

# Jaundice



## What is Jaundice?

Jaundice is the name given to the yellow appearance of the skin and the whites of the eyes. Jaundice is **not** a liver disease.

Newborn babies are born with a higher than normal number of red blood cells. The body continuously makes red blood cells and breaks down old ones. As these blood cells break down the body produces a waste product called bilirubin. When bilirubin levels in the body are raised, it causes jaundice. The liver removes the bilirubin from the blood, but the liver of a newborn can take a few days to work properly and this is what causes babies to be jaundiced. This is why jaundice is common in newborn babies, and even more common in premature babies.

## Is Jaundice common?

Yes. About 9 in 10 babies develop jaundice in the first week of life. For most babies, jaundice does not necessarily mean the baby is ill, and this early jaundice (known as physiological jaundice) is generally harmless. If a baby becomes jaundiced before 24 hours, your baby may have a condition in which blood cells break down more quickly than is normal for babies. This is usually recognized very soon after the baby is born, or even during pregnancy, and further treatment may be necessary. If jaundice remains after 2 weeks in a full term baby and 3 weeks in a premature baby, tell your doctor or midwife as tests may be needed to determine the exact cause.

## Can the level of jaundice be measured?

Yes. A screening test using a small monitor placed on your baby's chest may be used to see if your baby requires a heel prick sample to measure the level of bilirubin in the blood. The blood sample that may be taken will determine whether the baby will need treatment or not. Babies who are premature receive treatment at lower bilirubin levels than full term babies.

## Why do we treat jaundice?

Most babies will not require treatment for jaundice. However, if the level of bilirubin becomes very high it can cause damage to the brain in some babies. It can also be associated with hearing loss. We aim to treat at much lower bilirubin levels than this to prevent any possible damage occurring.

## How is the jaundice treated?

Babies are treated with phototherapy. These are blue lights which help break down the bilirubin. Whilst your baby is under phototherapy, it is important to protect their eyes, so a mask will be placed over them. Occasionally, babies can have a skin rash or diarrhoea when under the lights, but generally there are no problems.

## How long do the babies need phototherapy for?

Whilst your baby is under phototherapy, the bilirubin level will be rechecked. Once your baby's bilirubin is below a certain level, the phototherapy will be stopped. Another bilirubin level will be checked 12--18 hours later to make sure it hasn't risen again. Babies usually need to be under phototherapy lights for approximately 48 hours and often longer.

## How long will the jaundice last?

Physiological jaundice normally clears by the time your baby is two weeks old. However, sometimes it lasts longer and further investigations may be needed to rule out other causes of jaundice.

Some babies who are breast fed have breast milk jaundice, which can take longer to go away. This causes no harm to the baby and will gradually fade away. There is no reason to stop breast feeding.

## What can I do?

It is important to monitor the colour of your baby's stool (poo) and urine. Normal baby stool is a green/yellow colour and the urine is straw coloured. If the urine is dark and the stool is a pale/chalky colour you should inform your midwife or doctor immediately as this may mean there is a problem with your baby's liver which is causing the jaundice.

## Who do I ask for more information?

Please speak to one of the doctors or nurses/midwives if you have any further questions.