

Abstract

Background: Early discharge of healthy term newborns after delivery has become a common practice because of medical and social reasons and economic constraints. Thus, the recognition, follow-up, and early treatment of jaundice has become more difficult as a result of earlier discharge. This study is done to know the cut-off value of cord blood bilirubin and establish correlation between cord blood bilirubin level and development of significant neonatal hyperbilirubinemia without having significant risk factors and its treatment modality and outcome.

Methods: This prospective study performed on 30 eligible term newborns born to mothers with 'A' Positive, 'B' Positive and 'AB' and O Positive blood group and A, B, AB, O negative group. Cord blood was collected from healthy term newborns delivered by caesarean section for total serum bilirubin and blood group. Serum bilirubin estimation was repeated at 72 hrs after birth by peripheral venous blood

Results: Subjects were categorized into hyperbilirubinemia and non-hyperbilirubinemia newborns. Babies with serum bilirubin level of ≥ 17 mg/dl after 72 hrs of life were considered for phototherapy and it is taken as significant hyperbilirubinemia in the present study