

Quadrant 03: Neonatal Hyperbilirubinemia

LAQ on neonatal hyperbilirubinemia A 2-day-old term male neonate is brought to the neonatal unit with complaints of yellowish discoloration of the skin and eyes noticed by the mother since morning. The baby was delivered vaginally at home and cried immediately after birth. The mother is O negative and the baby is B positive. On examination, the baby is icteric up to the abdomen (Kramer zone 3), feeding poorly, and is slightly lethargic. Total serum bilirubin is found to be 18 mg/dL. Direct Coombs test is positive.

1. What is the most likely diagnosis? Mention the type and cause of hyperbilirubinemia in this case.
2. What is the role and interpretation of the Direct Coombs test in this neonate?
3. Outline the steps in the management of this newborn.

SAQ on neonatal hyperbilirubinemia 1. Define neonatal hyperbilirubinemia. Write the differences between physiological and pathological jaundice.

2. Enumerate the causes of unconjugated hyperbilirubinemia in neonates.
3. Write short notes on phototherapy: indications, mechanism, and side effects.
4. Compare breastfeeding jaundice and breast milk jaundice.
5. Write a short note on exchange transfusion in neonatal jaundice: indications and procedure outline.