

Neonatal Jaundice - Management of Babies at Home

Up to 1 in 3 infants experience some degree of jaundice. 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. If such babies are not deeply jaundiced and well, they do not need a blood bilirubin measurement. 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, examination of the sclera of these babies is useful.

Jaundiced babies seen in the community should have a TCB reading done ASAP by the community midwife to guide the management. The referral should fall into one of the following three categories:

1. Clinically well baby less than 2 weeks old who is significantly jaundiced.

A well baby who is jaundiced with TCB measurement within 50 $\mu\text{mol/l}$ below the phototherapy line, needs to have serum bilirubin measurement immediately OR repeat TCB check in 6 - 12 hours depending on the clinical presentation. If the TCB value is above the phototherapy line or greater than 250 $\mu\text{mol/l}$ at any time, serum bilirubin measurement needs to be performed. This can be done through infant feeding team at St Peter's Hospital (contact 01932 726375/07468 701479) from 7.30 to 20.00 hrs (**7 DAYS A WEEK**) or through postnatal SHO on 5363 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 or TC 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 [weighing baby guideline](#):

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 by contacting St Peter's Hospital on 01932 872000 and ask the switchboard to bleep the neonatal Registrar on 5302. The doctor will ask few questions to screen if baby is well before booking into phlebotomy clinic. If the baby needs to be seen by a doctor, this will be arranged in a Neonatal Rapid Access clinic. The results will be reviewed by neonatal registrar and a letter will be sent to parents and GP. Appointments are available on a weekly basis, on a Monday, except for bank holidays. All the referrals should come through the neonatal registrar to screen if babies are well for phlebotomy clinic. Please inform parents that the results will be sent by a routine letter and not phoned through, if normal. **Parents will be contacted by phone only for abnormal results.**

3. Unwell neonate with jaundice. The infant needs to be assessed by a doctor urgently. The baby should be referred directly to General Paediatric SHO at St Peter's Hospital, (bleep 5069). The mother will usually be asked to take the baby to the Paediatric A&E department. If admission is required from A&E this will be to Ash ward or Joan Booker ward depending on the underlying problem and needs to be assessed on an individual basis.

Guideline Details

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