



Newborn jaundice

Information for parents and carers

The aim of this leaflet is to provide information to parents and carers about newborn jaundice.

What is jaundice?

Jaundice is the yellow appearance of the skin. Sometimes the white of the eye, the inside of the mouth, or the gums may also look yellow.

It is very common in newborn babies. It is painless and is usually harmless. However, very high levels of jaundice can, in rare cases, cause serious complications such as cerebral palsy or hearing problems. Therefore if you think that your baby has jaundice, please tell your midwife or doctor as soon as possible.

What causes jaundice?

Jaundice is caused by increased levels of a substance in the blood called bilirubin. Bilirubin is produced as a result of the breakdown of red blood cells and newborn babies take a few days before they are able to breakdown the bilirubin normally.

In some circumstances, jaundice may be exaggerated by medical conditions such as infection and blood group differences between mother and baby.

How is jaundice diagnosed?

When jaundice is suspected, it can be diagnosed by either taking a blood sample from your baby's heel or from their vein. It can also be diagnosed using a hand held device called a bilirubinometer.

Your baby's bilirubin level is plotted on a graph to see if treatment is needed. If treatment is started then more blood tests will usually be needed every six to 12 hours depending on how high your baby's bilirubin level is; this will be discussed with your doctor.

We may also recommend tests to rule out infection, to check the amount of haemoglobin, and to check for blood group differences between mother and baby.

What is the treatment?

Mild jaundice does not normally need any treatment, but your midwife will need to give you extra advice and support with breastfeeding to make sure that your baby is getting enough milk.

If your baby's level of bilirubin is high (above treatment level on the graph) then treatment is advised to prevent their jaundice level from rising further.

Your baby will be given a light treatment called phototherapy. Phototherapy is safe but sometimes can cause a transient (short-term) skin rash or loose stools. For phototherapy to be useful your baby must be placed naked under the light (apart from their nappy).

You will be encouraged to take your baby out of the light only for short breaks (up to 15 minutes) for feeds and changing nappies. You can continue to breastfeed during phototherapy.

Very rarely, babies who have extremely high bilirubin levels may need to be treated in the hospital's Neonatal Intensive Care Unit (NICU). These babies may need an 'exchange transfusion', which involves replacing the baby's blood with new blood from a donor. In the unlikely event of this being necessary, a senior doctor will speak to you about the procedure.

How long will treatment take?

The response to treatment is monitored by checking your baby's bilirubin level. Treatment is stopped once their bilirubin has fallen below the treatment level. A repeat blood test is done to make sure that the bilirubin level remains low. How long your baby remains in hospital depends on how they respond to the treatment.

Does jaundice cause any long-term problems?

For most babies, jaundice is normal and harmless and does not cause any long-term problems. Very rarely, if the amount of bilirubin in a baby's blood is too high it may cause long-term problems such as hearing loss or cerebral palsy. But you should remember that this is extremely rare and that with the right treatment this small risk is reduced even further.

Your baby's hearing will be checked regularly.

Will my baby be monitored when we return home?

When your baby is ready for discharge from hospital, they will be monitored by your community midwife. If your baby has jaundice for more than two weeks (or for more than three weeks for babies that were born premature) make sure that you tell your midwife or doctor. This is called prolonged jaundice and your baby will need a medical review and may need further investigations.



A baby having phototherapy

What if I have any questions or concerns?

Please do not hesitate to ask your midwife or paediatric doctor if you have any questions or concerns about the medical treatment given to your baby.

This leaflet has been produced with and for patients.

Please let us know:

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

You can let us know this by:

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

Any complaints, comments, concerns or compliments, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient information leaflets are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

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