

## Neonatal Jaundice

1. What are risk factors for developing significant hyperbilirubinemia in a newborn?

Risk factors include gestational age <38 weeks, breastfed infant, early hospital discharge, jaundice in the first 24 hours of life, a sibling with a history of requiring phototherapy. Other risk factors include ABO incompatibility, cephalohematoma and East Asian race. African American infants with rapidly rising serum bilirubin levels should be considered for G6PD deficiency (11-13% incidence).

2. Describe the clinical presentation of kernicterus.

Choreoathetoid type of cerebral palsy, hearing loss, gaze palsy and dental dysplasia.

3. What labs should be obtained to evaluate an infant with jaundice?

Total serum bilirubin should be checked on all infants with jaundice in the first 24 hours. If mom is O+ then check DAT (Coombs) to rule out ABO incompatibility and a Hct. Consider G6PD level in African American infants. Studies have shown that we are poor at visually diagnosing hyperbilirubinemia and total serum bilirubin levels should be obtained and risk determined by using the nomogram. In an infant who appears ill, get a direct/indirect bilirubin. Neonatal urosepsis has been associated with an elevated direct bilirubin level.

4. A term male Caucasian infant, exclusively breastfed, at 60 hours of age is found to have a serum bilirubin level of 14. Using the nomogram classify the patient's risk for ongoing abnormal serum bilirubin levels (low, low/intermediate, high/intermediate, high risk).

Risk is high/intermediate. If infant is discharged from the hospital that day follow up should occur in 24 hours to repeat the level.

**Please reference Contemporary Pediatrics May 2005: Jaundice in a newborn Parts 1 and 2 [www.contemporarypediatrics.com](http://www.contemporarypediatrics.com)**