

Information for Parents

Prolonged Jaundice Screening

This leaflet explains jaundice in the newborn baby and what you should do if your baby's jaundice is still present two weeks after birth in a full term baby and three weeks in a premature baby.

Jaundice which continues after this time can be a sign of liver disease. It is therefore vital that liver disease is identified and treated as early as possible.

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 baby 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 in new babies?

Yes, jaundice is very common in newborn babies. About 9 out of 10 newborn babies will become jaundiced two or three days after birth. Jaundice reaches its peak at about 4 days of life and then gradually disappears in most babies by the time they are 2 weeks old. Jaundice does not necessarily mean your baby is ill. Normally this will not be a problem as you will still be in hospital, but if your baby is at home it is important you tell your midwife or doctor.

Can the level of jaundice be measured?

Yes. The level of bilirubin in your baby's blood can be measured quite simply. A heel prick blood sample can be taken. This is sometimes called a TSB or SBR test. This test will

show whether the jaundice level is getting high or whether your baby is jaundiced, as it is sometimes difficult to see jaundice in some babies.

Why do some babies remain jaundiced?

Jaundice is usually clear by the time your baby is 2 weeks old, however, sometimes it lasts longer. There are a number of reasons why jaundice may continue:

Your baby may be premature.

Your baby may have a condition in which blood cells break down more quickly than is normal for babies. This is usually recognised very soon after the baby is born, or even during pregnancy, and further treatment may be necessary.

Jaundice may continue in babies who are well and are being breast fed. Breast feeding can be continued safely and the jaundice will fade with time.

Your baby may have an infection.

Your baby may have a thyroid gland that is not working properly. This is usually tested as part of a blood test carried out on all babies between 5 and 10 days old, called the Newborn Screening blood test.

Your baby may have a problem with their liver. However, this is rare.

What should be done if my baby's jaundice does not go?

- If jaundice continues after 14 days of age in a full term baby or 21 days in a premature baby then this should be investigated.
- If your baby's stools and urine are not the right colour then this should be investigated at whatever age. You do not need to wait until the baby is 2 or 3 weeks old.

The urine of a newly born baby should be straw coloured. If your baby's urine is persistently dark in colour and/or the stools look chalky or very pale in colour, then you should tell your midwife or doctor, as this can indicate liver disease.

The stools of a breast fed baby should be green/daffodil yellow.

The stools of a bottle fed baby should be green or mustard yellow.

Prolonged jaundice screening?

Screening for prolonged jaundice is undertaken, as previously mentioned, in a full term baby at 14 days old and in a preterm baby at 21 days old. Your Manchester Neonatal Outreach Team Midwife (NORTMW)/Community Midwife (CMW) or doctor will take a

blood sample from your baby's heel. This will be used to perform a test known as the TSB/SBR test.

The same blood sample will be used to perform another test called a split bilirubin. This blood test measures the ratios of the 'conjugated' and 'unconjugated' bilirubin levels in your baby's blood. A TSB/SBR test known as the 'total serum bilirubin' will show the level of jaundice, but it does not show whether the cause is liver disease or not and this is why a split bilirubin test is needed.

If the TSB is more than 200 micromol/l and/or if the conjugated of bilirubin level is more than 25 micromol/l then an appointment will be made for your baby to attend a hospital clinic appointment for further investigations.

References:

NICE Clinical Guideline 98 – Neonatal Jaundice May 2010
Children's Liver Disease Foundation www.childliverdisease.org