

Healthcare Safety Investigation Branch Summary (HSIB): Detection of jaundice in newborn babies

HSIB report (NI-003739) published Jan 2023 investigates the diagnosis of jaundice in neonates and highlights safety concerns around determination of jaundice treatment thresholds and the challenges of detecting jaundice in all ethnicities.

Clinical summary

Reference case: 32 weeks, 5 day delay in detecting jaundice & acting on raised bilirubin result.

- Visual diagnosis of jaundice is subjective, with interuser variability and is more challenging in darker skin tones.
- NICE guides us to only measure bilirubin should only be measured if jaundice is seen.
- NICE guidance focusses on term infants
- Laboratory staff do not routinely calculate gestational ages or alert clinical staff if bilirubin above threshold.

HSIB Recommendations

- NICE to update guidance re. reliability of visual detection of jaundice & jaundice risk factors
- Pathologists to adopt an icteric threshold to escalate reporting a bilirubin results & develop a method of direct communication to clinicians
- Develop a national standardised Early warning system track and trigger observation chart for use in neonatal units

Key Themes

- Barriers to communication between pathology services and the neonatal team
- Detection of clinical signs is impacted by medical education that historically focusses on diagnoses in light skin tones
- A lack of safety net to ensure all test results are reviewed

Local Improvement suggestions from this report:

- Review of how your trust reports bilirubin and whether the process of highlighting pathological levels could be more robust.
- Local education program on detection of clinical signs in all skin tones (see [Mind The Gap](#))

For full information visit:

www.hsib.org.uk/investigations-and-reports/detection-of-jaundice-in-newborn-babies/

or follow the QR code

