

Neonatal jaundice overview

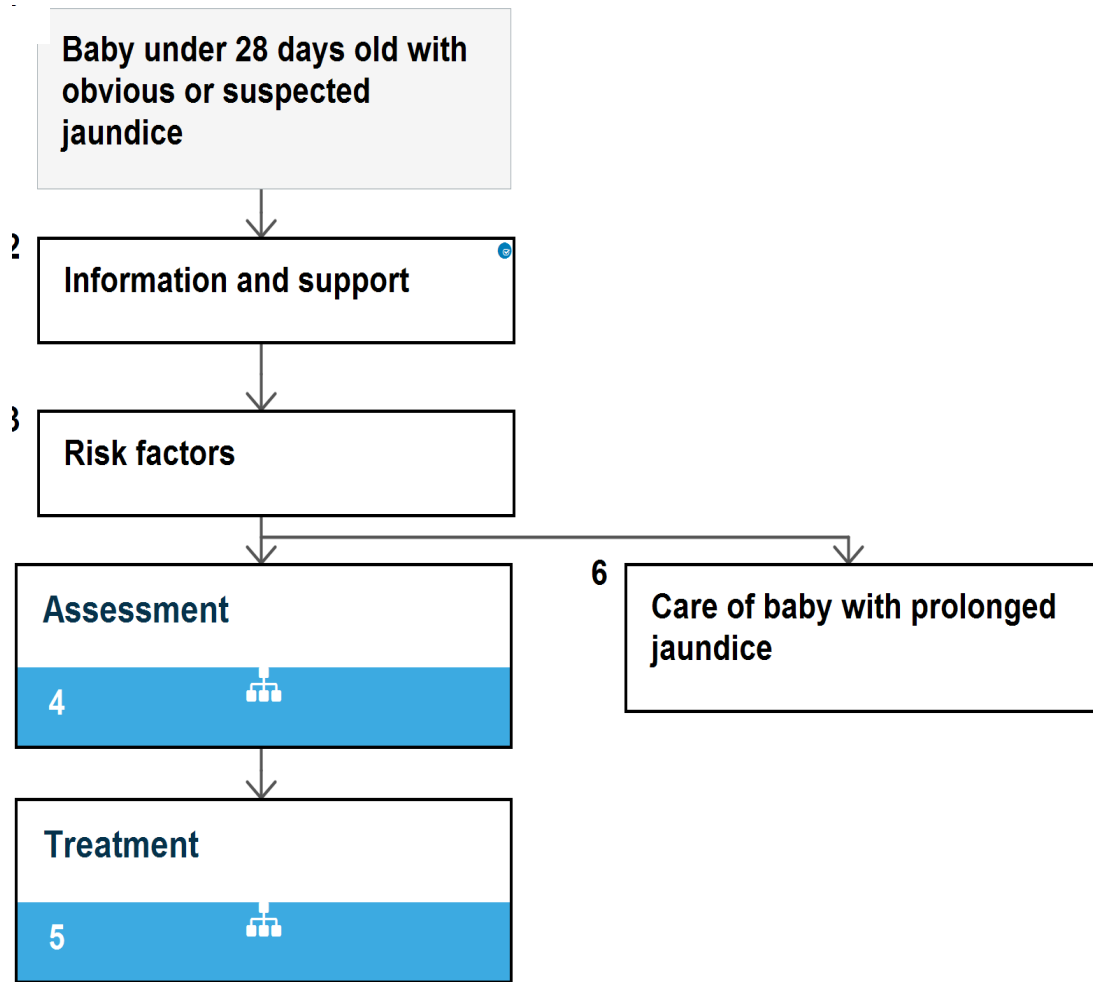
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

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

NICE Pathway last updated: 08 December 2016

This document contains a single flowchart 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

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline

should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.