

“YELLOW BABIES” - ANALYSIS OF BABIES WHO WERE FOUND TO HAVE EARLY CLINICAL JAUNDICE

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Introduction

Neonatal jaundice is a common physiological process which occurs within the first week of birth. Yet appearance of jaundice within first 48hrs always warrants further investigations as it is considered to be abnormal.

Objectives

Analysis of early neonatal jaundice and the association between clinical assessment and biochemical values.

Method

Cross sectional descriptive study. The analysis was done from 1st of January to 30th June 2015 on babies who were noted to be clinically jaundiced at the Professorial Postnatal ward at Colombo South Teaching Hospital, using the bed head tickets and investigation results.

Results

A total of 50 babies were noted to have early neonatal jaundice during this period. 16 babies were born by LSCS. 7 and 8 babies were small and large for gestational age respectively. One had a previous sibling with early neonatal jaundice but none had a positive family history for haemolytic diseases. 28 mothers were of blood group O and 6 were rhesus negative. Antenatal maternal routine serology for VDRL was positive in 2 mothers. 18.4% had perinatal risk factors for sepsis while 8% had positive indicators of maternal sepsis. None of the babies had cephalhaematoma, bruising, hepatomegaly or splenomegaly. 15 Babies were commenced on IV antibiotics, 31 & 3 received single and double photo therapy respectively. Rhesus incompatibility was seen in only one baby while 3 had ABO incompatibility and sepsis was the reason for early neonatal jaundice in 4 babies. There was no statistically significant association between presence of clinically noteworthy jaundice and corresponding biochemical values in babies who didn't have any identifiable cause for jaundice. ($p = 0.71884$)

Conclusions

Though jaundice which manifests in the first 48 hours is considered to be pathological, majority of babies in our study with clinically significant jaundice did not have biochemically significant bilirubin levels.