THE PREVALENCE OF NEONATAL JAUNDICE

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ABSTRACT

The increase amount of excessive bilirubin prods due to sclera in the skin it leads to discoloration of color in skin turn in to yellow-orange, and mucous membranes.
Jaundice itself is not disease but rather a symptoms or sign of a disease. If an infant suffers with this disease very firstly their skin color turns in to yellow which is the sign of bilirubin with high blood pigment. In many cases this is normal 2/3 of all healthy new-born. The most common types of jaundice in new-born is physiological jaundice. This type of jaundice develops in most new-born by their second or third day of life. In this retrospective study values were collected the period of January to February 2020. The subject includes all the term and preterm neonates of both sexes. All samples were analyzed by Vanden berg method in the Beckman coulter fully automated analyzer in the clinical biochemistry lab.

Keywords: disease, Beckman, coulter, retrospective, physiological

INTRODUCTION-

when the level of bilirubin is elevated it tend to change in color of the skin, eyes and mucus membrane in infant babies it is visible clinical manifestation of dying skin and sclera yellow during neonatal period it is not a disease but show some sings in different disease poor management can result in to either death or serious neurological problems high level of unconjugated bilirubin can affect harmful as well as long term damage when red blood cell break the bilirubin is formed and is metabolized in the liver and excreted in urine and feces. neonatal jaundice is usually not harmful and a **self-limiting** condition however very high levels of bilirubin may cause permanent brain damage a condition called kernicterus. Higher levels of bilirubin longer than 3 weeks can put a baby at higher risk for deafness cerebral palsy or other forms of brain damage. [1]

SYMPTOMS OF INFANT JAUNDICE

The main symptoms of neonatal jaundice are a yellowing of the skin and other parts of body.
As the condition progresses,

- the color of eyes turns in to yellowish
- Pale stool, mostly in infant babies should have greenish-yellow stools while those of bottle-fed babies should be in green and mustard in color [2]
- Difficulty in sucking or feeding
- Dark urine- a new-born urine should be colorless Difficulty waking the baby
- Irritability
- Changes in muscle tone (either listless or stiff arching of the back)
- Fever and vomiting
- hyperbilirubinemia in newborn is high risk factor Maternal problems

Neurotoxic

Chronic bilirubin encephalopathy Neurotoxic
Neurotoxic is a form of toxicity in which a biological chemical or physical agent produce an adverse effect on the structure or function of the center or peripheral nervous system.
Gray matter of brain [4]

Ray matter contains most of the brains neuronal cell bodies
At the sight of hearing and memory emotions truly under control in muscle control, sensory perception which is involved region of brain which leads to emotion speech decision making and self-control.

Seizure- A seizure is a sudden uncontrolled electrical disturbance in the brain.[5]
It can cause changes in your behavior movement or felling and levels of consciousness.

MATERIAL AND METHOD

Principle of Vanden Berge tests.
This method is based on Vanden Bergh reaction with diazotized sulfamic acid to produce azobilirubin which is purple in color. Intensity of color is directly proportional to the amount of

bilirubin.
Load the sample in cuvette in sample loading area. Sample probe suck the sample
Reagent probe suck the reagent.
Sample and reagent mix in cuvette in cuvette area. Sample is incubated area for appropriate time.
Results is display on the monitor screen. [6]

SATISTICAL METHODS -

This data will be analyzed using SPSS software package version 17. The parried sample t-test will be used to test the level of significance and 0.05 will be consider siginificant55. [7]

TREATMENT OF NEONATAL JAUNDICE

Phototherapy- baby placed under a special lamp that emit light in 5t5he blue green spectrum. [8]
The shapes and structure of the bilirubin molecules in such a way that they can be excreted in both the urine and stool. [9]

CONCLUSION

The most common risk factor associated was ABO in compatibility. Nearly a third of the cases had no attributable causes or associated risk factor preterm gestion sowed association with neonatal hyperbilirubinemia. Male subjected had a higher bilirubin level as compared to females. Further studies to evaluate the bilirubin levels in male and female neonates are required in a large sample size to validate our results further.

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