

Jaundice in the New Born Baby

An information guide



Jaundice in the New Born Baby

This leaflet has been produced to explain to mothers and families about physiological jaundice and its effects and treatment in the newborn baby.

What is Jaundice?

Jaundice is a yellow colouring of the skin and the whites of the eye.

It is commonly found in newborn babies around the age of 2-3 days. It starts to appear in the face and upper body, and then progresses downwards as it deepens. It is generally a normal process, which causes no harm to the baby, but sometimes can be due to an abnormality of the liver, which may require medical or surgical treatment.

What causes it?

Prior to the birth, your baby obtains its oxygen from the placenta. Babies need extra blood cells to carry the oxygen around its body.

After your baby is born, it obtains its oxygen first hand (through its own breathing) and therefore, does not require the large amount of red blood cells in its system. Therefore, the excess cells are destroyed.

In the destruction process (breakdown), a bi-product called bilirubin is produced. Bilirubin is yellow in colour and is attracted to fatty tissue, which can be found just under the skin and in the eyes of your baby (jaundice).

Normally, bilirubin is made harmless by the liver, but in newborn babies the liver is immature and less able to cope. Therefore, excess bilirubin remains in the baby's blood stream and tissues until the liver can deal with it some days later.

Some mothers are at home within a few hours of birth. In rare cases, jaundice may be noticed when your baby is less than 24hrs old. If this is noticed please **URGENTLY** contact your general practitioner or midwife or the post natal ward (if you have gone home) as your baby may need to be admitted and offered earlier treatment and closer monitoring using blood tests with your permission.

Additional Factors

Bruising, prematurity and poor feeding can cause the jaundice to be more pronounced. This is because the liver is under increased pressure and even more immature in these circumstances. Liver disease can also produce jaundice, which is why your baby will be monitored closely by your midwife, health visitor or general practitioner in order to ensure that the best possible treatment is given to your baby.

Treatment

Treatment can be as simple as nursing your baby in the daylight (not direct sunlight). The bright light helps to break down the yellow colouring of the skin. Simply by placing your baby by the window on the ward, or at home, has been found to be beneficial.

If the jaundice level becomes marked, or your baby becomes drowsy and not feeding well, your midwife or paediatrician may ask your permission to perform investigations into the level of jaundice, which may involve taking blood from your baby's heel or hand. These tests give a more precise level of the jaundice and indicate if further treatment is required.

Babies requiring treatment receive phototherapy nursed under a bright fluorescent light with either a soft mask covering the eyes or an eye shield to protect them from the brightness. Alternatively

your baby could receive treatment in a cot specially adapted to administer phototherapy. Your baby will be undressed and nursed only in a nappy whilst receiving treatment.

Side effects of the phototherapy can be skin rashes and loose stools, so skin care is important. However, whilst under phototherapy it is advised that no creams or oils are applied to your baby as this may result in harmful damage to the skin.

It may be possible for your baby to have phototherapy by your bedside so that you don't have to be separated (this may be different if your baby is nursed on the neonatal unit). Treatment may continue for a few days with breaks for feeds until the jaundice diminishes.

In rare cases, if the jaundice gets worse, an exchange transfusion of blood may be needed. This is where some of your baby's blood is removed and replaced with blood that does not have such high levels of bilirubin.

If this is required, your baby will be transferred to the Neonatal Unit where neonatal nurses, who are experienced in such techniques, can give you further information.

The exchange of blood helps to prevent a problem called Kernicterus.

The signs and symptoms of Kernicterus are irritability, drowsiness, unusual movements of arms and sometimes fits. These are caused by bilirubin being attracted to the fatty tissue within the brain. With modern techniques and monitoring systems though, Kernicterus nowadays is very rare.

Prolonged jaundice

Many babies are jaundiced for up to two weeks and in premature babies this can still be present and not investigated until three weeks of age. This is more common in breastfed babies and is usually normal and does no harm. It is not a reason to stop breastfeeding.

It is important to ensure that all is well, if your baby is still jaundiced after two weeks (three weeks in a premature baby), then some tests may be required. This is particularly important if your baby's stools are pale. Blood and urine tests will be required to distinguish between 'breast milk' jaundice, which may require further investigation and treatment.

Worries & Explanations

Always ask about the treatment your baby is being given and why, if it is not explained to you. It is important that you understand what is happening so that you can work together with hospital staff to ensure that your baby receives the best possible care. It is natural to feel anxious if your baby is having special care.

Talk over any fears or worries with the ward or community staff caring for you and your baby.

If you do have any concerns, please do not hesitate to contact the postnatal ward.

Postnatal contact numbers:

North Manchester General Hospital - 0161 720 2119

The Royal Oldham Hospital - 0161 627 8181

Notes:

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

اگر انگریزی آپ کی پہلی زبان نہیں ہے اور آپ کو مدد کی ضرورت ہے تو ، براہ کرم ترجمانی اور ترجمہ خدمت سے رابطہ کریں

Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

ইংরাজী যদি আপনার প্রথম ভাষা না হয় এবং আপনার সাহায্যের প্রয়োজন হয় তবে অনুগ্রহ করে দোভাষী এবং অনুবাদ পরিষেবাটিতে যোগাযোগ করুন

إذا لم تكن الإنجليزية هي لغتك الأولى وتحتاج إلى مساعدة ، فيرجى الاتصال بخدمة الترجمة الشفوية والتحريرية

☎ : 0161 627 8770

@ : interpretation@pat.nhs.uk

To improve our care environment for Patients, Visitors and Staff, **Northern Care Alliance NHS Group** is Smoke Free including buildings, grounds & car parks.

For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).

 www.facebook.com/NorthernCareAllianceNHSGroup

 www.linkedin.com/company/northern-care-alliance-nhs-group

 Northern Care Alliance NHS Group (NCA) @NCAlliance_NHS

Date of publication: January 2005

Date of review: May 2021

Date of next review: May 2023

Ref: PI(WC)116

© The Northern Care Alliance NHS Group

www.pat.nhs.uk

www.northernalliance.nhs.uk

