



Neonatal Jaundice
 PATIENT INFORMATION LEAFLET

Version:	2:0
Authorised by: <i>(Also state if external document)</i>	Clinical Governance
Date authorised:	June 2018
Next review date:	June 2021
Document author by Job Title	Sister Linda Evans

VERSION CONTROL SCHEDULE	Issue Date	Revisions from previous issue
Version Number		
1.0	Jan 2013	Created
1.1.	April 2015	Updated
2.0	June 2018	No Changes
2.1		
3.0		

Introduction

This leaflet aims to help you understand what jaundice is and how it is treated on the Childrens Unit

What is Jaundice?

Jaundice is one of the most commonest conditions requiring medical attention in newborn babies. Jaundice is caused by a raised level of bilirubin in the blood. Approximately 60% of term and 80% of preterm babies develop jaundice in the first week of life. Breast fed babies are more likely to develop jaundice in the first week of life.

Before birth babies require a higher level of red blood cells in order to carry oxygen around their body. Once they are born they no longer require this so any additional blood cells are broken down. This produces a dark yellow waste substance known as bilirubin, which is passed out in the urine. Sometimes this process in newborn babies can be slower so they get a build up of bilirubin in the blood.

For most babies, jaundice is not an indication of any underlying condition and this type of jaundice is generally harmless.

There are many possible causes of jaundice and your baby's cause will be explained to you by medical and nursing staff.

The signs and symptoms include yellow colouration of the skin and whites of the eyes, lethargy, reduced feeding, dark urine and pale chalky stools.

If you suspect jaundice in your baby you should seek medical attention.

Investigations

On admission your baby will be assessed by nursing and medical staff. They will be required to obtain a blood sample as this is the most effective way of diagnosing a high level of bilirubin in the blood. Once the result is available treatment will be commenced depending on level of bilirubin in the blood. If the level is below treatment and your baby is well you may get to go home with midwife follow up. If the level is above treatment level your baby will have to stay in hospital and commence the appropriate treatment; this could either be on the Children's Ward or Ward 27 depending on the level of medical intervention your child may require.

Once treatment is commenced regular blood tests will be required in order to ensure that your baby is receiving the correct treatment.

Treatment

If your baby has a raised bilirubin level they may require phototherapy. Phototherapy is treatment using light. Phototherapy lowers the bilirubin levels in your baby's blood by photo-oxidation. Oxidation is the process of adding oxygen to change a substance (in this case, the bilirubin). The photo-oxidation changes the bilirubin into a substance that dissolves easily in water. This makes it easier for your baby's liver to break down and remove the bilirubin from their blood via urine and stool.

The aim of phototherapy is to expose your baby's skin to as much light as possible. Your baby will be nursed naked, apart from a nappy. Your baby will be required to stay exposed to the light for long periods in order for it to work. You may remove your baby from the light for feeding and changing. Your baby's eyes will be protected by a screen. It is important that you do not use creams whilst your baby is having phototherapy.

If the bilirubin level in the blood is very high your baby may require up to 3 lights. These will be gradually reduced as the bilirubin levels drop.

Blood will be taken every 6 hours to monitor the bilirubin levels. Once the level is below treatment your baby will stop treatment. A further blood test will be taken to ensure that the bilirubin level remains low. There is a chance that the levels may rise again and that your baby will need to recommence phototherapy. The length of treatment will depend on how quickly your baby's bilirubin levels normalise.

It is important that your baby has adequate fluids whilst having phototherapy treatment as they are losing an increased amount of fluid so are at more risk of dehydration. Some babies may require a drip to give them additional fluid, especially if they are dehydrated or reluctant to feed. Some babies may be fed via a tube up their nose and into their tummy (a nasogastric tube). Breastfeeding is encouraged, although will be closely monitored to ensure your baby is receiving adequate fluid. You may need to wake your baby at timed intervals to ensure that they are feeding adequately. Breast feeding support is available to you if required.

In some cases a baby's bilirubin level is so high that a different type of treatment is required. In this case your baby will be transferred to a Children's Hospital as this treatment is not available at this hospital. This will be explained in detail to you by the medical and nursing team.

Discharge

Once your baby is ready for discharge they will be followed up by the community midwife. More blood may be taken to ensure your baby's bilirubin level remains stable. If you have any concerns following discharge contact your midwife or visit your GP.

If you have any concerns about your child's condition please contact the Children's Community Nursing Team

**Children's Unit
0161 922 5252**

**Children's Community
Nursing Team
0161 922 5251
8.00 am—8:00pm**

If you require this leaflet to be printed in to any other language please contact the Ethnic Health team on 0161 922 5150.

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

আপনি যদি এই তথ্য পড়তে বা বুঝতে না পারেন, তাহলে অনুগ্রহ করে এথনিক হেলথ টিমের সাথে টেলিফোনে যোগাযোগ করুন 0161 331 5149/5150 এই নাম্বারে, তখন তারা আপনাকে সাহায্য করতে পারবে।

જો આપ આ માહિતી વાંચી છે અમણ હાથે ગણિ તો છુપા કરી, અથવા ઠીક ઠીક ટીમનો 0161 331 5149/5150 નંબર પર સંપર્ક રાખો તેઓ આપને જરૂર મદદ કરશે.

اگر یہ معلومات پڑھ نہیں سکتے ہیں یا آپ کو اس کی سمجھ نہیں آتی ہے تو براہ مہربانی ہیتھ ٹیم کے ساتھ ٹیلی فون نمبر 0161 331 5149/5150 پر رابطہ کریں تو وہ آپ کی مدد کر سکیں گے۔

Reference

NHS Choices

www.nhs.uk/conditions/jaundice-newborns

NICE Website

www.nice.org.uk/guidance/CG98

Document control information

Author: Linda Evans
Division/Department: Women's and Children's
Date Revised: June 2018
Reference Number: Paed 010
Version: 2:0