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? What instructions are important to explain if the infant requires phototherapy? Are there ways to prevent the infant from developing jaundice?

Infants' livers are immature at birth. The job of the liver is to conjugate bilirubin, which results from the breakdown of RBCs. The conjugated bilirubin is then excreted through the feces or urine. When levels of unconjugated bilirubin exceed the ability of the liver to conjugate it, plasma levels of bilirubin increases, and jaundice occurs. Jaundice is the yellowing of the skin and the whites of the eyes, the sclera. When total bilirubin levels reach 6-7 mg/dL these signs become visible. Phototherapy will help decreased bilirubin levels. Phototherapy uses light energy to change shape and structure of unconjugated bilirubin conjugating it so it can be excreted through urine and stool. Phototherapy does not emit a significant amount of UV. Duration and frequency of Tx is determined by the physician depending on the severity of hyperbilirubinemia. The infant will wear protective eye wear and a diaper only. Jaundice can be prevented by providing early and adequate feedings.