

Neonatal jaundice

(March 2026)

Rationale

Jaundice affects many newborns, most often due to mild unconjugated hyperbilirubinemia. Although most cases are physiologic, some are indicative of serious underlying disorders.

Causal Conditions

(list not exhaustive)

- Unconjugated hyperbilirubinemia
 - a. Increased bilirubin production
 - i. Hemolytic causes (e.g., Coombs positive, Coombs negative)
 - ii. Blood load (e.g., cephalohematoma)
 - b. Decreased bilirubin conjugation
 - i. Metabolic or genetic (e.g., Gilbert syndrome)
 - ii. Physiologic
 - c. Increased enterohepatic circulation (e.g., suboptimal intake of breast milk)
 - d. Sepsis
- Conjugated hyperbilirubinemia
 - a. Decreased bilirubin uptake
 - i. Infections (e.g., sepsis, congenital infections)
 - ii. Cholestasis (e.g., total parenteral nutrition)
 - iii. Metabolic (e.g., hypothyroidism, galactosemia)
 - iv. Genetic
 - b. Obstructive (e.g., biliary atresia)

Key Objectives

Given a patient with neonatal jaundice, the candidate will diagnose the cause, severity, and complications, and will initiate an appropriate management plan. The candidate should pay particular attention to jaundice that presents within the first three days after birth or with a rapid onset.

Enabling Objectives

Given a patient with neonatal jaundice, the candidate will

- list and interpret critical clinical findings, including those based on
 - a. determination of whether the neonate meets the criteria for treatment of jaundice, and
 - b. identification of features of serious underlying disorders;
- list critical investigations and interpret the results of the investigations, including those that differentiate disorders associated with conjugated or unconjugated hyperbilirubinemia;
- construct an effective initial management plan, including
 - a. monitoring and managing physiologic jaundice,
 - b. referring the patient to appropriate specialists in the case of nonphysiologic jaundice, and
 - c. counselling and reassuring parents as appropriate.