

Neonatal jaundice overview

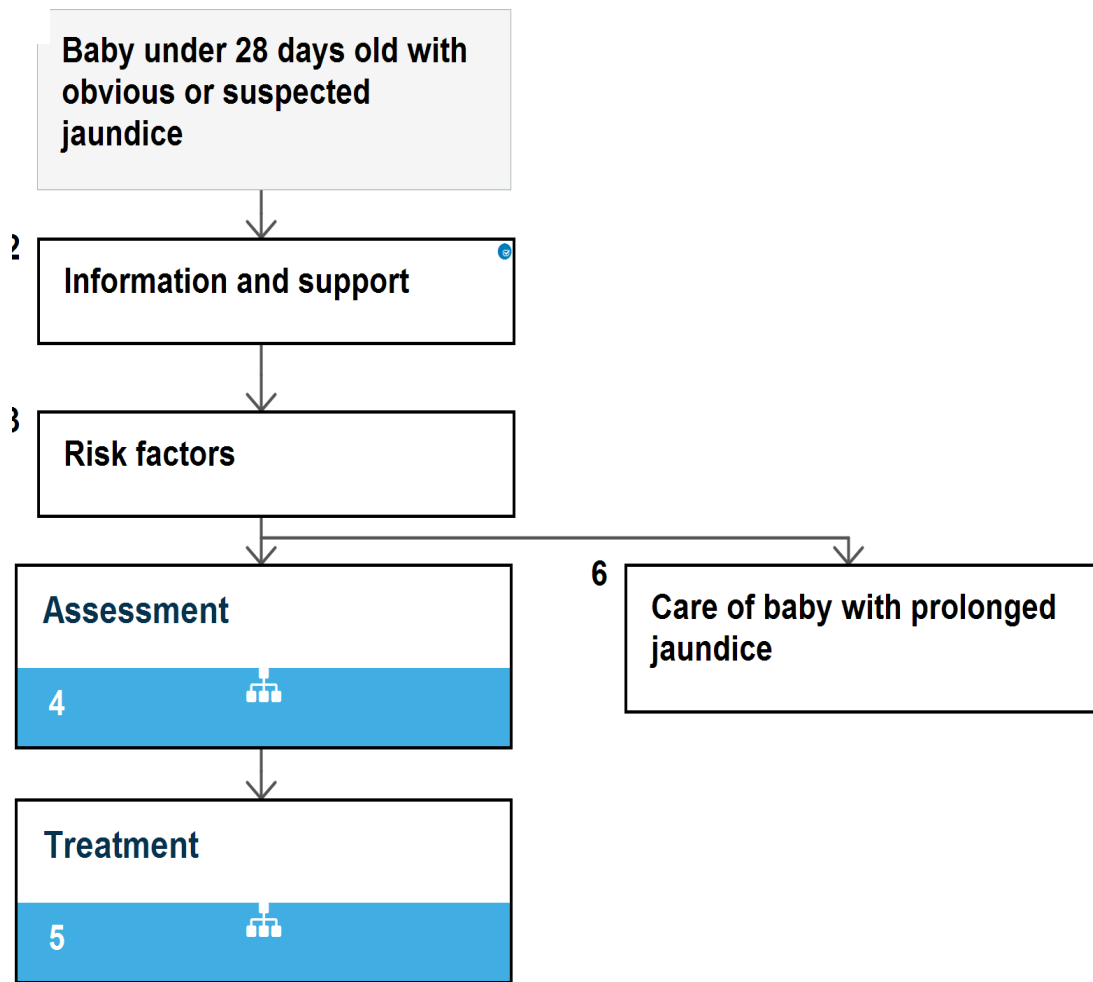
NICE Pathways bring together all NICE guidance, quality standards and other NICE information on a specific topic.

NICE Pathways are interactive and designed to be used online. They are updated regularly as new NICE guidance is published. To view the latest version of this pathway see:

<http://pathways.nice.org.uk/pathways/neonatal-jaundice>

Pathway last updated: 08 December 2016

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.



1 Baby under 28 days old with obvious or suspected jaundice

No additional information

2 Information and support

Offer parents or carers information about neonatal jaundice that is tailored to their needs and expressed concerns. This information should be provided through verbal discussion backed up by written information. Care should be taken to avoid causing unnecessary anxiety to parents or carers. Information should include:

- factors that influence the development of significant hyperbilirubinaemia
- how to check the baby for jaundice
- what to do if they suspect jaundice
- the importance of recognising jaundice in the first 24 hours and of seeking urgent medical advice
- the importance of checking the baby's nappies for dark urine or pale chalky stools
- the fact that neonatal jaundice is common, and reassurance that it is usually transient and harmless
- reassurance that breastfeeding can usually continue.

Ensure that adequate support is offered to all women who intend to breastfeed exclusively. See the NICE pathway on [postnatal care](#) for information on breastfeeding support. NICE has written information for the public explaining its guidance on [jaundice in newborn babies under 28 days](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Jaundice in newborn babies under 28 days quality standard

1. Information for parents or carers

3 Risk factors

Identify babies as being 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.

4 Assessment

[See Neonatal jaundice / Neonatal jaundice: assessment](#)

5 Treatment

[See Neonatal jaundice / Neonatal jaundice: treatment](#)

6 Care of baby with prolonged jaundice

In babies with a gestational age of 37 weeks or more with jaundice lasting more than 14 days, and in babies with a gestational age of less than 37 weeks and jaundice lasting more than 21 days:

- Look for pale chalky stools and/or dark urine that stains the nappy.
- Measure the conjugated bilirubin.
- Carry out a full blood count.
- Carry out a blood group determination (mother and baby) and DAT. Interpret the result taking account of the strength of reaction, and whether mother received prophylactic anti-D immunoglobulin during pregnancy.
- Carry out a urine culture.
- Ensure that routine metabolic screening (including screening for congenital hypothyroidism) has been performed.

Glossary

DAT

direct antiglobulin test – also known as the direct Coombs' test – used to detect antibodies or complement proteins that are bound to the surface of red blood cells

ETCO_c

end-tidal carbon monoxide

IVIG

intravenous immunoglobulin

Sources

[Jaundice in newborn babies under 28 days](#) (2010 updated 2016) NICE guideline CG98

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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Contact NICE

National Institute for Health and Care Excellence
Level 1A, City Tower
Piccadilly Plaza
Manchester
M1 4BT

www.nice.org.uk

nice@nice.org.uk

0845 003 7781