is cheap ca tape costs between Rs. 5 to 6),
(iii) it is accurate; and (iv) it can be tempo-
rarily detached if the wall or door is to be
repaied.

Safe Bilirubin Level for Term
Babies with Non-Hemolytic
Jaundice

Dhaded et al.(1) have recommended a
cut-off level of 20 mg/dl for exchange
transfusion in term babies with non-
hemolytic jaundice. This is based on their
observations that 21 out of 86 (25.8%) babies
with bilirubin level of more than 20 mg/dl
developed kernicterus in their study group.
It is well known that apart from bilirubin
levels per se, many other factors determine
bilirubin toxicity. As the babies in the study
were referred from other hospitals for
treatment of jaundice, it is likely that details
of risk factors may not have been known.
No specific mention has been made about the
presence or absence of risk factors except in
2 babies with birth asphyxia who developed
kernicterus with bilirubin level of more than
20 mg/dl.

We at Jaslok Hospital and Research
Center have followed 17 term babies with
non-hemolytic jaundice from birth to a
varying period of 1-3 years of age. They had
peak bilirubin levels ranging from 25-35
mg/dl during the first week of life. All
these babies were born at our hospital without
any risk factor. After joint decision of at least
two of the authors, they were neither given
phototherapy nor an exchange transfusion.

Infants with peak levels above 30 mg/dl
were subjected to BERA testing which was
normal in all babies. These babies have been
followed regularly for a year and beyond and
have achieved normal growth development,
hearing, speech and neurological status. We
have had term babies with risk factors and
preterm babies with or without risk factors
who were treated according to individual
merit at bilirubin level of less than 20 mg/dl.

While larger studies are needed to ad-
dress this issue, we seem to endorse 'a
kinder, gentler approach'(2) in the evaluation
and treatment of non-hemolytic jaundice in
term newborns in absence of risk factors
documented by proper assessment. We also
suggest that BERA testing may be used as an
objective guide in decision making in
clinically healthy looking infants.

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