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About Hemolytic Disease of Infants

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Abstract: *This article explains the concept and essence of hemolytic diseases of infants. It also discusses the specific features of hemolytic diseases of infants.*

Keywords: *Rhesus factor, protein shell, erythrocyte, hemolytic jaundice, hemolytic imbalance, hemolysis, anemia.*

Introduction

Hemolytic disease of the newborn is a serious disease in infants caused by the incompatibility of the blood groups of the mother and fetus in different systems, most often the Rh factor. Depending on the presence or absence of the Rh factor, it is designated as Rh-positive or Rh-negative. In a child, the disease occurs due to Rh incompatibility of the mother's or father's blood (mother - Rh-negative, father - Rh-positive). In this case, the Rh factor can be transmitted to the fetus from a Rh-positive father. The Rh factor of the fetus passes through the placenta into the Rh-negative mother's blood. The mother's body produces antibodies to the Rh factor of the fetus, which pass back through the placenta into the Rh-positive fetal blood and destroy its erythrocytes (hemolysis occurs), anemia and the accumulation of the yellow pigment - bilirubin occur. The disease occurs most often in babies born in the second, third and subsequent pregnancies, as well as in babies born after abortions (because the amount of antibodies in the mother's body increases from one pregnancy to the next). Hemolytic disease of the newborn can also occur in a baby born from the first pregnancy if the mother has previously received a blood transfusion without taking into account the Rh factor.

Hemolytic disease of the newborn is also observed when the blood of the mother and the fetus is incompatible in blood groups, which often occurs when the mother's blood group is 1(O), and the child's is P(A) or Sh(V).

Three forms of hemolytic disease of the newborn are distinguished: generalized congenital edema in the fetus, jaundice in the newborn, and congenital anemia in them.

Jaundice in newborns is more common. Jaundice appears on the first or second day after birth and increases in the following days of the child's life. Sometimes the baby's skin is born yellow, which is due to the appearance and rapid increase in bilirubin, a coloring substance formed from the breakdown of red blood cells. At the end of the first week, the child's condition worsens, he becomes lethargic, does not suck well, his limbs twitch.

To prevent hemolytic disease of the newborn, the blood of pregnant women is tested for the Rh factor and the blood group is determined. Women with Rh negative blood are taken into account; their blood is regularly checked for Rh antibodies. Women with Rh negative blood who are pregnant for the first time are not recommended to have an abortion.

The severity of hemolytic disease of the fetus and newborn depends on how many antibodies are in the baby's blood from the mother, as well as on her compensatory capabilities. In rare cases, the disease can

develop during pregnancy. The likelihood of its occurrence increases with each subsequent pregnancy, there is an accumulation of antibodies in the mother's blood.

Forms of hemolytic disease of newborns

If the child does not die in utero, he is born with one of the forms of the disease:

- ✓ anemia;
- ✓ ovum;
- ✓ Involuntary.

Common signs of hemolytic disease in the fetus and newborn: normochromic anemia with the presence of young erythrocytes in the blood and hyperplasia (enlargement) of the spleen and liver**.**

Form of anemia

The easiest of the three forms of the disease, which occurs under the influence of maternal antibodies that have a short-term effect on the fetus. The lost erythrocytes are excreted through the placenta. In newborns, you can see yellowing of the skin, there is no jaundice. Anemia manifests itself by the end of the first week of life.

Edematous membrane

A very severe form of hemolytic disease of the newborn, requiring treatment in the first seconds after birth. Occurs with a long persistence of maternal antibodies in the child. In utero, the fetus survives, since the products of poisoning increase sharply in the placenta. The fetus adapts to the situation and has an additional effect on hematopoiesis. The endocrine glands, liver and spleen increase significantly. The function of the liver to form proteins is impaired, the amount of protein in the blood decreases, there is swelling of the subcutaneous fat layer, fluid accumulation in the body cavity. The consequences of this form of hemolytic disease of the newborn are fatal in the child. Almost all live-born babies die within the next few minutes or hours.

Jaundice form

The mother's antibodies are under the influence of the fetus, which is sufficiently mature. The child is born on time with a normal body weight. Hemolytic disease develops in the first days. The next day, jaundice increases. The internal organs increase in size. There is an intensive increase in bilirubin levels, there are symptoms of bilirubin intoxication and central nervous system disorders: a number of reflexes are impaired, vomiting and convulsions appear, and bilirubin infarction of the kidneys is likely to develop. Without timely and proper treatment of the inflammatory form of hemolytic disease of newborns, the child may die on the second day after birth. The child is significantly delayed in mental development.

Treatment of hemolytic disease of newborns

Treatment of hemolytic disease of newborns should be comprehensive and timely, including:

- ✓ removal of intoxication as soon as possible;
- ✓ removal of antibodies from the child's body, which contribute to the subsequent hemolysis of red blood cells;
- ✓ improvement of the functional state of various organs and systems, especially the kidneys and liver.

The most effective method of treatment is blood exchange in the early stages. We use the method of medical treatment to reduce the level of indirect bilirubin phototherapy (irradiation of the child with blue and blue light). Feed the child with donor milk, apply to the chest for 10-12 days. Mother's milk also contains antibodies and can increase the level of bilirubin.

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Hemolytic disease of the newborn is not a cure, but a warning. As a prophylaxis, the use of embryonic gamma-immunoglobulin immediately after the birth of the first child, desensitization by restoring the skin cover from the ground, and the refusal of abortion, especially during the first pregnancy, are used. First children are usually born healthy.

Conclusion.

Of course, teaching hemolytic disease of infants, knowledge of its prevention, symptoms of the disease and treatment in medical colleges is the basis for future health. Given that complications of such diseases lead to serious consequences, it is necessary to have the necessary knowledge and skills.

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