



## ***Jaundice in babies*** (page 1 of 3)

### **What is jaundice?**

Jaundice is the yellow colour to the skin that is often seen in the first few days of a baby's life. The yellow colour is due to bilirubin. Jaundice is very common. Around 60% of term babies and 80% of preterm babies will develop jaundice.

### **What is bilirubin?**

Bilirubin is produced when the body breaks down red blood cells. Normally, bilirubin is broken down by the liver and comes out of the body in the stool.

### **Why do babies get jaundiced?**

Babies' red blood cells have a shorter life than an adult. Bruising at birth may cause a larger number of red cells to be broken down. All of the bilirubin from these red blood cells needs to be broken down by the baby's liver. Premature babies do not have fully developed organs so their livers cannot break down bilirubin quickly so it stays in the body longer.

### **Is bilirubin harmful?**

A small amount of bilirubin is not harmful but very high levels can be. If your baby becomes jaundiced, the bilirubin will be measured by taking a blood sample. This is done to check the levels do not become too high.

### **How do I check my baby for jaundice?**

Your midwife can show you how to check your baby for jaundice. You should look at your baby in daylight whilst he/she is only wearing a nappy. Babies generally become yellow around the face first, followed by the abdomen and the whites of their eyes. If this happens you need to contact your midwife so that she can check the bilirubin level with a blood test.

### **Is my baby likely to get jaundice?**

Some babies are more likely to get jaundice such as:

- premature babies
- babies who are exclusively breastfed
- small babies
- if a brother or sister had jaundice requiring treatment
- if there is a family history of red blood cell problems.

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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

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The evidence used in the preparation of this leaflet is available on request. Please email: [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

**Maternity and Neonatal Services**  
**01722 336262 ext 2177**

## Types of jaundice

There are many different causes and types of jaundice – the following ones are the most common.

### Physiological jaundice

Caused by the slow break down of bilirubin in the baby's liver. This is common in newborns. It is harmless and does not usually last more than 2 weeks.

### Jaundice of prematurity

Very common in premature babies as their livers are less developed. Because these babies are more vulnerable, the level of bilirubin in the blood at which treatment is needed will be lower than that of a term baby.

### Breastfeeding jaundice

If the baby is not feeding very well, they may become dehydrated which can cause jaundice.

### Breastmilk jaundice

Breastmilk has something in it that can slow the breakdown of bilirubin in the body which causes high bilirubin levels. This is normal.

### Blood group incompatibility

This happens if the baby and mother have different blood groups. The mother's blood can make antibodies which will cause the baby's red blood cells to break down. This will increase the bilirubin level in the blood and cause jaundice.

## When do I need to contact my midwife or doctor?

Contact your midwife straight away if:

- your baby looks yellow in the first day after birth
- your baby is getting more yellow
- your baby has a fever of more than 37.8°C
- your baby is sleepy and does not want to feed
- you think your baby is unwell
- your baby's stool looks pale or chalky.

## How is jaundice treated?

Your baby's bilirubin level will be plotted on a graph which will show if treatment is needed. Your midwife or doctor can show you this. If your baby needs phototherapy, he/she will need to be admitted to the hospital.

If the bilirubin level is high, your baby will be treated with phototherapy which is a blue light. Phototherapy helps to breakdown bilirubin through the skin so it is important that your baby is

undressed during treatment. Sometimes phototherapy will cause the baby to have runny stools – this is normal.

Because phototherapy works on the skin, it is important that your baby stays under the lights as much as possible. Your midwife will be able to guide you with this.

### **Why are my baby's eyes covered during phototherapy?**

The bright light used in phototherapy can sometimes damage the baby's eyes so your baby will be given a mask to wear.

### **How do I know if the phototherapy is working?**

The midwife or doctor will need to check your baby's bilirubin level regularly if he/she is having phototherapy. The phototherapy should make the bilirubin level come down.

### **How long will my baby have jaundice?**

Every baby is different. The length of time will depend on the cause of the jaundice and the baby's bilirubin level. This may be from 24 hours to a few days. Some babies may still look yellow but will not need any more phototherapy.

### **What happens if the baby's bilirubin reaches harmful levels?**

If the bilirubin level gets very high, the doctors may need to do an exchange transfusion. This means that the baby's blood is taken out and replaced with fresh blood from a blood bank. This may be necessary if the baby and mother have different blood groups.

### **What will happen after my baby has gone home?**

Your midwife or health visitor should visit you at home to look at your baby for jaundice and check that he/she is feeding well.

If you have any other questions about jaundice or your baby's treatment, please ask your midwife or doctor who will be able to help you.