

JAUNDICE MANAGEMENT POSTNATAL WARD AND COMMUNITY

Well Term baby

Vulnerable Baby

PREVENTION

- Keep warm
- Skin to skin
- **Responsive feeding PLUS** additional hand expressed colostrum between breastfeeds from birth - 72 hours
- **Well, term baby responsive feeding leaflet** explained to parents

PREVENTION

- Keep warm
- Skin to skin
- **Modified responsive feeding PLUS** additional hand expressed colostrum after **EVERY** breastfeed from at least birth – 72 hours
- Breast pump to stimulate and maximise lactation from birth
- **Vulnerable baby modified responsive feeding leaflet** explained to parents

Check effective feeding before discharge:

- Breastfeed Observation Checklist
- Feeding assessment
- Documented management plan
- Documented feeding plan

- Visual jaundice check before discharge
- Highlight additional risk factors for jaundice:
 - < 38 weeks gestation
 - Previous sibling requiring phototherapy
 - Exclusive breastfeeding

- Daily visual jaundice checks until D3
- **D3 weight check and TBR essential (3 day stay recommended)**

VISIBLE JAUNDICE WITHIN 24 HRS REQUIRES AN IMMEDIATE SBR CHECK/ ESCALATE TO NEONATAL SHO/ ANNP ONGOING INPUT AND OVERSIGHT FROM NEONATAL TEAM

JAUNDICE CHECKS

- **At all visits** check the naked baby in bright and preferably natural light
- Examine the sclerae and gums, and press lightly on the skin to check for signs of jaundice in 'blanched' skin.

- Check TBR if visible jaundice identified.
- If TBR is within 50 µmol/L of the treatment line check SBR within 6 hours
- If SBR plots above treatment line see **ongoing management overleaf**

- Check TBR if visible jaundice identified. (SBR if <35 weeks)
- If TBR is within 50 µmol/L of the treatment line check SBR within 6 hours. **Escalate to Neonatal SHO**
- If SBR plots above treatment line see **ongoing management overleaf**

FEEDING OBSERVATION/ ASSESSMENT CRITICAL. UPDATE FEEDING PLAN

COMMUNITY VISIT DAY 2/3 and DAY 5

- Feeding assessment
- Breastfeed observation checklist
- Weight check D5 **Green hat**, D3 and D5 **Amber hat/ Red hat**
- Visual jaundice check

COMMUNITY VISIT DAY 5 (daily visits if discharged before Day 3)

- Feeding assessment
- Breastfeed observation checklist
- D3 and D5 Weight check
- TBR check D3 and D5

ONGOING JAUNDICE MANAGEMENT FOR BABIES ON POSTNATAL WARD AND COMMUNITY

SBR ABOVE TREATMENT LINE

- Escalate to Neonatal SHO/ ANNP
- Neonatal SHO/ANNP to write clinical management plan for readmissions
- Start phototherapy immediately. Use double phototherapy when possible
- Consider TCU admission for babies requiring more than double phototherapy
- Check SBR every 6-12 hours during phototherapy treatment.
- Check rebound SBR 12-18 hours after stopping phototherapy.

Jaundice with weight loss < 10% on D3 and/ or D5. Weight gain >30g/day beyond D5:

- Daily Breastfeeding Observation Checklist throughout readmission
- Daily feeding assessments throughout readmission
- Feeding plan as per weighing baby pathway

Jaundice with weight loss >10% on Day 3 and/ or D5. Weight gain <30g/day beyond D5:

- Daily Breastfeeding Observation Checklist throughout readmission
- Daily feeding assessments throughout readmission
- Feeding plan as per weighing baby pathway
- Breast pump to stimulate and maximise lactation
- Infant feeding referral if problems persist beyond discharge

ONGOING MANAGEMENT BEFORE OR AFTER PHOTOTHERAPY TREATMENT FOR CLINICALLY WELL BABIES >24 OLD

- Always check a TBR if baby has never had phototherapy treatment. An SBR must be taken post phototherapy treatment.
- Pre-treatment TBR or rebound SBR is within 50 $\mu\text{mol/L}$ of the treatment line, baby is >38 weeks and has no additional risk factors: Check T/SBR and FEEDING ASSESSMENT every 24* hours until level stabilises.

*Check T/SBR and FEEDING ASSESSMENT every 18 hours if baby is <38 weeks, has a sibling who required phototherapy or is exclusively breastfed

3 results are sufficient to observe a trend. Stop T/SBR checks if trend is downward or stable in clinically well babies who are feeding well

- Pre-treatment TBR or rebound SBR is below 50 $\mu\text{mol/L}$ of the treatment line: Monitor visible jaundice and feeding assessments until visible jaundice resolves
- Highlight **red flags** that warrant **earlier return to hospital:**
 - Reduced feeding
 - Sleepy
 - Reduced or insufficient wet/ dirty nappies
 - Pale stools
 - Any other concerns

SETTING UP PHOTOTHERAPY

- Use double phototherapy if available unless otherwise directed.
- Position phototherapy lights 30cm above baby.
- Cover baby's eyes whenever phototherapy lights are switched on.
- Check baby's temperature every 4 hours during phototherapy treatment.
- Offer addition expressed breastmilk via cup if baby does not settle between breastfeeds or clinically indicated.
- Remove eye mask for feeds and skin to skin cuddles for up to 30 minutes every 3 hours (or in response to baby cues) unless otherwise directed.

