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 and passes it into in the stool so that it can leave the body.

However, in newborn babies, the liver is unable to remove the bilirubin as well as it does in an adult.

Other causes of being jaundiced include:

- ◆ Being born prematurely (early)
- ◆ Being breastfed (Breast milk jaundice)
- ◆ Having a different blood type from their mum (ABO Incompatibility)
- ◆ A genetic problem making red blood cells more fragile e.g (G6PD deficiency)
- ◆ Being born with a large bruise on the head (cephalohematoma) or high number of red blood cells (polycythemia)
- ◆ Infection

If your baby has any of the above causes, this will be explained to you by your midwife or doctor.

How common is Jaundice in new babies?

Jaundice is 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.

Most types of jaundice will go away on their own, whereas other types may need treatment to lower the bilirubin levels.

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 alongside their jaundice.

How can jaundice affect my newborn?

Most babies will have mild jaundice that is harmless. However, in rare cases, bilirubin levels can get extremely high and if not treated, might cause brain damage. This is why it is very important to check bilirubin levels, as recommended by your midwife, nurse or doctor.

What symptoms should I be concerned about?

- ❖ Your baby's skin is becoming more and more yellow
- ❖ Your baby's hands and/or feet are yellow
- ❖ Your baby's poo looks chalky or very pale in colour
- ❖ Your baby's urine looks very dark
- ❖ Your baby is not feeding well
- ❖ Your baby is very sleepy and not waking for feeds
- ❖ Your baby develops a fever
- ❖ Your baby is not gaining weight

If your baby has any of the above, you should tell your midwife or doctor.

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.

Occasionally it is possible for us to test the levels using a non-invasive monitor that presses on the chest.

What treatments are used for Jaundice?

Most babies do not 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.

Some babies require phototherapy which uses a special light that helps to break down the bilirubin under their skin. Your baby will only require this if their bilirubin levels meet the phototherapy treatment line. Your baby's bilirubin levels, their gestational age and their current age is used, and this information is plotted against a graph which helps us determine if your baby required this treatment.

This can sometimes be given at home with input from the Community Nursing Team.

Where levels are extremely high, an exchange blood transfusion (where we have to take out blood and replace it with other blood) may be considered.

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

Why do some babies stay jaundiced?

Jaundice that occurs longer than 14 days in a full-term baby, and 21 days in a preterm baby is called prolonged jaundice.

There are several reasons why this might happen, which your doctor can explore further.

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.

What should I do if my baby remains jaundiced?

If your baby is feeding well, passing urine and normal stool but is still jaundiced, he/she can be taken to the GP who can refer them to a paediatric specialist clinic. In this clinic they will complete different tests to assess any other causes of jaundice.



However, if your baby is not feeding well, very sleepy compared to normal, is passing less urine than normal, has pale stools and dark urine, has a fever or appears very unwell, bring him/her to the Emergency Department for assessment.

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.

Alder Hey Children's NHS Foundation Trust

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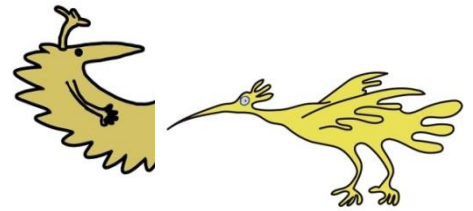
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