Neonatal Services

Prolonged jaundice

This leaflet explains jaundice in your new born baby and what you should do if your baby’s jaundice is still present two weeks after birth in a full term baby and three weeks in a premature baby.

Jaundice which continues after this time can be a sign of liver disease, it is therefore vital that liver disease is identified and treated as early as possible.

What is jaundice?

Jaundice is the name given to the yellow appearance of the skin and the whites of the eyes. Jaundice is not a liver disease. Newborn babies are born with a higher than normal number of red blood cells. The body continuously makes red blood cells and breaks down old ones. As these blood cells break down the body produces a waste product called bilirubin.

When bilirubin levels in the body are raised it causes jaundice. The liver removes the bilirubin from the blood, but the liver of a newborn baby can take a few days to work properly and this is what causes babies to be jaundiced. This is why jaundice is common in newborn babies, and even more common in premature babies.

Is jaundice common in new babies?

Yes, jaundice is very common in newborn babies. About 8 out of 10 newborn babies will become jaundiced two or three days after birth. Jaundice reaches its peak at about four days of life and then gradually disappears in most babies by the time they are two weeks old. Jaundice does not necessarily mean your baby is ill.

If your baby appears jaundiced (yellow) it is important you tell your midwife or doctor, so they can assess them and refer them if necessary for further care and management.

Can the level of jaundice be measured?

Yes. The level of bilirubin in your baby can be measured by either using a skin test, called a TCBR or a heel prick blood test, sometimes called an SBR. This test will show whether the jaundice level is high and needs treatment or further tests as it is sometimes difficult to see jaundice in some babies.

Why do some babies remain jaundiced?

Jaundice is usually clear by the time your baby is two weeks old, however, sometimes it lasts longer.
There are a number of reasons why the jaundice may continue:

- Your baby may be premature
- Your baby may have a condition in which blood cells break down more quickly than is normal for babies. This is usually recognized very soon after the baby is born or even during pregnancy
- Jaundice may continue in babies who are well and are being breast fed. Breast feeding can be continued safely and the jaundice will fade with time
- 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, which is a blood carried out on all babies between 5 and 10 days old
- Your baby may have a problem with their liver but this is rare

What should be done if my baby’s jaundice does not go?

If jaundice continues after 14 days of age in a full term baby or 21 days in a premature baby then this should be investigated.

If your baby’s stools and urine are not the right colour then this should be investigated at whatever age. You do not need to wait until the baby is two or three weeks old. The urine of a newly born baby should be straw coloured. If your baby’s urine is persistently dark in colour and/or the stools look chalky or very pale in colour, then you should tell your midwife health visitor or doctor as this can indicate liver disease. The stools of a breast fed baby should be green/daffodil yellow. The stools of a bottle fed baby should be green/mustard yellow.

Prolonged jaundice screening

Screening for prolonged jaundice is undertaken, as previously mentioned, in a full term baby at 14 days old and in a preterm baby at 21 days old. Your midwife or health visitor will refer you to the Baby Review Clinic at Addenbrooke’s Hospital. These clinics run on a Wednesday or Friday afternoon. At clinic, we will measure the jaundice level using a TCBR. Other investigations may also be undertaken, including checking the urine for infection and a full blood count to ensure your baby is not anaemic.

If the TCBR level is higher than expected a blood sample will be taken for a ‘split bilirubin. This blood test measures the ratios of the ‘conjugated’ and ‘unconjugated’ bilirubin levels in your baby’s blood. A TCBR test measures the level of jaundice, but it does not show whether the cause is liver disease or not.

What happens after the appointment?

After the appointment, you will receive a letter with the results informing you if they are normal or abnormal. Your GP will also receive a copy of the letter. You may also be offered a further appointment.
If the results are abnormal, further investigations will usually be necessary.

**Baby Review Clinic Co-Ordinator**
Telephone: 01223 586632

**Please feel free to use this space to write down any notes or questions you may have.**

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For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

**Other formats:**
If you would like this information in another language or audio, please contact Interpreting services on telephone: 01223 256998, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.information@addenbrookes.nhs.uk

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