



A guide to...

Neonatal Jaundice

Patient Information

Children's Emergency Department (CED)
Watford General Hospital



What is neonatal jaundice?

Neonatal jaundice is a very common, and usually harmless, condition in newborn babies.

It can cause the skin to look yellow or suntanned; often just on the face, but can spread down the body all the way to the toes! Sometimes, the white of their eyes or inside of the mouth / gums will look yellow—in darker skinned babies, this may be the best way to identify jaundice.

What causes jaundice?

Jaundice is caused by the build up of bilirubin in the blood. Bilirubin is a yellow substance produced when red blood cells are broken down by the liver. Usually they are passed out of the body in urine and stools. Newborn babies have a high level of red blood cells in the blood, which are broken down and replaced frequently. Their liver is also not fully developed so it is less effective at removing bilirubin from the blood, causing it to settle in the skin.

Who is usually affected?

Neonatal jaundice is very common, affecting approximately 60% of newborn babies and 80% of premature babies. However, usually only around 20% need treatment.

Breastfed babies in particular tend to be more prone to neonatal jaundice, which can persist for a month or longer but need no treatment.

How is jaundice diagnosed?

Your midwife may have checked your baby's bilirubin already using a handheld device that is placed on the baby's skin. If this number is high, they will refer you in to hospital for us to repeat the test.

We will take a small sample of blood, collected from the heel of your baby's foot. The result will be plotted on a chart relational to how many weeks they were at birth and how old they are today—this will indicate if treatment is needed.

Most babies need no further treatment, just monitoring by the midwives and good feeding advice and support. Some babies may need to return for the blood test to be repeated within 18 hours to ensure the number is decreasing. A small number may need admission.

How is neonatal jaundice treated?

It is important that you feed your baby regularly—do not allow your baby to go more than three hours between feeds, you may need to wake them.

If your baby needs treatment, they will be admitted to either transitional care (TC) or Starfish Ward, and rarely special care baby unit (SCBU) dependent on their age and treatment requirements.

They will usually require light treatment known as phototherapy. This involves the baby being placed under a special lamp or onto a fibre optic blanket that shines a special type of light onto the skin to help with the breakdown of bilirubin. Your baby will be naked except for a nappy and eye pads. Blood tests will be repeated six-hourly to measure the amount of bilirubin and ensure it is improving.

You should be able to take your baby out from under the lamp for very short periods for feeds, nappy changes and cuddles. However this may not be possible if their bilirubin level is very high. In very rare cases, where levels are exceptionally high, a special type of blood transfusion may be necessary. If this is required, it will be fully explained to you by your clinician.

Although admission to hospital can be a daunting prospect, specialist nurses and nursery nurses will be on hand to guide you throughout this process. Mostly, babies are admitted to TC or Starfish Ward where mum can stay with them. Babies are usually only admitted to the SCBU if there are other concerns (such as infection) or where special transfusion is needed. Whilst every effort will be made to allow mum to stay, this may not be possible.

Does jaundice cause long term problems?

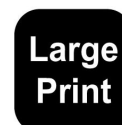
For most babies, jaundice causes no long term problems. If a baby with very high levels of bilirubin isn't treated, there is a risk that they could develop permanent brain damage. This is known as 'kernicterus'. However, this is extremely rare, and the reason we take special care with babies with jaundice.

After discharge

Contact your midwife if you are concerned, your baby's symptoms are worse, or they become difficult to feed.

If your baby has jaundice for more than two weeks (three weeks if they were premature eg less than 37/40 gestation), they may need further testing to check for other medical problems. Your midwife, health visitor or GP will be able to refer you into our day unit if this is the case.

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 187** or email **westherts.pals@nhs.uk**



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