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NEWBORN JAUNDICE - When To Worry?



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As many of us are familiar with the term ‘jaundice’ which is the yellow discoloration of the skin, eye, and mucous membranes, there are some of us who do not know what exactly happens and when to be concerned. Jaundice, also known as icterus, is due to the accumulation of bilirubin. Bilirubin is a yellow substance that arises from hemolysis, which is the breakdown of red blood cells and it is considered a normal process.

During the neonatal period, jaundice can be normal to some extent due to the breakdown of red blood cells and it also may be due to the underdeveloped liver of a neonate. In a newborn, when jaundice occurs it may be either physiological or pathological. Physiological jaundice occurs after 24 hours of birth and clinically, it is not visible after 14 days. In physiological jaundice, the newborn’s liver is not able to metabolize and release bilirubin and consequently this causes a buildup of bilirubin but as the newborn’s liver begins to develop, jaundice wanes by 1-2 weeks. Pathological jaundice is an emergency. In this type of jaundice, the yellow discoloration occurs

within 24 hours of birth and clinically it persists after 14 days and so, this is the type of situation we need to be concerned.

What are some of the causes of neonatal jaundice? In neonates who are being breastfed, there are two types of jaundice that exist - breastfeeding jaundice and breastmilk jaundice. Breastfeeding jaundice occurs during the first week of life. It is due to insufficient intake of breastmilk or not enough supply of breastmilk and hence the baby starts losing weight and the bilirubin concentration increases. Breastmilk jaundice occurs after 1 week and this occurs due to baby's underdeveloped liver and intestines which leads to a much slower process of excretion.

Sometimes in newborns there is an increase in number of red blood cells broken down and in this type of situation there are many causes that exist such as - mismatch blood type and group of mother and baby; abnormal red blood cell shapes (poikilocytes); lack of enzymes; infections present at birth such as rubella, syphilis or any other viral/bacterial infection; mild injuries such as cephalohematoma during delivery; genetic diseases such as deficiency of glucose-6-phosphate dehydrogenase (G6PD); and Asian races.

How do you spot jaundice besides the yellow tinge? Other serious signs include difficulty in feeding or waking up; pale stools; dark urine; high-pitched cries; irritable and drowsy baby; and unable to soothe baby.

The best treatment for breastfeeding jaundice is to increase the supply of mother's milk, ensure good sucking, and as well to ensure regular feeding. In breastmilk jaundice, there is no specific treatment unless it is severe jaundice. In both, breastfeeding and breastmilk jaundice you just need to encourage continuous breastfeeding. Physiological jaundice usually disappears without any treatment but pathological jaundice requires treatment. The main treatment for newborn

jaundice is phototherapy. In cases of emergency, exchange blood transfusion is required. In cases of ABO or rhesus incompatibility, intravenous immunoglobulin transfusion is done on the baby.

If your baby's jaundice does not receive any immediate treatment, it can lead to severe damage of the brain known as acute bilirubin encephalopathy and also kernicterus (chronic bilirubin encephalopathy). Do not delay if you are in doubt, consult your healthcare professional.

Reference:

<https://www.uptodate.com/contents/jaundice-in-newborn-infants-beyond-the-basics>