How can I help reduce healthcare associated infections?
Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to or after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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Prolonged Jaundice Screen

Patient information leaflet
If you require a translation or an alternative format of this leaflet please call PALS on 01296 316042
Welcome to children’s outpatients
Your midwife, health visitor or doctor has asked you to bring your baby to the unit for a prolonged jaundice screen.

What is Jaundice?
• Jaundice is the name given to the yellow appearance of the skin and the whites of the eyes.
• Jaundice is very common in new born babies with about 90% of babies becoming jaundiced two or three days after birth.
• Jaundice reaches its peak at about four days of life and then gradually disappears in most babies by the time they are two weeks old.

What causes baby jaundice?
When your baby is in the womb any waste products are removed through the placenta. Once your baby is born their own body has to do this. It can take some time for a baby to be able to remove waste products properly as their liver and kidneys are immature. Therefore, in the early days of your baby’s life some waste products may build up in their body. One waste product is called bilirubin. If there is too much bilirubin your baby will be jaundiced.

What is bilirubin?
The body continuously makes new red blood cells and breaks down old ones. Bilirubin is made when the old red blood cells are broken down. The liver filters the bilirubin and it is passed out of the body in the stools (poo) and urine.

What is prolonged jaundice?
Prolonged jaundice is defined as jaundice that lasts for more than 14 days in babies born at 37 weeks or more and 21 days in babies born before 37 weeks (prematurely).

Why do some babies have prolonged jaundice?
• Jaundice may continue occasionally in babies who are entirely well and are being breast fed. Breast feeding may safely continue and the jaundice will fade within 2-3months
• Your baby may have an infection or other illness.
• Your baby may have a thyroid gland that is not working properly. This is usually tested as part of a blood test which is carried out on all babies between 5 and 8 days old.
• Your baby may have a problem with their liver. (This is rare.)

What happens at the appointment?
The nurse on the unit will examine your baby and ask you about your baby’s feeding, behaviour and general well-being. Your baby will be weighed and will have a blood test and a urine test. The blood test is taken from a vein in the back of the hand or foot. Many babies cry during the test but they soon settle afterwards. You can stay with your baby for the blood test if you wish. These tests are done to see if there is an infection, blood disorder or liver disease. You will be asked about the colour of your baby’s stools and urine.

Results
The nurse will contact you the next working day with the blood results. It may be necessary for you to return to have these repeated and the nurse will explain the reason for this. Usually urine results take 48 hours to return and you will receive a phone call with the results.

Most of the babies we see will have reassuring blood tests and are diagnosed as having breast milk jaundice. You should continue to breastfeed and this should settle over a few weeks. If you feel your baby is getting worse, the jaundice comes and goes or you see a change in the colour of their stools or urine please see your GP as soon as possible.