Neonatal Jaundice – Home Management

Document Type | Guideline
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Function(s) | Clinical Service Delivery
Health Service Group (HSG) | Women’s Health
Department(s) affected | Postnatal wards, Community Clinics, High Risk Clinics
Patients affected (if applicable) | Newborn infants
Staff members affected | Clinicians in maternity and paediatrics
Key words | Neonate, jaundice,
Author | Charge Midwife
Owner (see ownership structure) | Director of Midwifery
Edited by | Clinical Policy Advisor
Date first published | April 2001
Date this version published | March 2012
Date of next scheduled review | March 2015
Unique Identifier | PP2802/RBP/006

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1. Purpose of guideline

This guideline establishes the expected monitoring and assessment of neonatal jaundice at home for midwives within Auckland District Health Board (ADHB).

2. Guideline management principles

The management of and significance of jaundice is dependant on the underlying condition of the infant and their clinical status. Jaundice occurs when a baby’s liver cannot cope with the excess bilirubin created by the breakdown of red blood cells after birth. The extra bilirubin is stored in the skin, hence the yellow look.

Infants with jaundice require Paediatric evaluation in the following situations:

- Clinically present before 24 hours of age
- Whenever other symptoms and/or signs of illness are present
- When SBR >200 mmol/L on the second day of life
- When SBR >250 mmol/L
- When jaundice is of late onset (7-10 days or later)
3. Flowchart - monitoring neonatal jaundice at home

After hours Bilirubin results follow up for team Babies in the Community

Community midwife assesses the baby
If necessary ring neonatal registrar Level 1 or 2
Pager 935537/021 891 404

Provide address of closest lab collection centre or request home visit
Labtests phone 0508 522 837 option 3
Labtests home visits fax 09 574 4749
Request copy to Tamaki shift coordinator
Phone 021 522 293, fax 09 630 9934

Check with mother that contact numbers are current.
Reiterate the emergency numbers and Tamaki Ward coordinator phone 021 522 293

Complete SBR Follow Up Request Form fully
Fax completed form to Tamaki Ward fax 25698/6309934
Inform Tamaki shift coordinator phone 021 522 293
Leave form for designated midwife to follow up in am

Tamaki shift coordinator informs reception of pending faxed result, checks for results on Concerto.
Discuss results as required with the on call neonatal registrar, pager 935537/021 891 404

Notify mother and discuss with duty manager to arrange admission of baby if treatment required

Shift coordinator notifies community midwife by leaving a message on extension 4574 re plan of care for the baby as advised by neonatal registrar and faxing the form back to 3865

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4. Treating jaundice after leaving hospital

If the baby has mild jaundice at home or is being discharged with jaundice the parents should be advised of the following by the midwife/nurse:

- The baby should be fed 3 - 4 hourly to help flush the bilirubin through the baby’s body
- The baby should sleep during the day in natural light rather than closing the curtains
- The baby should be placed by a window in the sunlight but not in direct sunlight, ensuring baby is kept warm and away from drafts

5. Supporting evidence

Neonatal Jaundice: 2010 Full guideline National Institute for Health and Clinical Excellence (NICE)

6. Associated ADHB documents

Newborn services clinical guideline “Neonatal Jaundice on the Postnatal Ward”
Jaundice in Newborn Babies – Information for parents

7. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this ADHB guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

8. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed before the scheduled date, they should contact the owner or the Clinical Policy Advisor without delay.