Ashford and St. Peter's Hospitals
NHS Foundation Trust

Management of Neonatal Jaundice in Community

Amendments			
Date	**Pages**	**Comment (s)**	**Approved by**
May 2008		**New guideline**	**Paediatric Clinical Guidelines Forum**
June 2011		Guideline reviewed by Dr Lawson	
October 2014		Guideline reviewed by Dr Lawson	
May 2017		Guideline reviewed by Dr V Ponnusamy	
March 2019		Full document reviewed and updated by Dr V Ponnusamy, NICU Consultant & Luisa Jbira, Community Midwife –Team Leader	

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Ratified by: Neonatal Guideline Meeting, and Women's Health Governance and Guideline Meeting

Review date: June 2024

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Executive summary

This guideline covers diagnosing jaundice, which is caused by increased levels of bilirubin in the blood in neonates, once babies are discharged to the community. It aims to help midwives detect and act on high levels of bilirubin, which can be harmful if not treated.

Contents

Appendices

See also: Any relevant trust policies/guidelines or procedures

Drager Model JM-105 Transcutaneous Jaundice Meter POCT Protocol

Weighing Babies and Well baby clinic Pathway

Infant Feeding Guideline

Introduction

1.1 Up to 1 in 3 new born babies will experience some degree of jaundice in the first month. If they are vigorous, feeding well and well hydrated, most will need no particular treatment. There is a transcutaneous bilirubinometer (TCB) available in the community for jaundice to be measured. All babies with visible jaundice need a TCB measurement to quantify jaundice. Be aware that occasionally, breast fed babies who have not established feeding can become severely dehydrated and jaundiced within the first few days of life. Jaundice can also be difficult to recognise in babies with naturally dark skin, so examination of the sclera and gums of these babies is useful.

Babies are more likely to develop significant hyperbilirubinaemia if they have any of the following factors:

- gestational age under 38 weeks
- a previous sibling with neonatal jaundice requiring phototherapy
- mother's intention to breastfeed exclusively
- visible jaundice in the first 24 hours of life.

These babies need additional support with feeding, including a clear feeding plan and assessment at the earliest opportunity. If any concerns with lactation, baby needs to be weighed on Day 3.

Ensure babies with risk factors associated with an increased likelihood of developing significant jaundice receive an additional visual inspection by a healthcare professional during the first 48 hours of life. Baby should be examined for jaundice at every opportunity especially in the first 72 hours. Jaundice is a sign/symptom – Please get a good history / examination to identify risk factors for pathological causes of jaundice like haemolysis (blood group incompatibility) or sepsis.

1. Scope

2.1 This guideline in relevant to all staff caring for babies across neonatal intensive care, transitional care and maternity.

2.2 This guideline is subject to regular review to ensure ongoing evidence based practice.

2. Purpose

3.1 This guidelines aims to facilitate a common approach to the management of babies with jaundice in the community.

4. Duties and responsibilities

4.1 All health care professionals involved in using transcutaneous bilirubinometer (TCB) have a duty to undertake appropriate training and demonstrate competency in its use.

5. Policy

5.1 Suspected or obvious jaundice in a clinically well baby less than 2 weeks old.

- <24 hours old – refer immediately to NICU SHO /Registrar (Bleep 5125 or 5302). (Should be seen by a doctor and SBR checked within 2 hrs)
- 24 hrs to 14 days old – measure jaundice with a TCB within 6 hours (refer to protocol for TCB use for exclusions http://trustnet/docsdata/pathology/poc/Use%20of%20Drager%20JM-105%20Jun%202019.pdf).
  Refer to hospital within 6 hours for SBR if unable to use TCB.
  - If the transcutaneous measurement is within 50 µmol/l below the phototherapy line, Refer to hospital to perform serum bilirubin measurement immediately OR repeat TCB check in 6 - 12 hours dependent upon the clinical presentation.
  - If the TCB is above the phototherapy line or greater than 250 µmol/l, refer to hospital to perform serum bilirubin measurement.
  - If a reading of 0, refer to hospital immediately for SBR.
- If TCB reading within normal limits, consider performing a repeat measurement the following day to follow the trend.

5.2 To refer for SBR:

- Please contact Infant Feeding Team (01932 726375/07468 701479) from 7.30 to 20.00 hrs (7 DAYS A WEEK) or NICU SHO on 5125 or Registrar on 5302 for out of hours. The baby will be seen by a member of the infant feeding team or the neonatal team on Joan Booker ward.
- If the jaundice is high enough to require phototherapy, the baby should then be admitted either to JB /TC /NICU depending on severity of jaundice and associated weight loss %.
- If SBR under treatment line, discharged home with appropriate plan for feeding and follow up.
- If the baby has significant weight loss, please refer to the weighing baby guideline:

http://trustnet/docsdata/paed/Guidelines_Neonatal/Weighing%20Baby%20Guideline%20May%202017.pdf

5.2 Clinically well term baby more than 2 weeks old who has a degree of jaundice.

Babies should be booked in for a prolonged jaundice screen which is done by phlebotomist in Oak ward on Monday afternoon. This should be done preferably by electronic referral using prolonged jaundice referral form in badgernet.

- The Community midwife referring the baby, should ensure that the baby is well, and comment in the referral as below, *"This baby is clinically well, with good feeding, appropriate weight gain and normal coloured stools. I have informed the parents that baby will not see a doctor at this appointment. The contact number for the parents in Badgernet is correct."*

- The referral forms are dealt with by NICU receptionists on a daily basis, who will book an appointment and contact the parents directly.

- The results will be reviewed by neonatal registrar and a letter will be sent to parents and GP in 7 -10 days. Parents will only be contacted by phone only for abnormal results. This will be done within 2-3 days.

- Appointments are available on a weekly basis, on a Monday, except for bank holidays.

- A baby cannot be seen in this clinic on more than 2 occasions, if they need repeated tests, they will need to be seen by a doctor in Neonatal Rapid Access clinic or Consultant Clinic.

- If no access to badgernet, you can refer through telephone by contacting St Peter's Hospital on 01932 872000 and bleep the neonatal Registrar on 5302. The doctor will ask few questions to screen if baby is well before booking into phlebotomy clinic

5.3 **Unwell neonate with jaundice.**

The baby needs to be assessed by a doctor urgently. Please refer the baby directly to General Paediatric Registrar in A and E at St Peter's Hospital (bleep 5315). The parents/ guardian will usually be asked to take the baby directly to Paediatric A&E department, after the referral. If admission is required from A&E this will be to Ash ward or Joan Booker ward or NICU depending on the underlying problem and needs to be assessed on an individual basis. Paediatric Consultant should liaise with NICU consultant and Nurse in charge for consideration of re-admission into NICU.

5.3 **Equipment**

Drager JM-105 Transcutaneous Bilirubinometer. See manual for use:

http://trustnet/docsdata/pathology/poc/JM-105%20User%20Manual%20Jun%202019.pdf

5.4 **Staff training for use of equipment**

All staff using Drager JM-105 should receive training and demonstrate competency in its use.

5.5 **Lack of equipment:**

In the event of a TCB not being available for use in community within 6 hours, the baby must be referred to the Infant Feeding Team to do instead (see 5.2)

6 Approval and Ratification

This guideline will be approved and ratified by the Neonatal and Women's Health Guidelines Meetings.

7 Dissemination and Implementation

7.1 This guideline will be uploaded to the trust intranet 'Neonatal Guidelines' and 'Maternity Guidelines' pages and thus available for common use.
7.2 This guideline will be shared as part of ongoing education within the Neonatal and Maternity Unit for medical, nursing/midwifery, and support staff.
7.2 All members of staff are invited to attend and give comments on the guideline as part of the ratification process.

8 Review and Revision Arrangements

8.1 This policy will be reviewed on a 5 yearly basis.
8.2 If new information comes to light prior to the review date, an earlier review will be prompted.

9 Document Control and Archiving

9.1 Amendments to the document shall be clearly marked on the document control sheet and the updated version uploaded to the intranet. Minor amendments will be ratified through the Neonatal and Women's Health Guidelines Groups. A minor amendment would consist of no major change in process, and includes but is not limited to, amendments to documents within the appendices.

10 Monitoring compliance with this Policy

Measurable Policy Objective	Monitoring/ Audit method	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/ committees, inc responsibility for reviewing action plans

11 Supporting References / Evidence Base

NICE Clinical guideline CG98 Jaundice in newborn babies under 28 days (October 2016)

APPENDIX 1: EQUALITY IMPACT ASSESSMENT

Equality Impact Assessment Summary

Name and title:
Policy:

Background • Who was involved in the Equality Impact Assessment
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
The group considered the effect of the policy on the various groups within our neonatal population; and staff employed, including race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation and age.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
The policy in inclusive
Conclusion • Provide a summary of the overall conclusions
No adverse features of the policy identified
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
The policy is suitable for implementation.

APPENDIX 2: CHECKLIST FOR THE REVIEW AND APPROVAL OF DOCUMENTS

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.
Title of the document:
Policy (document) Author:
Executive Director:

		Yes/No/ Unsure/ NA	Comments
1.	**Title**		
	Is the title clear and unambiguous?		
	Is it clear whether the document is a guideline, policy, protocol or standard?		
2.	**Scope/Purpose**		
	Is the target population clear and unambiguous?		
	Is the purpose of the document clear?		
	Are the intended outcomes described?		
	Are the statements clear and unambiguous?		
3.	**Development Process**		
	Is there evidence of engagement with stakeholders and users?		Nursing staff contributed to creation of guideline
	Who was engaged in a review of the document (list committees/ individuals)?		Neonatal guidelines group
	Has the policy template been followed (i.e. is the format correct)?		
4.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?		
	Are local/organisational supporting documents referenced?		
5.	**Approval**		
	Does the document identify which committee/group will approve/ratify it?		
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?		
6.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?		
	Does the plan include the necessary training/support to ensure compliance?		
7.	**Process for Monitoring Compliance**		

		Yes/No/ Unsure/ NA	Comments
	Are there measurable standards or KPIs to support monitoring compliance of the document?		
8.	**Review Date**		
	Is the review date identified and is this acceptable?		
9.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?		
10.	**Equality Impact Assessment (EIA)**		
	Has a suitable EIA been completed?		

Committee Approval			
If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner			
Name of Chair		**Date**	
Ratification by Management Executive (if appropriate)			
If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner			
Date:			