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Jaundice in newborn babies

If your baby has jaundice, the whites of their eyes and their skin appear yellow.

Jaundice is usually harmless. Many newborn babies get jaundice.

Symptoms

Signs of jaundice in a newborn baby are:

- the whites of their eyes look yellow
- · their skin looks slightly yellow

Changes in skin colour can be more difficult to see if your baby has brown or black skin. Yellowing may be more obvious in their eyes.

Some babies may be:

- sleepy
- · slow at feeding

Jaundice symptoms usually begin when your baby is 2 to 3 days old. They last between 10 and 14 days.

When to contact your GP

Get your baby checked by your GP, midwife or public health nurse (PHN) if you think they have jaundice.

They will tell you if your baby needs tests or treatment.

If the jaundice is mild, they will ask you to:

- feed your baby at least every 3 to 4 hours
- wake your baby for feeds
- check that you baby has a wet nappy before each feed

They will tell you what to do if the jaundice does not improve.

Contact your GP or PHN again if:

- your baby's symptoms get worse
- the jaundice lasts longer than 14 days

They may perform a blood test, especially if your baby's:

- · pee is a dark colour
- · poos are pale

Your baby may also need a test to check their liver and gallbladder.

Checks and tests for jaundice

Causes of jaundice

Jaundice is caused by a build-up of bilirubin - a chemical that happens naturally in your baby's blood.

Newborn babies' livers are slower at removing bilirubin from their blood. When babies are 2 weeks old, their livers are better at removing bilirubin. This means they should no longer have jaundice.

Breastfed babies are more likely to get jaundice than formula-fed babies. It is unclear why breastfeeding increases a baby's risk of developing jaundice.

Jaundice can sometimes be caused by more serious conditions, such as:

- an infection
- mother and baby's blood groups being incompatible
- abnormalities in the baby's blood cells
- liver problems

Checks and tests

Your GP, PHN or midwife will examine your baby. They will usually ask you to undress your baby to do this.

They will:

- · check your baby's eyes and gums
- check your baby's skin in bright, natural light
- ask you if your baby had jaundice when they were born
- ask about how your baby is feeding
- ask about their wet nappies

If they have a bilimeter, they will check your baby's level of jaundice. They gently place a sensor on your baby's skin and the device shows the level of bilirubin.

If they do not have a bilimeter, you may need to go to a baby clinic or children's emergency department (ED).

Other tests your baby might need include:

- blood tests
- · tests for infection
- a liver scan

These tests are usually done in the hospital.



Find an emergency department (ED) near you

Treatment

If your baby has jaundice, your GP, PHN or midwife will tell you if treatment is needed. Babies only need treatment if they have a high level of bilirubin.

Phototherapy

The main treatment for jaundice is phototherapy. This involves placing your baby under a special light or on a special blanket that helps to clear the jaundice.

The treatment is done in hospital. Your baby will be in hospital for at least 12 to 24 hours. When their bilirubin level is low enough, you can take them home.

Your baby may need another blood test after their treatment has finished. This is to make sure their bilirubin level stays down.

Feeding your baby

It's important that your baby gets plenty of fluids if they have jaundice.

Feed your baby at least every 3 to 4 hours. Wake them up for feeds.

If your baby becomes dehydrated, they may need extra fluids through a drip. This is a small plastic tube placed into their arm, hand or foot. Fluids can be given into your baby's bloodstream using this tube.

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