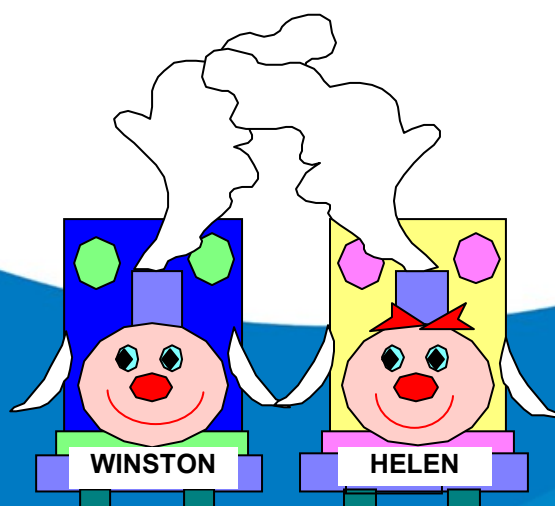


# Jaundice in the Newborn

This leaflet can be made available  
in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式  
此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona  
w innych językach/formatach.



## What is Jaundice?

Blood cells only live in the body for a few days or weeks. As they die off they are immediately replaced by new ones.

When the blood cells die they produce a yellow colouring called 'Bilirubin'. The liver helps the body to get rid of this colouring in stools.

A newborn baby's liver is immature and sometimes finds it difficult to get rid of the 'Bilirubin' fast enough. The 'Bilirubin' then builds up in the infants' blood stream, causing them to have a yellow tinge in their skin colouring. This is known as jaundice in the newborn.

## What are the symptoms?

The baby's skin has a yellow tinge.

The baby may be sleepy and need waking for feeds.

Your infant's level of Bilirubin will be checked before treatment is started, by taking a small sample of blood from their foot called a heel prick.

## Our usual form of treatment is:

- Bilirubin is broken down by fluorescent lights called 'phototherapy'. Your baby will be placed under a special lamp in an incubator or in a small cot called a bassinet. Your baby will be laid in their nappy to make sure the light can get to as much of their skin as possible and they will wear an eye shield to protect their eyes from the bright light.
- Another method of 'phototherapy' which may be used is the Bili blanket. This consists of a blanket that contains the lights fitted into a fitted vest. It is more suitable for home phototherapy for mild cases of jaundice. Your baby will not need to wear an eye shield with this type of therapy.
- Throughout the time your baby is receiving 'phototherapy' they will have regular heel pricks to check the 'Bilirubin' level is going down, usually daily. If the 'Bilirubin' level is too high, a blood exchange transfusion may be needed to replace the baby's blood with 'Bilirubin-free' blood.

## **Risks and discomfort of the treatment**

Every care is taken to ensure your infants safety; however, it is important to protect eyes from the phototherapy. The infants can often also get a little dehydrated (dry) so extra fluids will be given to prevent this.

If your infant does not receive phototherapy the Bilirubin level may rise to an unsafe level which may cause your baby to have a (fit) or seizure.

## **Alternatives to the treatment**

Phototherapy is the standard treatment for mild jaundice.

An exchange blood transfusion is also standard treatment for severe jaundice.

## **Discharge home**

Once treatment has stopped your baby will be monitored for another 24 hours to make sure their 'Bilirubin' level does not rise again.

Infants who have jaundice are usually home 2-3days after admission. It is important that when you go home you continue to make sure your baby is feeding well and does not need to be woken for feeds.

Your midwife will visit regularly and monitor your baby after discharge to make sure they remain well and until their care is taken over by the health visitor at 28 days.

**If you have any further questions please contact your child's consultant via their secretary by calling the hospital switchboard on 0151 430 1600.**

**The secretaries are available Monday to Friday 9.00 am to 5.00 pm**

**If you need to contact the Department outside of these hours please phone either:**

**Ward 3F      0151 430 1616**

**Ward 4F      0151 430 1791**

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