YELLOW ALERT!

Jaundice in the newborn baby and liver disease:

A guide for parents and parents-to-be

LIVER UK

www.liveruk.org/yellow-alert

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Welcome to your guide to understanding jaundice in the newborn baby and liver disease.

Key facts for parents:

Biliary atresia is a rare disease of the liver and bile ducts. It is a serious condition and needs to be identified and treated as early as possible.

Key signs of biliary atresia:

- Jaundice lasting beyond 2 weeks in a term baby and 3 weeks in a pre-term baby (prolonged jaundice)
- Pale stools and yellow urine

Key actions for parents:

- If your baby has prolonged jaundice, a split bilirubin test must be carried out.
- If your baby's stools are **pale, grey, white or clay** in colour, tell your doctor, health visitor or midwife straight away.
- If your baby's urine is **yellow or dark and stains the nappy**, tell your doctor, midwife or health visitor straight away.

Useful words

Stool = poo or faeces

Urine = wee

Bilirubin = a natural waste product in the body

Jaundice = yellowing of the whites of the eyes and skin

Split bilirubin test = a blood test to check the levels of bilirubin in the blood

What is jaundice?

Jaundice is when the whites of the eyes and the skin turn yellow. It happens when bilirubin trapped in the liver passes back into the bloodstream.

Bilirubin is a natural waste product in the body. It is made when old red blood cells break down in the spleen. Bilirubin is yellow, which gives stools their colour. Bilirubin travels in the bloodstream.

Is jaundice common in newborn babies?

Yes. Jaundice is very common in newborn babies. About 60% of full-term babies and 80% of pre-term babies develop jaundice in the first week of life. This is known as **physiological jaundice**.

Physiological jaundice usually reaches its peak around four days after birth and then slowly fades. In most babies, the jaundice clears on its own by 2 weeks of age and no treatment is needed.

A small number of babies with high bilirubin levels may need a special light treatment called phototherapy. If this does not work, a blood treatment called an exchange transfusion may be needed.

If jaundice appears **within the first 24 hours of life**, contact your doctor or midwife straight away.

Find more information on physiological jaundice:

Jaundice in babies – NHS
www.nhs.uk/conditions/jaundice-in-babies/

Is jaundice easy to see in newborn babies?

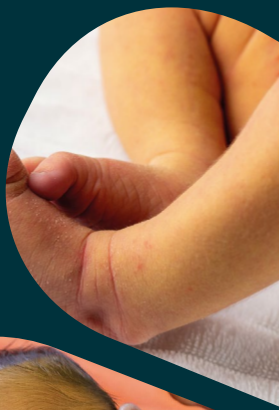
No. Jaundice can sometimes be difficult to spot in newborn babies. Some babies will look very yellow. In other babies the colour change can be hard to see.

Jaundice can be even more difficult to see in babies with black or brown skin.

The yellowing caused by jaundice may be easier to see in the:

- whites of the eyes
- palms of the hands
- soles of the feet
- inside the mouth, including the tongue and gums

Check your baby's skin under natural daylight, where the colour change may be easier to see.



Jaundice doesn't look the same in every baby, and it can vary with skin tone. **Visit our website to see what it can look like in different babies.**

www.liveruk.org/yellow-alert

Should jaundice go away?

Jaundice should disappear by the time your baby is 2 weeks old. This may take a bit longer if your baby is premature, in which case it can take up to 3 weeks to go away.

Sometimes jaundice lasts longer than expected. This is known as **prolonged jaundice**. In some babies, it can be a sign of an underlying health condition. It is very important that tests are carried out to find the cause of prolonged jaundice.

Prolonged jaundice means:

- Jaundice lasting beyond **2 weeks** of age in term babies
- Jaundice lasting beyond **3 weeks** of age in pre-term babies

Reasons why jaundice may last longer than expected:

- **Breast milk jaundice:** Some healthy, breastfed babies stay jaundiced for longer. This is a harmless condition that gradually disappears on its own. But your baby will need a blood test to rule out other causes of jaundice.
- **Faster breakdown of red blood cells (haemolysis):** A condition where blood cells break down faster than the body can replace them.
- **Infection or other illness**
- **Underactive thyroid (hypothyroidism):** A condition where the thyroid gland does not produce enough hormones.
- **Blood group incompatibility:** When mum and baby have different blood types, and some mixing of blood occurs.
- **Metabolic disorders:** A group of conditions that affect how the body uses food to produce energy.
- **Liver disease:** In a small number of babies, prolonged jaundice can be a sign of liver disease. The most common liver disease in newborns is biliary atresia. It is a serious condition that needs urgent treatment.

Please note: The rest of this leaflet talks about jaundice caused by liver disease, and specifically biliary atresia. Jaundice with other causes are not covered here. If you have any worries or questions, speak to your doctor, midwife, or health visitor.

Can jaundice be a sign of something serious?

Yes. In a small number of babies, it can be a sign of a liver condition called biliary atresia. This is a rare but serious condition that needs to be identified and treated as early as possible.

Visit our website for more information on biliary atresia:

liveruk.org/biliary-atresia

We're lucky that our midwife recognised the danger signs. Jaundice in newborn babies may be common but I now know that prolonged jaundice isn't. I want every new mum to be aware of that fact."

Parent of a child with biliary atresia

Can the level of jaundice be measured?

Yes. At first, a small, hand-held light meter may be used to measure the jaundice level in your baby. But the only test that can check for liver disease is a **split bilirubin test**. This is a special blood test that will measure the level of bilirubin in your baby's blood. If your baby has prolonged jaundice they will need a split bilirubin test as soon as possible. Speak to your doctor, health visitor or midwife for more information about this test.

Are there any other signs I can look out for?

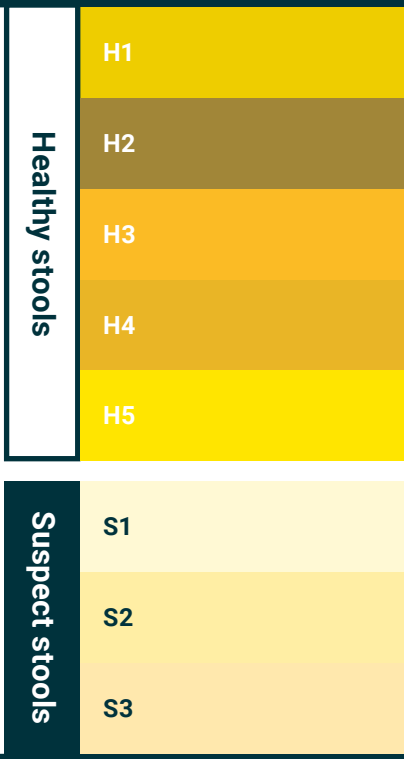
Yes. It is important to check the colour of your baby's stools and urine. They may be a sign that there is a problem with your baby's liver.

Stools

Your baby's stools should be yellow or mustard yellow. If they are **grey, white, clay or pale** in colour, this could be a sign of liver disease.

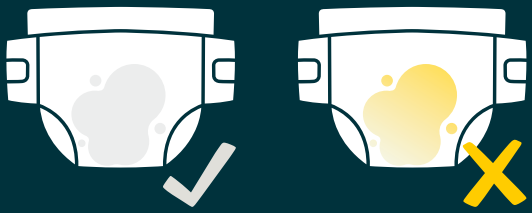
Check your baby's stools against the colour chart here. If they are in the suspect category, tell your doctor, midwife or health visitor straight away, even if your baby is showing no signs of jaundice. Keep some of the stools to show them or take a photograph.

Green stools are not a sign of liver disease.



Urine

Your baby's urine should be clear and colourless. If it is **yellow or dark and stains the nappy**, this could be a sign of liver disease. Tell your doctor, midwife or health visitor straight away, even if your baby is showing no signs of jaundice. Save a nappy to show them or take a photograph.



FAQ's

I've been told my baby is feeding well, growing and looks well so the jaundice can't be caused by liver disease. Is this true?

Sadly, no. This is a common mistake that people make. In the early stages of liver disease, a baby can look and seem well and can be feeding normally. They may even be feeding extremely well. The best way to make sure is to look at your baby's stools and urine and have a split bilirubin test.

I keep saying that my baby is still jaundiced but nobody is listening. What should I do?

It is important that you feel able to talk to your doctor, midwife or health visitor about your concerns. We always encourage parents to follow their instincts and seek help if something doesn't feel right. Follow the guidance in this leaflet and ask for a second opinion if you are still not happy.

Knowing what I know now, my advice to other parents is to trust your instincts. If you notice that your child's stools are pale or chalky, or that their skin or eyes are unusually yellow, do not wait or accept reassurances that it is nothing to worry about. Seek immediate medical advice from a GP or hospital."

Parent of a child with biliary atresia

My baby has prolonged jaundice. They've not been tested as I've been told the jaundice is due to breastfeeding. Is this right?

No. We know that parents are often reassured that the cause of prolonged jaundice is breast milk jaundice. But this is often done without testing. It is important that a diagnosis of breast milk jaundice is made after a split bilirubin test is carried out and not before.

I've been told that my baby needs to see a paediatrician. What happens now?

Your baby may be showing signs of a liver condition. Or the split bilirubin test may suggest there is a problem. Your baby will need to see a paediatrician (children's doctor). This will usually be at your local hospital. They will do more tests to find out what is happening. If the tests suggest your baby has a liver condition, they may be referred to a specialist liver centre.

My baby has been referred to a specialist centre. Is there any help for me and my family?

Yes. This will be a worrying time, but the Children's and Families team at Liver UK can provide information, advice and a listening ear.

How Liver UK can help

A diagnosis of liver disease can be worrying, and you may have a lot of questions. The Liver UK Children's and Families team are here for you and for your family and friends.

Find out how we can help you: **liveruk.org/support**
Call our helpline to talk to one of our team: **0800 652 7330**

Useful websites

Jaundice in babies (NHS)
www.nhs.uk/conditions/jaundice-in-babies/

A parents' guide to recognising jaundice in black and brown babies (NHS Medway) https://nhsrho.org/

How we produce information

PIF TICK accreditation

We have gained PIF TICK accreditation for our information production process. Follow this QR code for more details.

Feedback and information sources

Your feedback is important to us and will help us improve our information. To provide feedback, email **patient-info@liveruk.org**
For more information on how our information was developed, visit our website: **www.liveruk.org**

Thanks

All our information resources are reviewed by medical experts and families living with liver disease. We would like to thank:

Professor Mark Davenport, Consultant Paediatric Surgeon, King's College Hospital
Professor Deirdre Kelly, Professor of Paediatric Hepatology

All our parent and family reviewers

Disclaimer

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Liver UK is the UK's leading charity dedicated to supporting adults, children and young people affected by liver disease or liver cancer. Our mission is to transform liver health by raising awareness, promoting prevention, and improving care and support for everyone affected.

Email us: info@liveruk.org
Call our office: 0300 1311 292
Website: www.liveruk.org
Follow us on social media: www.liveruk.org/social-media

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