

Jaundice in newborns

Information for parents



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Your newborn baby has been found to have jaundice. This is common. This leaflet is for families or carers of newborns with jaundice and is intended to give you information regarding this problem, how it is treated and how we should monitor your new baby.

What is jaundice?

'Physiological neonatal jaundice' or 'normal baby jaundice' is caused by having a high level of a pigment called bilirubin in the baby's blood. It gives their skin and eyes a yellow appearance. Jaundice is common and occurs in approximately 60% of term infants and 80% of preterm infants. Jaundice is not a liver disease and does not necessarily mean that your newborn is ill.

What causes my baby to be jaundiced?

Red blood cells are the oxygen-carrying cells in your baby's body, which are being recycled all the time. Bilirubin is a yellow-coloured pigment that is released in this recycling process. Once released from the cells the bilirubin is then broken down further by the liver so that your baby can get rid of it in their stool and urine.



Jaundice can occur in babies who are bottle or breast fed. We know that jaundice occurs more commonly in babies who are breast fed. However, we strongly encourage mothers to continue breastfeeding as there are significant benefits for you and your baby.

What age group are affected?

Normal baby jaundice starts at roughly two or three days of age. It begins to disappear towards the end of their first week of life and has usually gone by day 10, although it can go on longer.



What are the signs of jaundice?

Your baby may start to look yellow, starting with the head and face, and progressively the eyes and body as well. If your baby appears well and is feeding well, then your midwife will monitor the jaundice.

Your baby may become a bit more sleepy. You might notice your baby is not feeding well, and that your baby's cry is different to normal. If any of these symptoms are present then please inform your midwife/GP.

How is jaundice diagnosed?

Most babies can be observed at home by yourself and the midwife. If concerned about jaundice, the midwife will check the jaundice level. This can usually be done using a jaundice meter (transcutaneous bilirubinometer) which tests the jaundice level through the skin by gently placing a light probe onto baby's chest. Occasionally, if a jaundice meter is not available or the reading on the meter is high, a small blood sample is taken from baby's heel (measuring the bilirubin level) to check that the level of jaundice is safe.

What treatment is given in hospital?

When required the treatment for jaundice is "phototherapy". Your baby will be placed under blue lights which help to break down the jaundice pigment and reduce its level in your baby's blood. A mask will be placed over your baby's eyes to protect his/her eyes from the light.



Most babies are in hospital for a few days, whilst being given phototherapy. They will need regular blood tests until the jaundice level is safe. Once we decide to stop phototherapy we will normally keep your baby in hospital for a little longer (up to 12-18 hours) to recheck their bilirubin levels and to make sure they are safe to go home. We will encourage you to give your baby plenty of feeds during the treatment. During the treatment it is very important that your baby spends as much time as possible under the lights and is only taken out of the lights for feeding. We use national standards to decide which babies need treatment and when to stop the light therapy.

Many parents ask us if phototherapy is really needed for their baby. If untreated, very high levels of jaundice can cause damage to a newborn's brain. Please do not worry as this is very rare, especially if the baby is treated appropriately and on time. It is because of this risk that it is necessary for a small proportion of newborns to be treated in hospital.

Will my child's jaundice go away?

Appropriately treated normal baby jaundice has no long term effects. Jaundice is common and in most cases it will disappear by the age of 10 to 14 days.

In babies that are born prematurely this may take a little longer (up to three weeks).

How do I care for my baby at home?

Most newborn babies do not need treatment for jaundice. Try to encourage your baby to feed regularly as it is important to avoid dehydration, which can make the jaundice worse. Monitor how much and how often they pass urine.

You should monitor the colour of your newborn baby's urine and stools. The urine of a newborn baby should be colourless. If your baby's urine remains persistently yellow then you should tell your doctor, midwife or health visitor.

The stools of a breast fed baby should be green/daffodil yellow. The stools of a bottle fed baby should be green/English mustard yellow. If your baby's stool is not this colour then you should discuss this with your doctor, midwife or health visitor.

What about more serious kinds of jaundice?

Occasionally newborns will be diagnosed with more serious kinds of jaundice. If this is the case in your baby, your doctor should explain this to you in detail. One of these is '**G6PD deficiency**' which is a genetic disorder that is commoner in boys of Asian and African and Mediterranean heritage. A specific information leaflet is available from our Leeds Children's Hospital website **A - Z of Children's Hospital Leaflets (leedsth.nhs.uk)**. Another is '**Haemolytic disease of the Newborn (HND)**' which is caused by antibodies from the mother's circulation crossing the placenta and causing the red blood cells to break down more easily.

This can lead to very high jaundice levels developing quickly and may need various treatments including phototherapy, immunoglobulin infusions and sometimes an exchange of blood. If your baby had HND then they may be discharged on a medicine called folic acid and a follow on blood test arranged at two weeks of age to check they are not becoming anaemic. We usually need to monitor the jaundice levels for longer before allowing you home.

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

If your newborn remains jaundiced then the golden rules are:

1. If jaundice continues beyond 14 days of age in a full-term baby or 21 days in a premature baby then this should be investigated with a further blood test. You should take them to see your GP or speak to your midwife or health visitor to arrange this.
2. If your baby's stools and urine are not the right colour then this should be investigated at whatever age - you don't need to wait until the baby is two or three weeks old.
3. If at any point you think your baby is getting significantly more jaundiced or is getting very sleepy and not waking for feeds then please contact your midwife or the ward you were discharged from for advice. It may be that they will need a simple blood test to recheck the jaundice level. Occasionally babies need to be readmitted to hospital for phototherapy.

Further information

There is more information about jaundice in newborns at the patient.info website

(<https://patient.info/childrens-health/neonatal-jaundice-leaflet>)

There is more information about prolonged jaundice (jaundice after 14 days of life) at the “Yellow Alert” website

(<https://childliverdisease.org/liver-information/baby-jaundice/>)



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