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Health visitor and Primary care- Southampton

Prolonged Neonatal Jaundice - Well Baby Pathway

* In the first week of life approximately 60 % of term and 80 % of pre term babies will develop jaundice. For most babies jaundice does not indicate an underlying disease and is termed physiological jaundice. This jaundice will resolve with no treatment, but over a third will remain jaundiced at 2-3 weeks (prolonged neonatal jaundice).
* The prolonged screening programme is designed to detect the few infants with a pathological cause for their prolonged neonatal jaundice, particularly the early diagnosis of congenital biliary atresia in well babies. *If a baby is unwell and jaundiced, then they need to be reviewed that day by the Paediatric Emergency department.*
* The screening test for congenital biliary atresia and other potential conditions is the measurement of plasma conjugated and unconjugated bilirubin, so the screening test will also identify these conditions. Those that cause a raised unconjugated hyperbilirubinaemia are rarely clinically significant unless very high levels of unconjugated bilirubin.
* Prolonged Jaundice is defined as jaundice at:
* > 14 days in term infants
* >21 days in preterm infants (<36/40 gestation)

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**Process**

* The Health visitor detects jaundice in breast/bottle fed well baby (>14-21 days and >21-28 days in preterm babies). The health visitor will complete the blood form and e-mail the practice that day, and ask the parent to go to the butterfly clinic. Health visitors do not have ( and never had) access to ICE so are unable to look up the blood result. Parents will be asked to contact the practice the next day for the blood test result. It would be better for parents if practices are able to have a process where result of the blood test can be actioned by the duty doctor. The duty doctor will inform the parents of the blood test result by phone.
* Previously (pre covid) the health visitor would ask the parents to book an appointment that day for the GP to review a Jaundiced baby and ask them to complete the blood form, this pathway was altered during the pandemic due to difficulty accessing practices, the health visitors started to complete the blood forms. As part of restoring pathways post covid and increasing workload to primary care health visitors have agreed to continue doing the blood forms.
* Any unwell jaundice babies need to be seen by GP that day.
* The results on ICE will give the information below: from 7/5/24 as they are updating their system.

*“Bilirubin (Infant Jaundice):*

*A conjugated bilirubin >=25 umol/L is always abnormal and infants with this result should be referred to Paediatric Emergency Department.*

*A total bilirubin level of =<250 umol/L is acceptable as physiological in infants who are well, who have a normal yellow, green or brown stool and who are fully or partially breast fed. In these infants, the infant should be reviewed by the primary health care team if the infant becomes unwell, the stool becomes white, grey or black or if the jaundice appears to be worsening.  In these situations, the infant should be discussed with the Paediatric Consultant via advice line on 07825 691086 or referred to Paediatric Emergency Department.*

*If the infant remains jaundiced at their 6-8 week check, a repeat prolonged infant jaundice blood test is recommended and the same recommendations as above applies to the results.”*

* If a well baby is still Jaundiced at 6 weeks the please repeat conjugated and unconjugated bilirubin plasma test and to be reviewed by the GP.

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Jaundiced Baby

> 14 -21 days in term infants

>21-28 days in preterm infants (<36/40 gestation)

* Check for any feeding issues.
* If Stools ore black/grey or white or poor weight gain then needs to be reviewed in Paediatric ED.
* Or contact the Paediatric consultant via advice line:
* On 07825 691086

Health Visitor

* Will do a blood form for Conjugated and unconjugated bilirubin.
* The Health visitor will e-mail the GP surgery that day

Blood Form – Must have written on it

* Name, DOB
* Clinical details
* NHS number
* GP code

If this information is not on the blood form then it may be rejected.

The

* Send an e-mail to the practices generic e-mail address, to inform them of blood test
* Well baby then repeat Conjugated / unconjugated blood test.
* To be reviewed by GP (can also discuss with Consultant advice line - 07825691086).

Still Jaundiced at Six weeks

Baby needs to be reviewed urgently by the GP that day.

Duty GP

* To Action the blood test the next day and inform the parents.
* Conjugated Bilirubin >25 umol/L = refer to Paediatric ED
* If Unconjugated Bilirubin >250 umol/L = GP to Send to Paediatric ED.
* If Unconjugated Bilirubin <250umol/L = with normal coloured stool, then physiological jaundice.

**WELL Baby**

**UNWELL Baby**