

Editorial on Neonatal Jaundice

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Editorial Note

Neonatal jaundice is a yellowish discoloration of the white portion of a new-born baby's eyes and skin caused by elevated bilirubin levels. Excessive sleepiness or poor feeding are two other potential signs. Seizures, cerebral palsy, and kernicterus are also potential complications. There is no clear underlying condition in most situations (physiologic). It results from the breakdown of red blood cells, liver disease, infection, hypothyroidism, or metabolic disorders in other cases. If the baby has been jaundiced for more than two weeks or seems to be ill, he or she should be seen by a doctor. Further inquiries to ascertain the root cause are recommended for those with similar findings.

The need for care is based on the amount of bilirubin, the child's age, and the underlying cause. Treatments may involve feeding, phototherapy, or exchange transfusions that are more frequent. More intensive care appears to be required for those who are born early. Usually, physiologic jaundice lasts for less than seven days.

Causes

The breakdown of fetal hemoglobin as it is substituted with adult hemoglobin and the relatively immature metabolic processes of the liver, which are unable to conjugate and therefore excrete bilirubin as rapidly as an adult, cause jaundice in new-borns. This causes blood to accumulate bilirubin (hyperbilirubinemia), which contributes to the symptoms of jaundice.

Other factors, such as biliary atresia, progressive family intrahepatic cholestasis, bile duct paucity, Alagille syndrome, alpha 1-antitrypsin deficiency, and other pediatric liver diseases, should be considered if neonatal jaundice is not resolved with simple phototherapy. Blood samples and a number of medical tests can be used to determine these.

Prolonged neonatal jaundice is serious and prompt follow-up of severe neonatal jaundice can suggest the existence of other conditions that lead to high levels of bilirubin, with a wide range of possibilities. As part of a differential diagnosis, these should be observed or removed to avoid the occurrence of complications.

Non-organic causes

Breastfeeding jaundice: Breastfeeding jaundice is caused by excessive consumption of breast milk, leading to insufficient amounts of bowel movements to clear bilirubin from the body. This results in increased enterohepatic circulation, which contributes to increased bilirubin reabsorption from the intestines. Usually in the first week of life, most cases can be helped by regular sufficiency breastfeeding sessions of sufficient duration to stimulate milk production.

Treatment

Since dehydration of breast feeding infants is one of the causes of physiological jaundice, some attention should be given to the hydration status of the neonate. Increased fluid consumption can be used to treat neonates.

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