

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?

Most newborns experience some level of jaundice that is usually benign. Physiological jaundice, caused by increased levels of unconjugated bilirubin; physiologic jaundice is usually self-limiting and requires no treatment. This type of jaundice occurs after 24 hours of age, peaks at about 3-5 days in term infants, and resolves after 1-2 weeks. In some cases, phototherapy is needed to lower bilirubin levels to within an acceptable range. Jaundice can also be associated with breast feeding. You can also treat jaundice with exchange transfusion.

Phototherapy uses light energy to change the shape and structure of unconjugated bilirubin, converting it into a conjugated form that can be excreted through urine and stool. Phototherapy can be delivered through lamp, blanket, pad, or cover body device. The newborn's response to phototherapy depends on the bilirubin level, the effectiveness of the phototherapy device and the infant's ability to excrete the bilirubin.

Adequate feeding is essential to prevent hyperbilirubinemia. Breast feeding can help. Colostrum acts as a laxative to promote stooling, which helps rid the body of bilirubin.