**SBC Health visiting pathway for Jaundice in New-born under 28 days**

This should be read in conjunction with NICE Guidance (2014) Jaundice in New-born under 28 days Quality standard [QS57]

**Rationale**

We assess for jaundice because there are many underlying causes including:

• Physiological jaundice

• Breast milk jaundice

• Jaundice caused by liver disease

• Jaundice from other causes, e.g. haemolysis

• Jaundice caused by infection

• Jaundice caused by hypothyroidism

High levels of jaundice are toxic in the new born.

**Assessment for Jaundice**

When checking the baby for jaundice (signs and symptoms to look for):

* + check the naked baby in bright and preferably natural light
  + note that examination of the sclera, gums, this is useful across all skin tones
* Normally a baby’s urine is colourless
  + - Persistently yellow urine which stains the nappy can be a sign of liver disease
    - Normally a baby’s stools are green or yellow (Use stool colour card)
    - Persistently pale coloured stools may indicate liver disease

Assessment should include:

* Feeding history including whether breast or bottle-fed
  + - Weight
* **Pathway 1**

**Has the baby had an initial Jaundice screen at GWH? If not refer.**

Is the Jaundice Improving?

Born at a gestational age of 37 weeks or more with jaundice

14 days or more refer to paediatric assessment unit at GWH for prolonged Jaundice clinic **01793 604975**.

Under 14 days –review and advice on feeding, give parents advice about worsening signs and review at 14 days

**Pathway 2**

Babies born at a gestational age of **less** than 37 weeks

21 days or more, refer to Paediatric Assessment Unit at GWH for prolonged Jaundice clinic **01793 604975**.

Under 21 days – Feeding advice, advice for parents of signs that jaundice is getting worse and review at 21 days

**Document**

• Document stool and urine colour, weight, feeding, alertness

Your plan of actions

**Communicate**

If not discharged from midwifery communicate plan to follow up jaundice

**Reassure Parents**

The fact that neonatal jaundice is common, and reassurance that it is usually transient and harmless

* Reassurance that support will be provided to continue with normal feeding (including extra advice and support with breastfeeding) and normal care of the baby.
* Advise parents to see GP if baby stops feeding, low urine output, light coloured stool

**References**

NICE Guidance (2014) **Jaundice in New-born under 28 days** Quality standard [QS57]

Children’s liver disease foundation: yellow alert available at <https://childliverdisease.org/healthcare-professionals/yellow-alert/> (accessed on 3 May 2018)