SCOPE: **Maternity and Neonatal Unit and Planet Sunshine**

GUIDELINE: **Prolonged jaundice - management of**

AUTHOR: Neonatal Unit

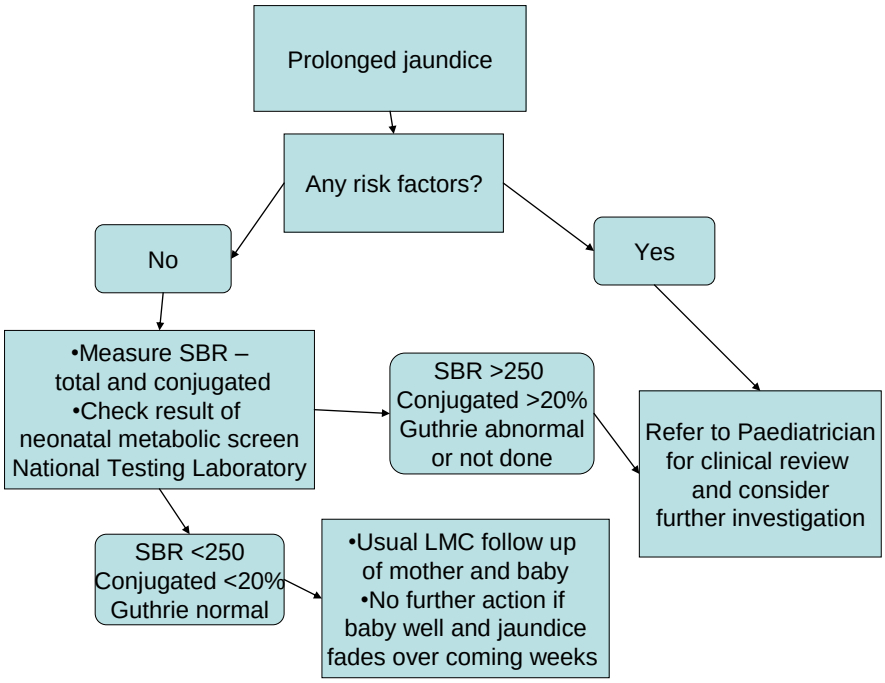
PURPOSE: Appropriate and timely referral of infants with prolonged jaundice

DEFINITIONS: **Prolonged Jaundice is jaundice that is still evident at 15 – 21 days of age**

GUIDELINE:

Persisting jaundice is more common in breastfed infants, at least 9% of breastfed infants are still jaundiced at 28 days of age. **Breast milk jaundice** should be evaluated using **Prolonged Jaundice Clinical pathway form in the third week of life. (See appendix 1).** This allows flexibility for the LMC and mother for evaluation between 15 -21 days of age.

If prolonged jaundice is not identified as breast milk jaundice or if the total bilirubin level is >250 µmol/l or conjugated bilirubin level is >20µmol/l refer the baby to the paediatrician.



Formula fed infants with prolonged jaundice should be referred to the paediatrician.
A referral should be made by the LMC/Core Midwife to the NNU for Paediatric review.

Out-patient review will include:

- Weight and feeding history
- Physical examination by paediatrician (the baby's mother's notes should be available)
- Examination of stool
- Bilirubin evaluation
- Full blood count and blood film (to evaluate for haemolytic anaemia and possible infection)
- Thyroid function test (TSH and T4). This will require two full yellow top vials.
- Urine sample for microscopy and culture (fresh sample necessary) may be ordered
- Record of the Newborn Metabolic Screening Programme test normally done at 48 hours of age (National Testing Centre tel. 09 307 4949).

Further tests may be required:

- Liver function
- Glucose-6-phospate dehydrogenase screen.

Management
Parents will need reassurance that breast milk jaundice in itself is not harmful.

If any investigations are abnormal the baby may have a pathological cause for jaundice and urgent further assessment is indicated.

Associated Documents
Appendix 1 Prolonged jaundice clinical pathway

Approved By

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Consultant Paediatrician

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Clinical care Manager WCY

Date of Approval: November 2020

Next Review Date: November 2023

Prolonged Neonatal Jaundice
Clinical pathway and audit form

Patient Label	**Date** **Name of LMC**

Management of babies with jaundice in 3rd week of life
Breast milk jaundice requires the following:

Fully breast fed	☐
At least 36 weeks gestation at birth	☐
Feeding well and gaining weight	☐
Normal yellow or green stool	☐
No fever or other symptoms of illness	☐
No family history of severe neonatal illness or blood disorders such as G6PD deficiency or spherocytosis	☐
Not of Asian or Mediterranean ethnicity	☐
Normal examination apart from jaundice	☐
Neonatal metabolic screen negative	☐

If all boxes are ticked the only investigation needed is a total and conjugated bilirubin ("neonatal SBR")

If any boxes are not ticked

and/or

Refer to Paediatrician

If the total bilirubin level is >250 µmol/l or
conjugated bilirubin >20 µmol/l