NEONATAL JAUNDICE

(Indirect hyperbilirubinemia)

What is it?

TSB >= 95th percentile in GA >= 35 weeks

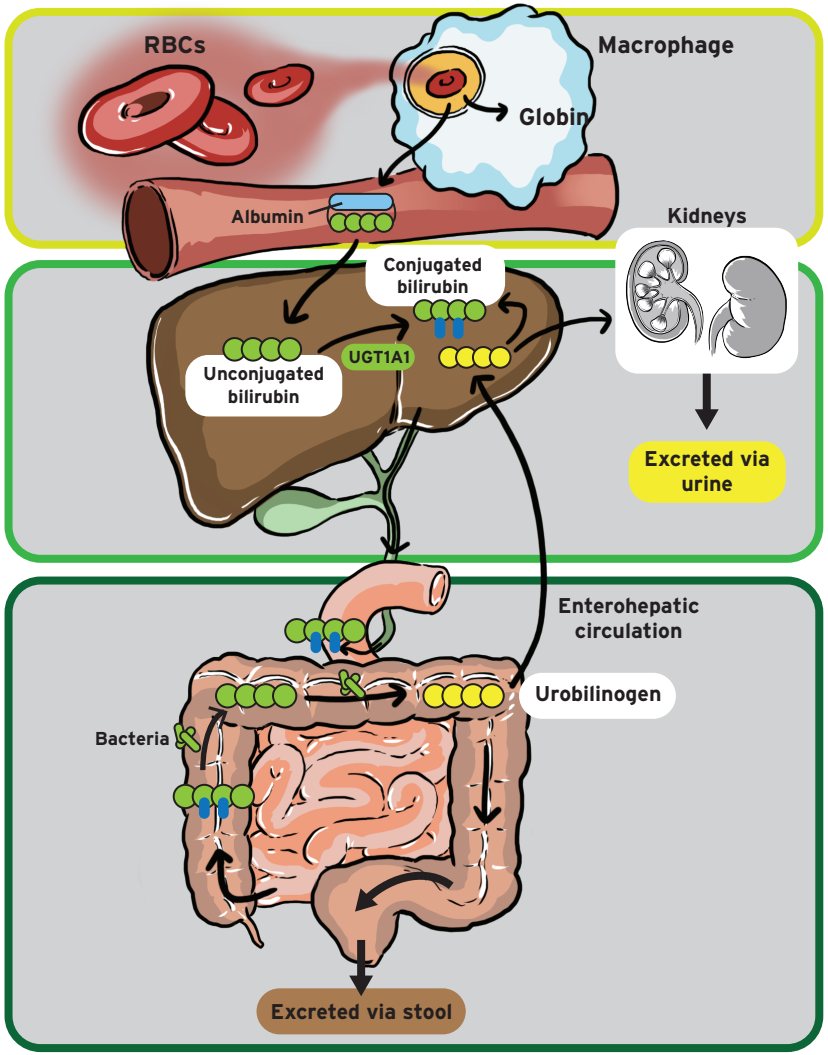
Indirect = unconjugated
- Fat soluble
- Crosses BBB → kernicterus

Direct = conjugated
- Dbili >= 1 or >= 20% of total
- Water soluble
- Does not cross BBB

Treatment

- Increase feeding
- Phototherapy
- Exchange transfusion

Without tx, increases risk of → **Kernicterus**



Increased production

- **Extravascular**
  - **Cephalohematoma**
  - **Bruising**
  - → Physical exam
- **Intravascular**
  - **Isoimmune** (ABO, Rh-related) → CBC, Coombs (+), blood type
  - **RBC shape or enzyme defect** (G6PD, pyruvate kinase deficiency, HgbSS, spherocytosis) → CBC, retic count, smear, G6PD level
  - **Physiologic polycythemia**

Impaired conjugation

- Neonatal low levels of UGT1A1 (UDP-glucuronosyltransferase)
- Crigler Naijar or Gilbert (abnormal UGTIA1)

Impaired excretion

- **Increased enterohepatic circulation**
  - **Breast feeding jaundice**
    Insufficient supply/feeds → ↓stools
  - **Breast milk jaundice**
    Beta-glucuronidase unconjugates bilirubin