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Perspective

Jaundice in New Born Babies

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DESCRIPTION

Neonatal jaundice is a yellowish discoloration of the newborn's white eyes and skin due to high levels of bilirubin. Other symptoms include excessive drowsiness and lack of food intake. Complications include seizures, cerebral palsy, and kernicterus.

In most cases, there is no specific underlying disease (physiological). In other cases, it is due to the destruction of red blood cells, liver disease, infections, hypothyroidism, or metabolic disorders (pathological). Bilirubin levels above 34 µmol / L (2 mg / dL) may be seen. In otherwise healthy babies, if the level exceeds 308 µmol / L (18 mg / dL), if jaundice is noticed on the first day of life, if the level rises rapidly, jaundice is more than 2 weeks Concerns arise if it continues, or if the baby does not. It looks good to go. If the findings are of concern, further investigation is recommended to identify the root cause.

The need for treatment depends on bilirubin levels, the age of the child, and the underlying cause. Treatment may include increased feeding frequency, phototherapy, or exchange transfusions. Preterm infants tend to require more aggressive treatment. Physiological jaundice generally lasts less than 7 days. This condition affects more than half of babies a week old. About 80% of preterm infants are affected. Worldwide, more than 100,000 premature and full-term infants die each year as a result of jaundice.

Empirical evidence shows that neonatal jaundice is the main reason for re-hospitalization after discharge, affecting about 60% of term infants and 80% of preterm infants within the first week of life. The term neonatal jaundice is used to describe yellowing of the skin and other membranes of newborns and indicates elevated levels of unconjugated bilirubin in the blood. Blackburn claims that jaundice results in an imbalance between bilirubin production and bilirubin excretion rates, resulting in elevated blood bilirubin levels in newborns. The presence of jaundice on clinical examination indicates hyperbilirubinemia. It is defined as total serum bilirubin greater than 1.5 mg / dL. Physiological jaundice, a type of jaundice, occurs in the blood of newborns 3-4 days after birth as a result of the liver failure of newborns due to the inability of premature babies to convert unconjugated bilirubin into excretion. It is an increase in conjugated bilirubin.

It is benign and self-limiting and can disappear by the end of the first week of life. Factors responsible for the development of this jaundice include shortened red blood cell lifespan (70-90 days), increased numbers of circulating red blood cells, decreased plasma binding capacity, and delayed passage of meconium. In addition, pathological jaundice is a symptom of neonatal jaundice within the first 24 hours of life with elevated serum bilirubin levels above 5 mg / dl, factors such as ABO-Rh incompatibility, erythrocytosis, and sepsis.

Jaundice is important for preventing and managing the problem. It is also important to study the factors of the case to prevent catastrophic morbidity and mortality. Evidence-based strategies are needed for prevention, early detection, and treatment. To our knowledge, information on consistent clinical guidelines, including neonatal jaundice determinants, prevention programs, and neonatal developmental assessment and monitoring of jaundice was not available in the study area health care system. Therefore, identifying the determinants of neonatal jaundice is paramount in reducing the morbidity and mortality associated with neonatal jaundice. The results of this study will help develop policies for improving the prevention, early detection, and treatment of neonatal jaundice. Appropriate research on the factors responsible for the occurrence of NNJ is still lacking in the research area. Therefore, the prevention and management of jaundice requires an important understanding of the determinants.

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It will help develop policies for improving the prevention, early detection, and treatment of neonatal jaundice. Appropriate research on the factors responsible for the occurrence of NNJ is still lacking in the research area. Therefore, the prevention and management of jaundice requires an important understanding of the determinants.

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