

King's

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King's College Hospital London

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Parent Information Leaflet

JAUNDICE IN THE NEWBORN BABY

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WHAT IS JAUNDICE?

Jaundice is the name given to yellowing of the skin and whites of the eyes and is very common in newborn babies. It is usually harmless and clears up in most babies after 10-14 days. Across the globe, it can be present in 60% of babies born at term and up to 80% in premature births. It is one of the very common conditions doctors come across when examining newborn babies.

There are two types of jaundice in newborn babies: physiological (caused by natural processes and most common diagnosis) and pathological (caused by underlying health disorders).

WHY DO NEWBORN BABIES GET JAUNDICE?

Newborn babies have extra red blood cells they no longer need which break down rapidly when they are born.

Bilirubin is a yellow substance the body creates when it breaks down old red blood cells. Subsequently, the liver helps to degrade bilirubin further, so it can be eliminated from the body through stool.

Because newborn babies have immature livers, it can take up to 2 weeks for babies to clear jaundice. Any defect in this process can cause jaundice in newborn babies.

The most common type is called physiological jaundice. Rarely, blood diseases and liver diseases can cause jaundice in babies.



HOW COMMON IS PHYSIOLOGICAL JAUNDICE IN NEWBORNS?

It is very common. 60% of newborn and up to 80% premature babies will become jaundice 2 or 3 days after birth. However, it doesn't necessarily mean the baby is ill.

WHAT SHOULD I DO IF MY BABY IS JAUNDICED?

For most babies' jaundice will be harmless and resolve with regular 3 hourly feeds but for some babies the levels of bilirubin become very high, which can be harmful if not treated.

If your baby becomes jaundiced it is important that you tell your Midwife or paediatrician on the day you notice this.

If your baby is less than 24 hours age, is excessively sleepy, not interested in feeding, has pale chalky stools or dark urine then report it straight away as baby may need some tests and possible treatment.

WHAT TESTS WILL BE DONE TO CHECK MY BABY'S JAUNDICE?

Your Midwife or Doctor may use a device which is held against the skin to check the amount of bilirubin in babies This is called a transcutaneous bilirubinometer.



If the level is high and baby is less than 24 hours old or a bilirubinometer is not available, a blood test will be taken to measure the level of bilirubin in the baby's blood. If the measurements of bilirubin are high, treatment will be required to reduce the levels of bilirubin to prevent health problems.

HOW IS JAUNDICE TREATED IN BABIES?

Most babies with high levels of bilirubin that requires treatment will be treated using phototherapy.

In very rare cases the baby can require a blood transfusion or exchange transfusion, the team will discuss all the options with you.

Phototherapy involves placing baby under a special light (not sunlight) which produces certain light waves which help remove bilirubin from the body.

WHAT IS PROLONGED JAUNDICE?

This is where jaundice is still present in the newborn baby after 14 days of age (21 days if baby was born before 37 weeks).

This can be associated with breastfeeding and often normal but may have other causes and so should always be investigated.

Inform your paediatrician who will refer your baby for tests. Please do not delay your appointment.

ARE THERE ANY CAUSES OF JAUNDICE IN NEWBORN APART FROM PHYSIOLOGIC JAUNDICE?

Rarely, there are rare diseases of blood and liver, which can cause jaundice in newborns. Therefore, it is important to investigate further especially if jaundice is prolonged for more than two weeks or if the baby is unwell or has any other symptoms suggestive of blood or liver diseases. Therefore, it is important to see a baby doctor to make sure that jaundice in your baby is physiological.

WHAT IS BILIARY ATRESIA?

It is a condition where drainage system of liver through which bilirubin is drained in a baby is completely blocked. Baby is born with it.

This can be suspected early by paying attention to the colour of the baby's urine and stool. Usually, baby's urine is colourless, and the stool is mustardy yellow or greenish in colour.

If your baby's urine is dark yellow and/or the stools are pale/chalky white this can indicate biliary atresia and the parents must report this to the doctor and should not wait for 14 days to pass. Biliary atresia would require urgent surgery.

The delay in diagnosis of biliary atresia, can lead to severe liver damage requiring liver transplant. Therefore, it is important to diagnose early.

We welcome suggestions to improve this leaflet. If you have any comments that you would like to make, please contact:

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