

# Consensus Guidelines for Screening & Management of Hyperbilirubinemia in Neonates UCSF NCNC (Northern California Neonatal Consortium)

## Executive summary

### Objectives

- Standardize the approach to screening and management of hyperbilirubinemia in neonates  $\geq$  35 weeks gestational age (GA) across the consortium hospitals using current practice standards and best available evidence
- Improve quality and safety of care for neonates  $\geq$  35 weeks GA with hyperbilirubinemia; specifically:
  - Improve recognition and efficient management of infants at high risk for complications of hyperbilirubinemia
  - Decrease unnecessary testing
  - Deliver safe, effective, and appropriate phototherapy
  - Decrease unnecessary hospital days

### Recommendations

- Promote & support successful breastfeeding
- Perform a systematic assessment before newborn discharge for risk of severe hyperbilirubinemia
- Treat newborns with phototherapy or exchange transfusion when indicated to prevent the development of severe hyperbilirubinemia and kernicterus
  - Revisions to 2004 AAP Guidelines: Provide customized thresholds based on gestational age, neurotoxicity risk factors, and hours of life for each infant
  - Increase the threshold for phototherapy and exchange transfusion for most infants based on recent evidence given the extremely low rates of kernicterus and the possible risk of phototherapy causing adverse outcomes

### Methods

This guideline was developed through local consensus based on published evidence and expert opinion as part of the UCSF Northern California Neonatal Consortium.

### Metrics Plan

Monitoring of frequency of phototherapy use during the birth admission and readmissions for phototherapy.