

A [retrospective](#) study was conducted on [neonates](#) born from January 2021-June 2022, excluding those with specific conditions. Evaluated factors included GA, birth weight, [bilirubin](#) levels, [Glucose-6-phosphate dehydrogenase deficiency](#), and [feeding](#) type, with [phototherapy](#) given as per AAP guidelines. Of 1085 neonates, 356 met the criteria. When stratifying the neonates based on the need for phototherapy, a higher proportion of early-term neonates required phototherapy compared to full-term ( $p < 0.05$ ). After factoring in various risks (GA; birth weight; gender; feeding type; G6PD deficiency; transcutaneous bilirubin levels at 24 h and 24-48 h postpartum; maternal diabetes; and the presence of caput succedaneum or cephalohematoma), early-term neonates were more likely to need phototherapy than full-term babies (OR: 2.15, 95% CI: 1.21 to 3.80). The optimal cut-off for transcutaneous bilirubin levels 24-48 h postpartum that were used to predict phototherapy need was 9.85 mg/dl. In conclusion, early-term neonates are at a greater risk for developing jaundice and requiring phototherapy than full-term neonates. Monitoring bilirubin 24-48 h postpartum enhances early prediction and intervention <sup>1)</sup>.

<sup>1)</sup>

Tan TJ, Chen WJ, Lin WC, Yang MC, Tsai CC, Yang YN, Yang SN, Liu HK. Early-Term Neonates Demonstrate a Higher Likelihood of Requiring Phototherapy Compared to Those Born Full-Term. *Children (Basel)*. 2023 Nov 16;10(11):1819. doi: 10.3390/children10111819. PMID: 38002910; PMCID: PMC10670379.

From:  
<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:  
[https://neurosurgerywiki.com/wiki/doku.php?id=glucose-6-phosphate\\_dehydrogenase\\_deficiency](https://neurosurgerywiki.com/wiki/doku.php?id=glucose-6-phosphate_dehydrogenase_deficiency)

Last update: **2024/06/07 02:55**

