

helped removed. Now your baby has to remove these waste products by themselves. It is normally processed by the liver and passed out of the body in the urine and stools. In some babies, including premature babies, the liver is still developing and takes a while to function properly. As a result, excess bilirubin remains in the body causing this yellow tinge. 50 % of full term infants and 80% of premature babies develop jaundice.

## WHAT ARE THE SYMPTOMS?

Your midwife will check for signs of jaundice each time they check your baby. Babies with jaundice will have the following:

- The yellow colour starts on the forehead and face
- Then spreads to body, arms and legs
- The whites of the eyes and the mouth may have a yellow tinge to them

If the jaundice is severe, you may also notice:

- Poor feeding or less frequent feeds
- Difficult to wake baby, not as alert
- May have a high pitched cry

## HOW IS MY BABY TESTED FOR JAUNDICE?

There are 2 tests which can be performed to determine the levels of jaundice:

1. Biliflash – a hand-held device that is placed on your baby's forehead and/or chest and it provides a reading
2. SBR – involves a heel prick and a sample of blood taken and sent to the lab for testing.

These results are then plotted on a graph, which states if any treatment is required to be commenced.

## HOW IS JAUNDICE TREATED?

Mild jaundice doesn't usually get treated, but your midwife will make sure that your baby is feeding well and regularly. Your baby may need extra expressed breast milk or formula. Keeping your baby in natural light can also help.

If the levels are very high or are getting higher, treatment may be commenced in the form of phototherapy. Phototherapy helps to break down the bilirubin in your baby's skin. Your baby will be placed on a special light producing blanket, called the biliblanket.

Sometimes double phototherapy is needed, resulting in an overhead phototherapy lamp being used in addition to the biliblanket. In this case your baby will be put in an incubator as they will need to be undressed and this will help keep them warm. You will still be able to feed your baby but it is important that they spend most of their time under the lights. Whilst on double phototherapy your baby's eyes will be protected by soft goggles. Babies generally require phototherapy for 24 – 48 hours.

If your baby's bilirubin levels get too high and/or phototherapy doesn't work well enough, the baby might need an exchange transfusion

For most babies, jaundice clears up within a few days. Often the bilirubin goes up for the first 3 – 4 days and then goes slowly back down. A breastfed baby can have mild jaundice for a longer time than a baby who has formula.

If your baby has jaundice for longer than 2 weeks (or 3 weeks for a premature baby) your baby is likely to be tested further to exclude other medical problems.

For any further information please contact :

The Maternity Unit at St. Bernard's Hospital on:  
+350 20072266 ext: 2125

Or if you have already been discharged by the midwife please contact the Health Visitors:

Mon – Fri 08.00 – 17.00, +350 20072945 or +350 20072945 ext. 3244



## Jaundice and your baby



Jaundice is a common condition in newborn babies and affects nine out of ten. It causes a yellow appearance of the skin and in the whites of the eyes. It usually develops on the 3<sup>rd</sup> day and peaks on the 5<sup>th</sup> day following delivery, disappearing by the 10<sup>th</sup> day. Occasionally jaundice can develop in the first 24 hours. If this occurs then a paediatrician will be called to review your baby.

### WHAT CAUSES IT?

The yellow colour seen in the skin is caused by BILIRUBIN. Bilirubin is a waste product that the placenta would have



