

Phototherapy treatment

- Wherever possible, your baby will be in a bed next to you
- Different combinations of lights are used depending on the amount of bilirubin in your baby's blood
- Phototherapy treatment is painless, but some babies may be restless under the lights
- The lights are very bright; so we cover your baby's eyes for protection
- Your baby only wears a nappy so that as much skin as possible is exposed to the light
- **The more the baby stays under the lights the more effective the treatment and the less time the baby will need to be treated overall**
- You will be encouraged to breastfeed a minimum of every three hours, as adequate calories and fluid help baby get rid of the bilirubin
- Some treatment can be continued during feeds and cuddle times
- Some babies under phototherapy can become cold, and may need to be cared for in an incubator
- The baby's bilirubin level is checked regularly to make sure that the treatment is effective
- On average, the treatment takes 2-3 days

In very rare cases phototherapy is not effective enough, and your baby may need a blood transfusion to clean their blood of bilirubin.

After treatment and if your baby is well, you will be able to go home. Another blood test will be arranged in the community 1-2 days later to recheck the bilirubin level is still at a normal level. If you have any questions, please ask your doctor or midwife.

This information within this leaflet has been based on the UK NICE guidelines for Neonatal Jaundice


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Best Care for Everyone

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Newborn Jaundice

Information for parents about the causes,
diagnosis and treatment of newborn jaundice

This leaflet will help you understand newborn jaundice; what causes it and what effect it can have on your baby. This leaflet also describes the treatment for newborn jaundice, and gives you some background information to help you make the right decision for your baby. Your doctor, midwife or nurse can give you more information and will answer questions you may have.

What is newborn jaundice?

Jaundice is the name given to yellowing of the skin and the whites of the eyes. Most newborn babies produce large amounts of a yellow substance called bilirubin. When there is too much bilirubin, the new baby cannot process it fast enough; it shows up in the skin making it look yellow. Bilirubin is normally made safe in the liver and passed out of the body in urine and poo.

Jaundice is very common: about 6 out of 10 babies get it. It is usually harmless, and most often goes away without any treatment by 10–14 days old.

Why has my baby got jaundice?

Babies more at risk of jaundice are:

- Babies who are born early
- Babies who suffered bruising at birth
- Babies who are not feeding well
- Babies who have an illness
- Babies who have a different blood group to their mother

Checking for jaundice

All babies are routinely observed for signs of jaundice by midwives and nurses. Very mild jaundice just requires continued observation. If it is more marked or baby has symptoms of jaundice, a blood test may be recommended to check the amount of bilirubin in the blood. It can be difficult to tell how serious it is by just looking at the skin.

What we look out for

We are especially interested in babies that get jaundice at less than one day old, and also babies who have other jaundice symptoms such as sleepiness or poor feeding. We often suggest a blood test called an SBR - Serum Bilirubin; this checks the amount of bilirubin in the blood. This tells us whether treatment is needed at this time.

Can jaundice harm my baby?

Most babies who have jaundice do not need treatment. Some babies become very sleepy and are unable to feed effectively. As the condition becomes worse the bilirubin can build up and in rare cases, if not treated, can lead to deafness and even brain damage. For this reason we often check the bilirubin in babies to make sure the level is safe.

How you can help

Observe your baby for any signs of yellow skin and report this to your midwife or nurse

Feed your baby often, if you notice your baby is becoming unusually sleepy let your midwife or nurse know

For mild jaundice, you may need to wake your baby regularly to feed

Check your baby has wet and dirty nappies each day, observing the colour of the stool, which should be green at first and then change to a yellow colour by day 4-5. If the stools becomes pale or white, let your midwife know. If the urine is dark in colour, show it to the midwife or nurse

Research shows placing baby into sunlight to help the jaundice is not an effective treatment. Alternative or complimentary therapies have also not been shown to be effective in treating jaundice.

Phototherapy treatment

Treatment for jaundice is called phototherapy. Phototherapy works by using intense blue light to help the baby to get rid of bilirubin more quickly. Treatment is carried out in hospital and is supervised by a paediatrician.

