

mother may include supporting successful and frequent breastfeeding. Parents also need reassurance of the benign nature of the jaundice in a healthy infant and encouragement to resume breastfeeding if temporary cessation is prescribed. In some situations, jaundice may increase the risk of the parents' discontinuing breastfeeding and developing the **vulnerable child syndrome**—a belief that their child has experienced a “close call” and is vulnerable to serious injury (see [Critical Thinking Case Study box](#)).

## Critical Thinking Case Study

### Jaundice

A full-term, 120-hour-old newborn is brought to the urgent care department late in the evening for evaluation of newborn jaundice. A serum bilirubin level was drawn earlier in the day at the birth hospital by heel stick; the results were total bilirubin 13.6 mg/dl and direct bilirubin 0.6 mg/dl. The father is concerned because he saw an online medical report saying that newborns could develop brain damage if the bilirubin levels were to increase to high levels. The mother is breastfeeding every 2 to 3 hours, and the newborn has had five wet diapers and three semiliquid stools over the past 18 hours. The newborn's birth weight was 2834 g (6.2 pounds), and her current weight (nude) is 2722 g (6 pounds). On examination, the infant is active and alert, with visibly jaundiced skin and sclerae, intact neurologic reflexes, and a strong suck reflex. The history reveals no prenatal or delivery complications. Apgar scores at 1 and 5 minutes were 8 and 9, respectively, and the initial assessment did not reveal any problems. The mother's blood type is A positive, and the direct Coombs test result is negative. The newborn was discharged from the birth hospital on the second day of life in apparent good health.

### Questions