

EAST GRAMPIANS HEALTH SERVICE
VALUE STATEMENTS



INTEGRITY

We value integrity, honesty and respect in all relationships



EXCELLENCE

We value excellence as the appropriate standard for all services and practices



COMMUNITY

We respect the dignity and rights of our community and acknowledge their beliefs, regardless of their cultural, spiritual or socioeconomic background



WORKING TOGETHER

We value equally all people who make a contribution to EGHS to achieve shared goals



LEARNING CULTURE

We strive to continually learn and develop through education, training, mentoring and by teaching others

Midwifery Department

Girdlestone Street, Ararat 3377

Contact number:

03 5352 9321

If you are unable to speak directly to a midwife, please leave a message and we will return your call as soon as possible.

If you have been discharged and your baby:

- Looks yellow and is less than 48 hours of age
- Is rapidly becoming more yellow
- Is yellow on the tummy, arms or legs and is becoming sleepy

TAKE YOUR BABY TO THE EMERGENCY
DEPARTMENT/URGENT CARE CENTRE OF
YOUR NEAREST HOSPITAL



JAUNDICE AND THE NEWBORN BABY

A guide for parents that includes information about jaundice, signs and causes of jaundice and treatment for jaundice.

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What is jaundice?

In the first few days after birth you may notice your newborn baby's skin has a yellow colour - this is called jaundice. Jaundice often develops in normal healthy babies in the first week or so of life.

Jaundice can be seen in about 60% of full term babies and is even more common in babies who are born early or unwell. In most babies it is a normal event and not serious. It will often disappear gradually over a few days without treatment.

What causes jaundice?

Jaundice is caused by high levels of a compound called bilirubin in the baby's body.

- While you are pregnant, your baby's bilirubin is removed by the placenta and your liver. After the birth, your baby's liver has to take over the job of removing bilirubin and this can take a few days.
- It is common for a newborn baby to have extra red blood cells that are broken down after birth, so more bilirubin is produced.

What babies get jaundice?

- All babies have a raised bilirubin level for several days, but in healthy full term babies this may not be noticeable, or if it is, the level is usually still low and not a problem.
- Some babies who have a lot of bruising when they are born, have a lot of damaged red blood cells (in the bruise) which need to be broken down, and these babies can develop a higher bilirubin level.
- Some babies who have a blood group different to their mother's blood group may also have jaundice.

- Some breastfed babies (about 5%) will have mild jaundice which can last a few weeks. This is called "breast-milk" jaundice. Breastfeeding should still continue as it is the best food for your baby.
- In some babies, especially premature babies, or ones who are sick for some other reason (eg. infection) the bilirubin level increases.

Why can jaundice be harmful to my baby?

- Babies with a moderate level of bilirubin may be more sleepy than usual and may not feed well. Encouraging your baby to feed more often is usually enough to keep their bilirubin levels down.
- If the level of bilirubin in a baby's blood rises to an extremely high level, it can damage parts of the brain including the parts that affect hearing, vision and control of movement. This is called kernicterus which is rare.
- The level of bilirubin that will be harmful depends on how mature and how well the baby is. A large, full term, healthy baby can have a higher level without problems than a sick or premature baby can.

Testing for neonatal jaundice

- Since many babies are sent home within the first 2 days of life, parents need to observe their baby for signs of jaundice.
- Jaundice appears first on the face and head. As the level increases, it will appear on the body and then the palms of the hand and soles of the feet.
- A simple test is to press your fingertip gently on the tip of your baby's nose or forehead. If the skin is white when you lift your fingertip off, there is no jaundice. If there is a yellowish colour, your baby should be checked by a doctor.

- Staff are able to use a non-invasive machine called bilicheck which can check the levels of bilirubin in the baby's skin.
- A pathology test called SBR may also be requested by the GP/Obstetrician. This test involves a small heel prick of your baby's foot and a blood sample obtained and sent to pathology for diagnostic testing.

Treatment for neonatal jaundice

Most babies who are well and are mildly jaundiced will not need treatment. If a baby is jaundiced they should be examined by midwife or doctor to see if they need a blood test.

If the bilirubin level is high or increasing, phototherapy (light therapy) may be used. The light helps to change the bilirubin that is under the skin so it can then be more easily passed out of the baby's body. Phototherapy is safe and effective. Your baby will be admitted for treatment but you will be able to still care for your baby as much as possible. Your baby will be under phototherapy in the same room as you.

The care will include:

- Being placed in a warm covered cot/isolette.
- They will need to have an eye protector placed over their eyes.
- They will be nursed naked with just a nappy on so maximum light can fall on the skin.
- They will need to have feeds more often.
- Blood tests will be undertaken daily to determine if phototherapy continues or stops.

If the level of bilirubin is high, your baby may need an exchange blood transfusion. This is rare and your baby may need to be transferred to a tertiary hospital.