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If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk. Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.

For advice and support in quitting, contact your GP or the free NHS Stop Smoking helpline on 0800 169 0 169

Maternity and Children’s Services
Patient Information
Jaundice in newborn babies

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The purpose of this leaflet is to inform you about jaundice in newborn babies, why your baby could be at risk and, if diagnosed as jaundiced, the possible care and treatment of your baby.

**What is jaundice?**

Many newborn babies develop jaundice. Most of the time, this is harmless and usually clears up on its own within 10-14 days. If your baby has jaundice, his/her skin and eyes will look slightly yellow. If your baby has dark skin, the main sign may be a yellowing in the whites of his/her eyes or inside the mouth.

Jaundice is caused by too much bilirubin in the blood. Bilirubin is a chemical in the body that is produced naturally when red blood cells are broken down. Newborn babies produce large qualities of bilirubin in the first few days of life. It is normally processed in the liver and passed out of the body in stools. The most common reasons for there to be too much bilirubin are:

- Increased breakdown of red cells in the blood which can sometimes occur when the baby’s and the mother’s blood groups are different, for example the mother is Rhesus negative and the baby is Rhesus positive.

- The baby’s liver is not yet mature enough to process the bilirubin quickly.

For the vast majority of babies, jaundice does not cause any long-term problems. However, if you think that your baby has jaundice it is always best to let your midwife or doctor know, as sometimes treatment will be required.

If your baby has jaundice for more than two weeks (or for more than three weeks for babies that were born earlier than 37 completed weeks), make sure that you tell your midwife or doctor. Your midwife or doctor will check for pale chalky stools and/or dark urine, and will refer your baby for further tests at the hospital within a week or so. Your baby may need tests to check for other medical problems. In most cases these tests are normal and usually no further action is required.

**Where can I find out more information?**

We have made a short video to give you further information on how to recognise jaundice and what to do if you are concerned. It also provides breast feeding advice and information on who to contact if you have questions about your baby’s feeding. It aims to help you recognise jaundice early and seek appropriate help. Please see the Cambridge University Hospitals website:

[www.cuh.org.uk/jaundice](http://www.cuh.org.uk/jaundice)

NHS Choices website
[www.nhs.uk/conditions/Jaundice-newborn](http://www.nhs.uk/conditions/Jaundice-newborn)

NICE website
[www.nice.org.uk/guidance/cg98](http://www.nice.org.uk/guidance/cg98)

Information adapted from NICE Neonatal Jaundice Parent Fact Sheet May 2010
for feeds, nappy changes and cuddles, unless the jaundice level is very high when the baby may need to stay under the lights continuously until the jaundice level comes down to a safe value.

Blood samples will usually be taken every 6-12 hours in order to measure the amount of bilirubin in your baby’s blood. The frequency of blood taking and the length of time that your baby will require to be receiving the light therapy will vary according to the rate at which the bilirubin level in the blood decreases but may vary from hours to days.

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. This is very rare and with the appropriate use of phototherapy only very few babies with jaundice need this invasive treatment.

The hospital doctor (and midwife/nurse) will discuss all treatment options with you and answer any questions that you have.

**What should I do if my baby’s jaundice does not clear up?**

For most babies, jaundice clears up within a few days after birth, but it can persist for several months, especially in breast-fed babies.

On rare occasions, the amount of bilirubin in a baby’s blood is so high that it has the potential to cause long-term problems such as hearing loss or cerebral palsy, particularly if left untreated. But this is very rare, and with the right treatment this small risk is reduced even further.

**Babies at risk of jaundice**

The following types of babies are more likely to develop jaundice that requires treatment:

- Babies born at less than 38 weeks gestation
- Babies who have a brother or sister who required treatment for jaundice as baby
- Babies who are visibly jaundiced in the first 24 hours of their life
- Babies who are exclusively breast-fed

**How should I check if my baby has jaundice?**

Check if your baby’s skin looks yellow or orange coloured. The yellow colour usually starts on the face and forehead. It 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 his/her mouth is open wide.

A good time to check your baby is when you are changing his/her 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, particularly in the first 72 hours of life.

**How will I know if my baby has jaundice?**

Jaundice is very common in the first few days of life starting on the second or third day after birth, peaking on days four or five and then usually disappearing by the seventh day. It is not always necessary to perform any tests on this type of jaundice if your baby is feeding frequently and the jaundice is mild. Your midwife will observe this closely and may offer extra visits during this time.

Sometimes, however, it may be necessary to confirm the extent of jaundice, and whether it needs treatment. Then, the amount of bilirubin in your baby’s blood will need to be estimated by a screening test using a special hand-held device held briefly on the skin (a ‘bilirubinometer’). This will not hurt your baby. Babies who are unwell (for example sleepy or not feeding well) or who are less than 24 hours old, babies whose bilirubinometer reading is high, or where there is no bilirubinometer available will require a blood test from the heel to measure the jaundice level. The screening test using the bilirubinometer may be performed by a midwife in hospital, or at home if one is available, but if a blood test is required then your baby will need to be sent to the hospital.

Your midwife or a doctor will advise if further tests or treatment are then required. They may use tables or charts to determine this.

### Jaundice occurring in the first 24 hours of life is not common and must be followed up urgently: your baby will need a blood test (ideally within two hours). In hospital, if you think your baby is jaundiced and is less than 24 hours old, inform your midwife; if you are at home, you must take your baby to the emergency department of the hospital.

If your baby appears jaundiced after 24 hours and is not feeding well, or is lethargic, then you must also contact a doctor or midwife urgently – the same day – for advice.

### What treatment will my baby be given?

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

If the level of bilirubin in your baby’s blood is high your baby may need to stay in hospital to have 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 blue light onto the skin. This light helps to break down the bilirubin which will then be passed out of your baby’s body in the urine and stools.

Your baby will be undressed, except for a nappy, and placed under the light. Eye pads will be placed over your baby’s eyes to protect them from the light. You will be able to take your baby out from under the lamp for short breaks.