

Neonatal Jaundice – Home Management

Document Type	Guideline
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
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Contents

1. [Purpose of guideline](#)
2. [Guideline management principles](#)
3. [Flowchart - monitoring neonatal jaundice at home](#)
4. [Treating jaundice after leaving hospital](#)
5. [Supporting evidence](#)
6. [Associated ADHB documents](#)
7. [Disclaimer](#)
8. [Corrections and amendments](#)

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).

[Back to Contents](#)

2. Guideline management principles

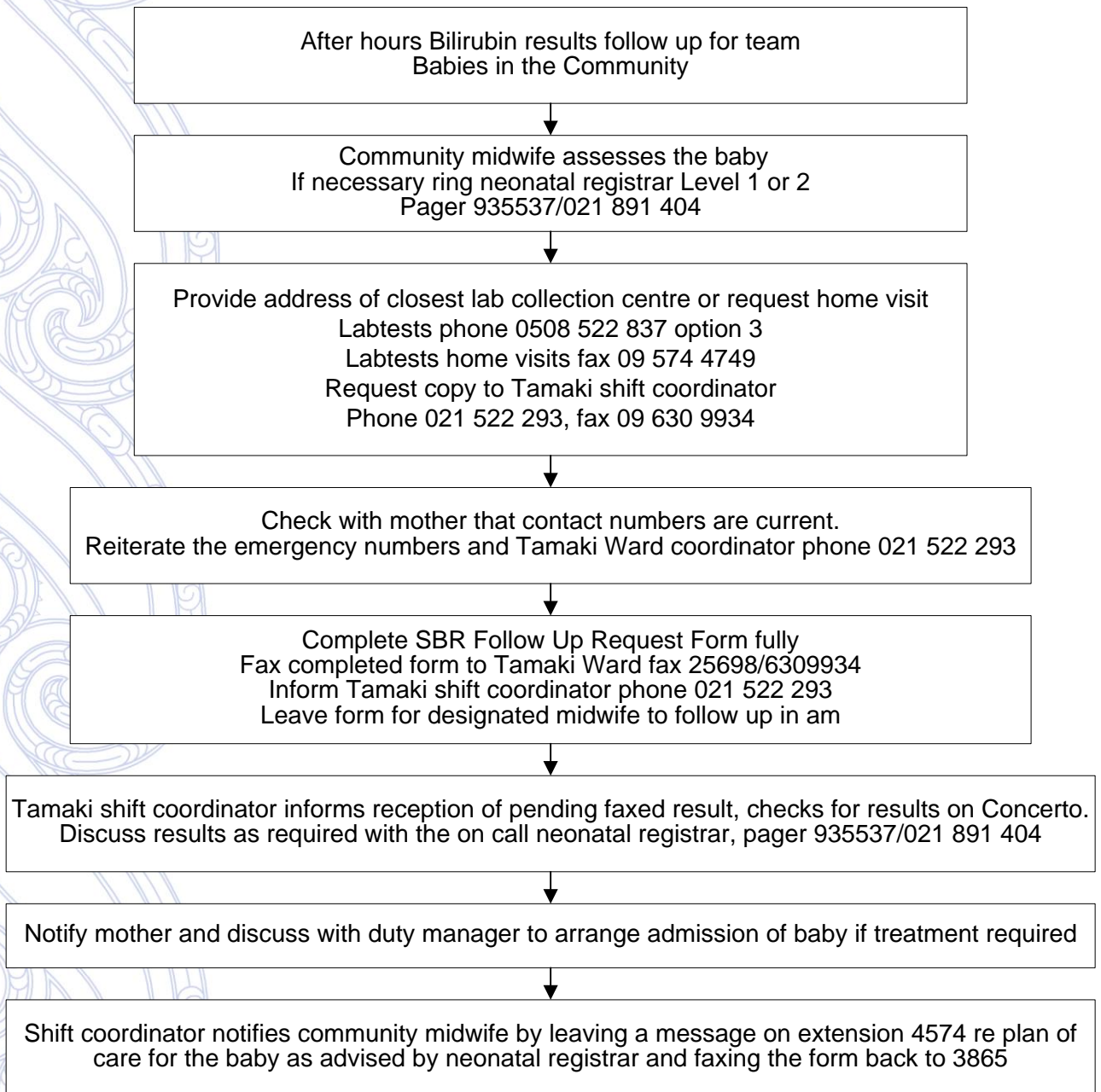
The management of and significance of jaundice is dependant on the underlying condition of the infant and their clinical status. Jaundice occurs when a baby's liver can not cope with the excess bilirubin created by the breakdown of red blood cells after birth. The extra bilirubin is stored in the skin,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

[Back to Contents](#)

3. Flowchart - monitoring neonatal jaundice at home



[Back to Contents](#)

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

[Back to Contents](#)

5. Supporting evidence

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

[Back to Contents](#)

6. Associated ADHB documents

Newborn services clinical guideline "[Neonatal Jaundice on the Postnatal Ward](#)"
[Jaundice in Newborn Babies – Information for parents](#)

[Back to Contents](#)

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.

[Back to Contents](#)

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.

[Back to Contents](#)