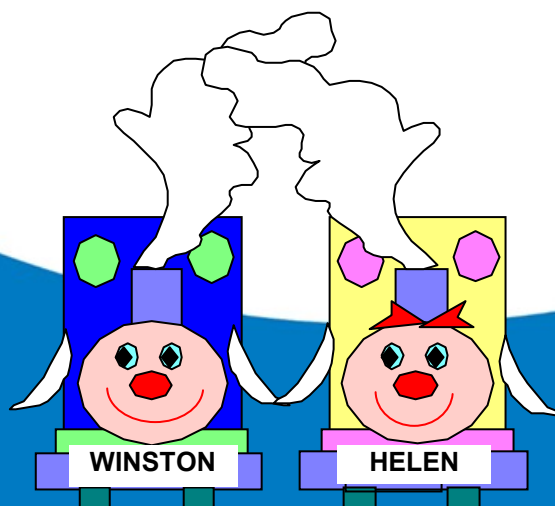


Prolonged Jaundice

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The Nature & Reasons of the Condition

Jaundice is the name given to the yellow appearance of the skin and eyes. It is due to the build up of a chemical in the body called bilirubin, which is normally passed out of the body in urine and stool (poo).

Jaundice is fairly common in new-born babies. It usually occurs in the early postnatal period (just after the birth of the baby) and it can last up to 2 weeks in a full term baby and 3 weeks in a pre-term baby. If your baby remains jaundiced beyond this point, we refer to it as prolonged jaundice.

In most babies, jaundice is not harmful. However it can become harmful for some babies if the bilirubin reaches a very high level and it is not treated.

Why is my baby jaundiced?

There are two types of jaundice:

Physiological - Physiological jaundice is part of the natural body process and is also the most common cause. Liver has to break down red blood cells (RBC) and the waste product is bilirubin. The liver is immature and therefore it is not as effective as an adult liver at removing bilirubin.

Pathological - Pathological jaundice involves an actual abnormality that causes bilirubin levels to reach higher levels sooner or take more time to come down. This type of jaundice can be caused by a number of factors, including blood or liver diseases, infections, genetic disorders or physiological jaundice that worsens over time.

What is prolonged jaundice?

For most babies, jaundice resolves by a few days of life. However if your baby has jaundice for more than 14 days (or 21 days if they were pre-term), this is termed prolonged jaundice.

Breast fed babies are more likely to develop jaundice. This is called breast milk jaundice. Breast milk jaundice is thought to be caused by a certain complex protein in the milk, which can inhibit the breakdown of bilirubin in the liver. It is completely harmless.

Breast milk jaundice is also the most common cause of prolonged jaundice. However if your baby does have jaundice that persists, it needs to be checked out by your doctor or midwife.

What needs to be done if I think my baby is jaundiced?

If you think your baby is jaundiced or appears unwell, contact the midwife or your doctor immediately!

Your doctor may ask you about any changes to the colour of their stool (poo) or urine. They will also ask about feeding patterns, their behaviour and their general well-being.

If your baby is suspected of having jaundice, your doctor may confirm this with a blood test by pricking the baby's heel to obtain a blood sample. The level of bilirubin is then plotted on a graph and this will determine whether your baby needs treatment or not.

Further tests would be required if the jaundice is prolonged i.e. more than 2 weeks in a full term baby or 3 weeks in a pre-term baby. This may include an infection screen, blood tests and urine tests. Of which, some tests will take several days for the results to come back.

Final points

- Check your baby for jaundice, particularly in the first few days of life.
- If you suspect that your baby has jaundice, contact your midwife or doctor!
- Most babies will have mild physiological jaundice and will not require any treatment.
- Prolonged jaundice is most commonly caused by breast milk jaundice but still requires investigating to rule out any other medical causes.

More information: NHS Choices website

www.nhs.uk/conditions/Jaundice-newborn

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

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Warrington Road,
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