

Did you know? Neonatal Jaundice



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Neonatal jaundice is a common condition which is usually harmless, requires no treatment or responds to phototherapy. On rare but tragic occasions it can cause long-term brain damage with physical and psychological consequences for the family, or death.

We reviewed twenty claims for injury secondary to neonatal jaundice which were notified to NHS Resolution between 2001 and 2011.

Key themes

- Delay in measuring bilirubin in babies with visible jaundice
- Inappropriate advice that sunlight would treat jaundice
- Lack of recognition of the importance of a diagnosis of Rhesus incompatibility antenatally
- Delays starting treatment or admission due to lack of Neonatal Intensive Care Unit (NICU) cots
- Babies held in inappropriate areas such as emergency departments while waiting for a bed without phototherapy being initiated.

Most common risk factors

- ethnicity of parents
- family medical history
- prematurity
- gender

16 of the 20 cases were male



■ Caucasian:	10
■ Asian:	4
■ Afro-Caribbean:	4
■ Greek:	1
■ Ethnicity unknown:	1

Two babies were extremely preterm, at 25 weeks; of the remainder five were born at 34 - 36 weeks of gestation, 12 at term and in one the gestation was not stated. The term babies were all above 2.5 kilograms birthweight.

The current estimated total cost of these twenty cases is £150.5 million.

The future losses depend on prognosis but it is likely there will be claims for...

- travel/transport
- care/case management
- medical expenses
- therapy costs such as physiotherapy, occupational therapy hydrotherapy and speech therapy
- aids/appliances
- assistive technology
- education
- earnings
- accommodation

Examples

Baby was readmitted at three days old following a normal delivery with severe jaundice requiring a period of intensive care.

The midwife led the baby's mother to believe that jaundice was nothing to worry about, that putting the baby next to the window in the light would be sufficient and no further steps need to be taken.

The midwife noted slight jaundice and advised daylight and regular feeds

By the time the baby was admitted to NICU all was lost; the treatment given was of high quality but was too late to prevent kernicterus.

What could you do?

- Have you had an incident or claim in your unit related to neonatal jaundice/kernicterus? If so, what learning was identified to prevent future incidents?
- Familiarise yourself with NICE guidance CG98, Jaundice in new born babies under 28 days (updated Oct 2016)
- Familiarise yourself with local policies for management of jaundice and neonatal re-admissions
- See guidance on neonatal jaundice:

www.nice.org.uk/Guidance/CG98

www.e-lfh.org.uk/programmes/avoiding-term-admissions-into-neonatal-units/

www.improvement.nhs.uk/resources/reducing-admission-full-term-babies-neonatal-units/

For further information please contact:
safetyandlearningenquiries@resolution.nhs.uk