



Bilious Vomiting

Information for parents

Simpson Centre for Reproductive Health
Neonatal Unit

What is bile?

Bile is a green fluid that is made and released by the liver into, the gallbladder and small intestine.

Bile helps with digestion. It breaks down fats into fatty acids, which can be taken into the body by the digestive system.

Why is my baby vomiting bile?

It is normal for newborn babies to vomit small amounts of mucous or milk following delivery.

Vomit does not usually contain bile. This is because bile does not enter the stomach or come out with vomit. This is due to the sphincter (a strong ring-shaped muscle that guards the end of the stomach) which prevents the contents of the intestine from coming back up into the stomach.

Bile in the vomit is usually harmless but it can sometimes be a sign that your baby has an obstruction in their bowel. If an obstruction is not confirmed promptly, it may be harmful to the bowel.

Bilious vomiting is therefore something that needs to be investigated as quickly as possible.

What happens now?

Your baby will be discussed with the surgical team at the Royal Hospital for Sick Children. This is not because we think your baby needs an operation but because they are the specialists who along with the x-ray department will perform a special x-ray (contrast study) of your baby's bowel, if they feel this is required.

What is a contrast study?

Contrast studies usually use a thick, white liquid called barium that shows up well on x-rays. The liquid is introduced to your baby's digestive system to show how well it is working. As the liquid travels through your baby's digestive system, a special x-ray will be taken at the same time to follow the path the liquid takes and make sure there is no obstruction.

What happens if the surgeons think my baby needs a contrast study?

Your baby will be admitted to the neonatal unit and will be transferred to the Royal Hospital for Sick Children by our specialist transport team in an incubator, in an ambulance.

Before being transferred to the Royal Hospital for Sick Children, your baby will stop milk feeds and may have a cannula placed in a vein so we can give your baby fluids for hydration.

Your baby will have a small plastic tube (gastric tube) inserted into their nose or mouth which goes down the back of their throat to sit in the stomach. This gastric tube allows us to remove any bile left in the stomach.

If your baby is felt to be unwell in other ways, antibiotics may be started to cover for infection.

If your baby releases a lot of bile from their stomach they may require some additional fluids. All of this will happen in the neonatal unit before your baby is transferred for their contrast study.

What happens if the contrast study shows no abnormality or obstruction?

In this situation your baby will return to the Simpson Centre for Reproductive Health and will come to the neonatal unit for a brief period. The cannula and gastric tube will be removed and your baby will be returned back to you in the postnatal wards to continue with establishing feeding.

What happens if the contrast study does show an abnormality or obstruction?

In this situation your baby will stay at the Royal Hospital for Sick Children and will now be under the care of the surgical team. If your baby requires an operation the surgical team will discuss this in detail with you.

Can I go with my baby to the Royal Hospital for Sick Children?

This will depend on the level of care you require yourself and will be decided by the midwives and doctors providing your care. If you are not well enough to be discharged, it is unlikely your midwife will advise you to travel with your baby.

In this case, it may be that your partner or a family member can travel with your baby.

This will be approved by the transport team.

Further information

We understand that this is a very difficult and worrying time for you. We will provide you with very regular updates on your baby's care and will be available to answer any questions you may have.

If you require further information please do not hesitate in asking your midwife to contact the neonatal team to update you further.

Author Emma Muir ANNP

Produced: July 2017

Review due: 4 7 27