

Babies receiving phototherapy can develop rashes on the skin and often have loose stools. It is very important not to put creams or oils on to the baby's skin whilst they are receiving phototherapy as this may cause burns. They are safe to use when the treatment has finished.

Some babies have bilirubin levels that require more than one set of lights to be used at once. There are also babies who sometimes have extremely high levels of bilirubin who may need to have intensive care. Very rarely they may need a procedure called an exchange transfusion when the baby's blood is replaced with blood from a donor. Your doctor will discuss treatment options with you and answer any questions you may have.

When do you know it has gone?

A member of the neonatal team will continue to monitor your baby's blood for bilirubin, until they are sure that it is no longer requiring treatment. Sometimes after stopping treatment the bilirubin level may rise again and the therapy will need to be re-started.

Any further questions?

If you have any questions please ask your baby's nurse/midwife or doctor as we are here to help.

More information

Dyson Centre for Neonatal Care: 01225 824438

NICE website:
www.nice.org/guidance/CG98

Royal United Hospitals Bath
NHS Foundation Trust
Combe Park, Bath BA1 3NG
01225 428331 www.ruh.nhs.uk

Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital.

Email ruh-tr.pals@nhs.net or telephone 01225 825656 / 826319

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Jaundice in Newborn Babies

Parent information

Jaundice in Newborn Babies

The purpose of this information leaflet is to inform you about jaundice in newborn babies. It will explain why your baby has been diagnosed with jaundice and the possible care and treatment your baby may require.

What is jaundice and what causes it?

If your baby has jaundice their skin may look slightly yellow or suntanned. The whites of the eyes or inside of the mouth on the gums may also look slightly yellowed. If your baby has dark skin the main sign may be a yellowing of the eyes or inside the mouth.

There are two types of jaundice:

- Physiological jaundice

Babies are born with a high number of oxygen-carrying red blood cells containing haemoglobin. After a baby is born any excess haemoglobin is broken down producing bilirubin (a waste product). An immature liver can slow the natural process of removing the bilirubin.

The liver processes bilirubin and is normally passed out of the body in the urine and stool.

- Pathological jaundice

This is what jaundice is called if it occurs within the first 24 hours after birth or is severe later on. This is caused by abnormal breakdown of the red blood cells or problems removing bilirubin by the liver.

Will it harm my baby?

Most newborn babies get jaundice. For the majority of babies jaundice is completely harmless and can clear up on its own, it is more common in premature babies. Very rarely the amount of bilirubin in a baby's blood is so high that it can cause long term problems such as hearing loss or cerebral palsy. This is extremely rare and with the correct treatment this risk is reduced even further.

How is it detected?

A member of the neonatal team or your midwife may have used a small hand held device that can measure the level of bilirubin in the blood through the skin, but this is only suitable for some babies.

Alternatively, your baby may have had a small sample of blood taken from their heel. This blood will have been tested to check the level of bilirubin. If treatment is required, this will be explained to you by the member of staff caring for you and your baby.

How is it treated?

Mild jaundice does not normally require any treatment and should sort itself out with adequate feeding. If the bilirubin level is found to require treatment then your baby will be given treatment called phototherapy. Phototherapy is a special type of blue or white light that can be provided in different ways.

The baby will wear only a nappy underneath the phototherapy light and will wear some soft fabric goggles over their eyes. Or may remain dressed if using a billiblanket, this is a covered pad that has light transmitted into it by fibre optic cable to deliver phototherapy, some blankets require the baby to wear goggles to protect the eyes. Both methods work by the light altering the bilirubin in the skin and excreted in the urine and stools.

