Neonatal Jaundice

Jaundice is one of the most common problems and one of the most important causes of neonatal hospitalization. 60% of mature infants and 80% of premature infants develop jaundice.

Types of jaundice

Jaundice is divided into two main types, direct jaundice and indirect jaundice. What is most common in infants is indirect jaundice.

Another common cause of jaundice is premature liver of the baby, which cannot properly remove some toxins and waste products from the body.

Symptoms of jaundice

It starts from the face, then progresses to the abdomen and legs. If the baby is yellow from the first day of birth, he/she needs serious medical measures.

Diagnosis of jaundice

- The doctor may order a blood test to measure bilirubin.
- To diagnose jaundice at home, it is recommended to apply gentle pressure on the baby's chest in a room with enough light.

Consult your doctor if jaundice remains on the skin when the pressure is removed.

Which babies are at higher risk for jaundice?

- If the mother has blood type O but the baby has blood type A or B.
- History of jaundice in previous children
- Insufficient intake of breast milk in the first days of life
- Premature infants (gestational age less than 37 weeks)
- Babies weighing less than 2,500 grams
- Babies born to mothers with diabetes

Complications of jaundice

Dangerous complications of jaundice can cause severe and irreversible brain damage.

Treatment of jaundice

The best treatment for jaundice is light therapy or phototherapy. For phototherapy, the baby should be hospitalized to check the level of jaundice daily. Using moonlight lamps at home does not have much effect on reducing the jaundice of the baby and can be dangerous due to the false confidence it creates in the parents.

Phototherapy is usually stopped while breastfeeding and changing the baby's diaper.

Phototherapy has very few side effects. Sometimes it causes diarrhea and dehydration of the baby. In some cases, a transient skin rash appears on the baby's body.
The use of home remedies such as teranjebin and powdered milk as well as water and sugar water to reduce jaundice is not recommended. The use of home remedies can cause dehydration, diarrhea and lethargy in the baby.

Necessary advice for parents

The best way to prevent jaundice in infants is frequent breastfeeding. Continuous breastfeeding increases fecal excretion and also increases jaundice excretion. Stopping breastfeeding and starting powdered milk to treat jaundice is not usually recommended.

Only in some types of jaundice which are due to breast milk, stopping breast milk and replacing it with powdered milk may reduce jaundice. However, in these cases, it is better to use simpler and less risky treatments such as phototherapy. If breast milk jaundice is resistant to phototherapy, powdered milk by doctor’s order for a short period of 1-2 days can reduce jaundice.

About 10 to 20 percent of newborns are hospitalized again for jaundice after discharge. Therefore, it is recommended that parents refer infants to a pediatrician 24 to 48 hours after discharge.

Infants with severe jaundice should also be examined for hearing.

If you have any questions or ambiguities, call the following number:
023-33463401, Neonatal ward of Amir-Al-Momenin Hospital