

### **Class Preparation (Newborn Hepatic):**

A mother just delivered a healthy, full-term infant. The mother is concerned because her first child required phototherapy for jaundice. As the nurse, what education would you provide for the mother about jaundice?

Infant jaundice is a common condition, usually affecting babies born before 38 weeks. It is characterized by a yellow discoloration of baby's skin and eyes caused by excess bilirubin (a waste product of red blood cell breakdown) in their circulatory system. Normally, the liver filters out excess bilirubin however, newborns have an immature liver that is not yet effective at processing, but should be up to speed by two weeks old. Phototherapy uses a special light that helps break down bilirubin in baby's blood.

What instructions are important to explain if the infant requires phototherapy?

Your baby will be placed under warm phototherapy lights and must only be wearing eye shades and possibly a diaper (depending on provider), in order to expose as much skin as possible to the light. They may have an intravenous line (IV) to provide them with fluids. Your baby will be able to feed (breast or bottle) every 2-3 hours. Potential side effects of phototherapy are diarrhea, dehydration and a rash that should resolve once therapy stops.

Are there ways to prevent the infant from developing jaundice?

Although newborn jaundice is normal and often not preventable, you can reduce the risk by feeding baby often to stimulate bowel movements. Breastmilk is best and should be done 8-12 times a day for the first week. Formula feeds should be 1-2 ounces every 2-3 hours in the first week – minimum of 8 feeds in a day. Your baby's healthcare team should check bilirubin levels prior to leaving the hospital, and again during baby's first follow-up visit within the first week.