

Jaundice in Newborn Babies

Information for parents

What is jaundice?

Jaundice is the name for the yellow colour that your baby has. The yellow colour is caused by bilirubin, a by-product of the normal breakdown of extra red blood cells no longer needed by the baby following birth.

An unborn baby requires extra oxygen when in the uterus so extra blood cells are needed to carry the oxygen around the baby's body. Once born, the baby needs to get rid of these extra blood cells. These are broken down by the baby's liver. Some babies find it difficult to cope with the amount of bilirubin during the disposal of these extra blood cells, so their level of bilirubin may build up. This extra bilirubin is stored in the skin giving the baby a yellow or tanned look.

How can jaundice affect a newborn baby?

Jaundice usually appears on the second or third day after birth. As well as having a yellow colour the baby may be very sleepy and need to be woken for feeds.

It is common for babies to become jaundiced soon after birth, but some babies develop a high level of jaundice that requires treatment. The acceptable maximum jaundice, or serum bilirubin level (measured by the SBR blood test) for a newborn baby is less than about 370. If your baby has a higher level than this, treatment will be recommended to help reduce the level.

Premature babies (less than 37 weeks gestation) require treatment for jaundice at lower levels than term babies.

Is a high jaundice level serious?

A very high bilirubin level may be harmful if left untreated.

Complications of a very high level of bilirubin include hearing problems and brain damage. By testing and monitoring your baby's bilirubin level we can provide treatment quickly if the level is too high, to prevent any harm to the baby.

Which babies are most at risk of high jaundice levels?

Premature babies (born before they are due).

Babies whose blood group is different from that of their mother.

What tests may need to be carried out?

Blood taken from a heel prick is tested to check your baby's bilirubin level.

If the level is too high the baby will need further tests until the bilirubin level is going down and nearly to normal.

Additional blood tests may be carried out to find the cause of any jaundice that lasts for more than three weeks.

What treatment may be needed?

If your baby's bilirubin level is too high we recommend phototherapy which involves your baby lying under fluorescent lights. These lights help the baby's body to chemically break down the bilirubin in the skin so it can be passed out in the baby's urine and bowel motions. The time a baby needs to be under these lights will depend on the baby's bilirubin level but it is usually about 1-3 days.

Giving your baby intravenous fluids or extra feeds may also help as the extra fluid helps to get rid of the bilirubin.

Occasionally some babies may also need a special blood transfusion if their jaundice is severe and not responding to other treatments.

Treating jaundice after leaving hospital

If your baby still has jaundice when you leave the hospital we recommend you:

Feed your baby 3-4 hourly to help flush the bilirubin through the baby's body. It is important not to let the baby sleep longer than 4 hours when jaundiced.

Sleep your baby in natural light rather than closing the curtains.

Place your baby in sunlight as this will also help get rid of the bilirubin. The length of time for this will depend on how strong the sun is at the time. Glass protects your baby's skin from burning for a short time. Make sure your baby is warm and not in a draft.

Checks and tests after leaving hospital

Most babies who had jaundice do not need a special check after leaving hospital. We suggest you contact your GP if your baby is still jaundiced after 4 weeks.

Some babies may need a blood test at about 4 weeks to check for anaemia. This may result from some severe types of jaundice.

Babies who had a high jaundice level (bilirubin tests over 370) are advised to have a hearing test.