

A Guide for Patients and Families

Neonatal Jaundice Care in Polyclinics



What is Neonatal Jaundice?

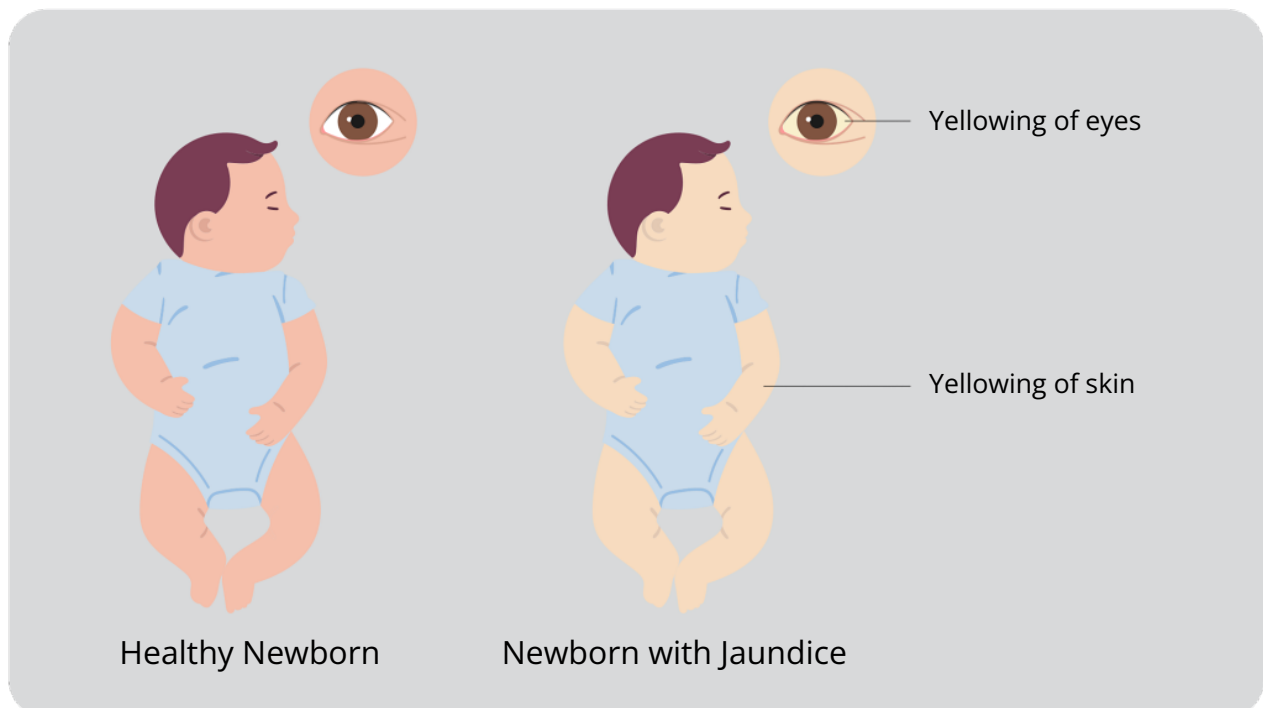
Jaundice can happen in adults, children and newborns. It is very common in newborns as compared to adults or children.

The most common reasons for neonatal jaundice are:

- Babies born before full term (preterm).
- Babies not feeding well.
- Babies have a different blood group from the mother.
- Babies have an immature liver.
- Babies have an infection.

The breakdown of red-blood cells naturally releases bilirubin into the bloodstream, which is then cleared through the liver, and excreted in stool and urine.

When bilirubin is not excreted fast enough, it results in jaundice, causing a yellow-tinge for skin and for the whites of the eyes. It may not be easy to detect jaundice visually in babies.



When should my baby be checked for jaundice?



Usually, a newborn baby's bilirubin level is checked before discharge from hospital. Bilirubin levels are usually the highest when a baby is 3 to 5 days old.

Your baby should have a follow-up with the polyclinic doctor to check his/her bilirubin levels within two days of discharge. In most babies, jaundice will subside by the time the baby is two weeks old in a full-term baby, or three weeks in a premature baby.

If bilirubin reaches very high levels and is not declining, it can accumulate in a baby's brain and may cause long term consequences such as brain damage (kernicterus), hearing loss, or mental disability.

Can jaundice be measured?

Yes, the level of bilirubin can be measured by using a transcutaneous bilirubinometer (TcB) (measured from the skin) or taking baby's blood sample via a heel prick procedure. The nurse will assess your baby's eligibility for Transcutaneous Bilirubin measurement (TcB). If your baby is not eligible for TcB, he/she will have a heel prick for a serum bilirubin test to determine the level of bilirubin in his/her blood.



What is TcB?

TcB is a non-invasive (painless) method for measuring serum bilirubin level. A nurse places the TcB device's measuring probe gently on the baby's sternum (chest area) and calculate the baby's bilirubin level. If your baby TcB level is above a pre-determined threshold, he/she will be required to undergo a heel prick test.

It is advisable NOT to apply lotion/powder/oil on the baby's chest during the jaundice visit to the clinic for TcB measurement as this may affect the accuracy of the TcB readings.

How is jaundice treated?

In most cases, jaundice does not require treatment and will resolve on its own. If a baby's bilirubin level is high, the baby may require phototherapy or exchange blood transfusion.

What can I do to help my baby?

Putting your baby in direct sunlight or in front of a window will not treat jaundice because it can cause dehydration and sunburn which can worsen the condition.

You can help your baby by ensuring that he/she is kept well hydrated, observing for worsening jaundice and keeping the appointments with doctor for jaundice follow-up.



Does breastfeeding affect jaundice?

Jaundice is common in breastfed babies, do ensure that your baby is receiving enough milk as dehydration can worsen the jaundice. A well-fed and hydrated baby should have at least 6 wet diapers a day and to breastfeed at least 8 to 12 times a day. If you have difficulty in breastfeeding, consult your doctor or nurse for advice.

When do I bring my baby to see a doctor?



Bring your baby to see a doctor if you notice the following signs and symptoms which needs medical attention:

- Sleepiness at all the times and difficulty in waking up the baby, even during feeds.
- Not feeding or sucking well.
- Fever (Temperature above 37.5°C).
- Cannot be comforted, and has shrill and high-pitched cries.

In addition of the above signs & symptoms, the following signs & symptoms could indicate severe jaundice in your baby:

- Stools that looks chalky or pale in colour.
- Urine that is persistently dark in colour.
- Skin or whites of the eyes becomes more yellow (jaundice).