

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?

-Hyperbilirubinemia is the disorder that causes jaundice in newborns but is common for newborns. The jaundice is a sign of high bilirubin levels in the blood. Jaundice can be caused by a variety of reasons including inadequate feeding, infection, and birth trauma; this causes an abundance of bilirubin that needs to be managed by the liver after birth so it will take time to normalize. Once the mature newborn liver converts the bilirubin, the baby will excrete it through stool and urine. Jaundice will first appear on the face and then move down the body. Physiological jaundice will peak around 24hrs of life and usually resolves around 2-3 weeks. There are different devices for phototherapy if needed, depending on how high the newborn's risk is. Low risk newborns may have a specialized light pad that can be used at home next to the newborn. More intense phototherapy is usually done at the hospital where the newborn is placed under lights with only a diaper on and have on eye protection. During this, the newborn is highly monitored, and vital signs are taken frequently, and light is only taken away during feeds or when absolutely needed. Jaundice in newborns is usually not able to be prevented but there are ways to reduce the risks, like frequent feedings to stimulate the GI tract.