significantly or significant hemolysis is present.	benefits and harm of temporarily discontinuing breastfeeding; additional assessments may be required. Assist mother with maintaining milk supply; feed expressed milk as appropriate. After discharge, follow up according to hour of discharge.	subsequent TSB may be drawn to evaluate a drop in serum levels. Assist mother with maintenance of milk supply and reassurance regarding her milk supply and therapy. Use formula supplements only at practitioner's discretion.	with Rh_o(D) immune globulin (RhIg). If mother is breastfeeding, assist with maintenance and storage of milk; may bottle feed expressed milk as appropriate to therapy. Minimize maternal–infant separation and encourage contact as appropriate.

*Table depicts patterns of jaundice in term infants; patterns in preterm infants vary according to factors such as gestational age, birth weight, and illness.

G6PD, Glucose-6-phosphate dehydrogenase; *IV*, intravenous; *RBC*, red blood cell; *RhIg*, Rh immunoglobulin; *TcB*, transcutaneous bilirubin; *TSB*, total serum bilirubin.

Pathophysiology

Bilirubin is one of the breakdown products of the hemoglobin that results from RBC destruction. When RBCs are destroyed, the breakdown products are released into the circulation, where the hemoglobin splits into two fractions: heme and globin. The globin (protein) portion is used by the body, and the heme portion is converted to **unconjugated bilirubin**, an insoluble substance bound to albumin.

In the liver, the bilirubin is detached from the albumin molecule and, in the presence of the enzyme **glucuronyl transferase**, is conjugated with glucuronic acid to produce a highly soluble substance, **conjugated bilirubin**, which is then excreted into the bile. In the intestine, bacterial action reduces the conjugated bilirubin to urobilinogen, the pigment that gives stool its characteristic color. Most of the reduced bilirubin is excreted through the feces; a small amount is eliminated in the urine.

Normally, the body is able to maintain a balance between the destruction of RBCs and the use or excretion of byproducts. However, when developmental limitations or a pathologic process interferes with this balance, bilirubin accumulates in the tissues to produce jaundice. Possible causes of hyperbilirubinemia in newborns are: