

values for all infants in a specific group. Prophylactic phototherapy may be used in preterm infants to prevent a significant increase in serum bilirubin levels ([Stokowski, 2011](#)).

Phototherapy has not been found to cause long-term adverse effects. The effectiveness of treatment is determined by a decrease in total serum bilirubin levels. Concurrently, the infant's total physical status is assessed continually because the suppression of jaundice by phototherapy may mask signs of sepsis, hemolytic disease, or hepatitis.

Recommendations for prevention and management of early-onset jaundice in breastfed infants include encouraging frequent breastfeeding, preferably every 2 hours; avoiding glucose water, formula, and water supplementation; and monitoring for early stooling. The infant's weight, voiding, and stooling should be evaluated along with the breastfeeding pattern ([Lawrence and Lawrence, 2011](#)). Parents are taught to evaluate the number of voids and evidence of adequate breastfeeding after the infant is home, and they are encouraged to call the primary care practitioner if there are indications the infant is not feeding well, is difficult to arouse for feedings, or is not voiding and stooling adequately ([Burgos, Flaherman, and Newman, 2012](#)).

Phototherapy as a treatment for hyperbilirubinemia is further discussed later in the chapter.

Prognosis

Early recognition and treatment of hyperbilirubinemia prevents unnecessary medical therapies, parent–infant separation, breastfeeding disruption and possibly failure, and neurologic damage (bilirubin encephalopathy). Phototherapy is a safe and effective method of decreasing serum bilirubin levels in newborns with mild to moderate hyperbilirubinemia.

Nursing Care Management

The nursing care of infants with jaundice is discussed in the [Nursing Process](#) box and in the following section.

Nursing Process