York and Scarborough Teaching Hospitals
NHS Foundation Trust

Jaundice in Newborn Babies

Information for patients, relatives and carers

ⓘ For more information, please contact:

Maternity Services

York Hospital, Wigginton Road
York, YO31 8HE

Telephone: 01904 726869

Or

Scarborough Hospital, Woodlands Drive
Scarborough, YO12 6QL

Telephone: 01723 236869

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Introduction

Many babies develop a yellow discolouration of the skin between the second and fifth day after birth. This is called jaundice. Your baby may require phototherapy, sometimes called light treatment.
This leaflet explains what these terms mean and what the treatment involves. Please ask your midwife, nurse or the paediatrician if there is anything which you do not understand after reading this leaflet.

What is jaundice?

Jaundice is caused by a pigment in the blood called bilirubin which is formed from the normal breakdown of red blood cells. In newborn babies there is an increased breakdown as babies need less red blood cells once they have been born. Normally bilirubin is removed from the blood by the liver and passes out through the intestines in the stool. Sometimes in newborn babies this system does not work fast enough to clear all the bilirubin and some of it becomes visible in the skin. This causes the yellow colour of jaundice. This newborn physiological jaundice is normal and will often resolve on its own if your baby is well and feeding well. It does, however, require careful observation and monitoring as it may need treatment if the bilirubin levels in the baby's blood become too high.

How will the levels of jaundice be measured?

Sometimes the levels of yellow discolouration in your baby's skin can be estimated by using a hand held non-invasive device (biliflash). If this initial screening test is raised, then a blood test would be indicated to measure serum bilirubin (SBR). It is not always possible to use the biliflash as a first step due to inherent limitations of the machine.

What is serum bilirubin (SBR)?

This is the level of bilirubin in the blood and is measured in a small blood sample taken by a heel prick from your baby. Sometimes the doctor will want to do some other blood tests to rule out other causes of jaundice and may take a sample from a vein on your baby's hand or foot. Bilirubin is not harmful to babies unless the level in the body rises too high. The result of the blood test helps to decide whether your baby needs some treatment and may rule out other causes of jaundice.

How will my baby's high bilirubin be treated?

- Most cases of jaundice are treated on the postnatal ward, children's ward or Special Care Baby Unit.

- It is important that your baby is feeding well, and regularly. Your midwife or nurse will assess this with you.

- Depending on the level of bilirubin in your baby's blood, your baby may need phototherapy.

- We understand the importance of closeness and comfort for your baby's development and will support you with this. If your baby is having phototherapy, we will encourage you to cuddle your baby in skin to skin contact during feeds and talk to and stroke your baby while they are under the phototherapy lights.

What is phototherapy?

Phototherapy is treatment with light. It is used in some cases of newborn jaundice to lower the bilirubin levels in your baby's blood through a process called photo-oxidation.

Photo-oxidation adds oxygen to the bilirubin so it dissolves easily in water. This makes it easier for your baby's liver to break down and remove the bilirubin from their blood.

Babies are nursed in a phototherapy light source. Your baby will wear only a nappy to allow more of your baby's skin to be exposed to the light. Your baby will also need to wear eye protection during their time under the lights unless a tinted box is used.

The more time your baby spends under the light the more the bilirubin level will fall. Try to combine cuddle time with feeding time and comfort your baby by talking to them and soothing them when under the phototherapy lights.

Phototherapy has been shown to be safe. Some babies may have loose stools or a heat rash, but these disappear once the light treatment stops. It is important that your baby's temperature is regularly checked, and your midwife or nurse will do this.

How long will my baby need phototherapy for?

This depends on the level of bilirubin in your baby's blood and how quickly it falls. The aim of the treatment is to reduce the jaundice level well before it reaches a level that is a risk to your baby. Your baby's blood test will be repeated a minimum of once a day or more regularly, depending on your baby's bilirubin level. The level also needs checking approximately 12 hours after stopping the phototherapy (the 'rebound test') and sometimes it is necessary to restart the treatment, depending on the result.

Are there any other causes of jaundice?

Jaundice which occurs on the first day of life may have different causes and need further tests. Babies with jaundice who have other problems, for example feeding or who have difficulty maintaining their temperature may need other types of investigations. These investigations will look for other conditions.

An example of this may be an infection. These babies may need to be cared for on the Special Care Baby Unit (SCBU). You will be supported to continue breastfeeding and establish a good milk supply if your baby has been sleepy.

Will jaundice affect my baby later on?

Physiological jaundice usually fades over a few days with no lasting effects. However, your baby should be reassessed by a paediatrician if:

- Was born at 37 weeks or more and is still jaundiced at 14 days.
- Was born before 37 weeks and is still jaundiced at 21 days.

In these circumstances please ask your midwife or GP to refer your baby to the Child Assessment Unit on Ward 18 at York Hospital or the Children's Ward at Scarborough Hospital for assessment and further tests by a paediatrician to rule out other causes of jaundice.

Once discharged from hospital, there are no special precautions to be taken and you can enjoy your baby at home and treat him or her as a normal, healthy baby.

Additional Support

Bliss – The Special Care Baby Charity, 0500 618 140
www.bliss.org.uk [Accessed 26 July 2024]

The Breastfeeding Network, 0300 100 0212
www.breastfeedingnetwork.org.uk
[Accessed 22 April 2024]

La Leche League, 0845 120 2918
www.laleche.org.uk [Accessed 22 April 2024]

NCT (formally National Childbirth Trust), 0300 330 0700
www.nct.org.uk [Accessed 22 April 2024]

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please email Clinical Governance: yhs-tr.patientsafetymidwives@nhs.net.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website: www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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