Royal Hospital for Women (RHW) BUSINESS RULE COVER SHEET



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SUMMARY	Jaundice is one of the most common neonatal conditions that requires treatment. Treatment for jaundice can be in the home environment for those neonates who meet criteria.
KEY WORDS	Jaundice, neonate, Bilisoft®, phototherapy





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Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1. BACKGROUND

Jaundice is one of the most common conditions requiring medical attention in neonates¹. Approximately 60% of term and 80% of preterm neonates will develop jaundice in the first week of life¹; 2-3% of all neonates will require phototherapy to reduce their bilirubin level⁶

The aim of this CBR is to instruct on the use of phototherapy equipment at home

1.1 Definitions

Jaundice	Yellowish staining of the skin and sclera
Physiological Jaundice	Common condition caused by the breakdown of fetal red blood cells combined with an immature liver that cannot effectively metabolise bilirubin and prepare it for excretion
Pathological Jaundice	Non-physiological causes result in jaundice of the neonate, most commonly due to blood group incompatibility (ABO or rhesus group incompatibility). Other causes include sepsis, bruising, metabolic disorders or obstruction
Bilirubin	Yellow pigment created in the body during the normal breakdown of red blood cells which leads to the production of unconjugated bilirubin
Unconjugated Bilirubin	Lipid soluble form of bilirubin that binds to albumin and metabolised in the liver to form conjugated bilirubin
Conjugated Bilirubin	Unconjugated bilirubin is taken up by the liver cells and conjugated to form water-soluble bilirubin diglucuronide. This then passes through the gut and is excreted in the stools
ТсВ	Transcutaneous Bilirubin. TcB estimates the bilirubin in combination with total serum bilirubin levels
SBR	Serum Bilirubin. The measurement of the total conjugated and unconjugated bilirubin in the blood





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Hyperbilirubinaemia	SBR measurement above the phototherapy line which requires treatment to prevent encephalopathy and kernicterus
Kernicterus	Yellow staining caused by bilirubin deposited in the globus pallidus of the deep grey matter of the brain
Phototherapy	Light energy used to convert bilirubin in the skin to a water soluble isomer that is excreted in the stool
Fibre Optic Phototherapy	Light generator, a fibre optic cable carrying a light to a flexible light pad or blanket placed under or around the neonate
Light Emitting Diode (LED) Phototherapy	High intensity light in a narrow wavelength spectrum and produces minimal heat
Single Light Phototherapy	15 μ W/nm/cm ² to 30 μ W/nm/cm ² - one unit of phototherapy light; either fluorescent, LED or fibre optic phototherapy
Multiple Light Phototherapy	> 30 µW/nm/cm2 - more than one light source used simultaneously
Bilisoft ®	LED Phototherapy System providing single light therapy in a hospital or home setting
G6PD	Glucose-6-Phosphate dehydrogenase. Inherited deficiency usually occurring in males, more common in African, Asian, Middle Eastern and Mediterranean descent. It causes the red blood cells to break down in response to certain medication, infections or other triggers
DAT	Direct Antibody Test

2. **RESPONSIBILITIES**

2.1 Medical staff – review and management of a neonate with elevated SBR levels

2.2 Registered and Student Midwives – escalation and management of neonate at home with elevated SBR levels

3. PROCEDURE

3.1 Clinical Practice

Identifying Jaundice in the Neonate





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- Consider the neonate's risk for jaundice (see <u>Neonatal Jaundice Identification and Management in</u> <u>Neonates ≥ 32 weeks gestation</u> GL2016/027)
- Educate the parents about neonatal jaundice and rationale for testing
- Assess the neonate's jaundice level initially using a non-invasive TcB (see Neonatal CBR <u>Transcutaneous Bilirubinometer</u>)
- Document TcB result on the Neonatal Jaundice Treatment Thresholds graph. Use the legend to plot the bilirubin measurement. Use appropriate graph for gestational age at birth (not be changed for corrected gestation)
- Perform an SBR if:
 - o The TcB measurement is ≥250 micromol/L
 - o The TcB measurement is on or within 20 micromol/L of the phototherapy threshold line
 - If the neonate is unwell or there are any clinical concerns
 - If jaundice is clinically apparent in the first 24 hours of age
 - o If the TcB reading is not consistent with the clinical picture
- Collect capillary blood sample from neonate's heel in a yellow top funnel tube for an SBR if indicated
- Label the blood sample and complete the appropriate blood pathology form, send to pathology marked as urgent. If performed at home, protect sample from light and deliver to pathology as soon as possible (< 3 hours)
- Obtain the SBR result and plot on the appropriate Neonatal Jaundice Treatment graph
- Discuss result with the neonatal team, if:
 - o phototherapy required, discuss and confirm appropriateness for treatment at home
 - appropriate for home phototherapy, midwife caring for woman to organise at home use of the BiliSoft®
 - o any additional blood test required e.g. G6PD, DAT

Inclusion/exclusion Criteria for Phototherapy in the Home (see Table 1)

Table 1

Inclusion	Evolution
Only BiliSoft® required	Jaundice in first 24 hours
SBR level > 50 micromol/L below exchange	Poor feeding/ weight loss >10%
transfusion line	
Conjugated bilirubin < 10% of Total Serum	Temperature instability
Bilirubin	
Neonate is:	Multiple light phototherapy required
Clinically well	
 > 24 hours of age 	
 > 35 weeks gestation at birth 	
 Use caution 35-37 weeks. Two 	
SBRs to be done >6hrs apart	
before discharge to assess	
SBR rate rise	
Feeding well – plan in place	Sepsis or congenital infections
Parents are:	Alloimmune Haemolytic Disease
Confident with BiliSoft® use	-





•	Able to transport neonate to hospital if needed	
٠	Live within RHW catchment	
		Abnormal Liver Function Tests
		Direct Antibody Test positive
		Acidosis/asphyxia
		Severe Hyperbilirubinaemia
		Glucose 6 Phosphate Dehydrogenase

Equipment required for Phototherapy in the home

- Phototherapy Mat and LED Phototherapy System (Bilisoft®)
- o Disposable Pad Covers for the phototherapy mat
- Thermometer
- o Cot/Bassinette
- o Appropriate sized eye shields for neonate

Clinical Care of a neonate having Phototherapy in the home

- Ensure daily visits to the home whilst the neonate is having phototherapy
- Assess wellbeing of the neonate, observations, feeding and output at each visit
- Perform daily SBRs
- Stop phototherapy when collecting SBR and resume immediately post collection
- Ensure SBR result reviewed by the neonatal team
- Educate parents that continuous phototherapy is recommended, including when feeding. If phototherapy is not possible whilst feeding, then ensure phototherapy is not ceased for more than 30 minutes at a time

Deficiency

Parent Education for use of Phototherapy in the Home

- Demonstrate to parents how to use a Bilisoft ®, pad covers and eye mask. Refer to the manufacturer GE Healthcare's video on how to use the Bilisoft ® Or appendix 1
- Explain safe sleeping and swaddling during Bilisoft® use. See <u>Guideline for recommended safe</u> <u>sleeping practices for babies</u>
- Educate on feeding, bathing, wrapping and temperature control during Bilisoft® use
- Discuss recognition of poor feeding, lethargy, dehydration and an unwell neonate
- Ensure appropriate feeding plan is discussed and with parents and documented on the 'Neonatal Breastfeeding Plan'. Parents to record details of feeds, temperature with each feed (record in comments/reweigh column), and output (see Appendix 2)
- Give 'Phototherapy at home Caring for your baby with Jaundice' information sheet
- Explain daily home visits and blood tests during and following phototherapy in the home
- Explain potential need for readmission to RHW should the clinical condition change
- Ensure parents have contact details for their midwife should they have non-emergent concerns or questions
- Advise to seek medical advice or call 000 if there are any immediate concerns





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Ceasing BiliSoft® phototherapy

- Cease phototherapy only on the advice of the neonatal team
- Contact neonatal team to discuss result if SBR ≥50micromol/L **below** the phototherapy treatment line on the appropriate Jaundice Treatment Graph for gestational age at birth
- Repeat SBR within 12-24 hours of discontinuation of phototherapy to check for rebound, discuss result with the neonatal team

Return and care of the BiliSoft® after use

- Return Bilisoft® to RHW postnatal ward after finished treatment
- Clean Bilisoft® with neutral detergent wipes or damp cloth moistened with soap and water
- Maintain the Bilisoft® as per System's Operation and Maintenance Manual

3.2 Documentation

- Medical Record
- Neonatal Care Plan and Feeding Chart
- Personal Health Record Book (Blue Book)

3.3 Educational Notes

- Jaundice is one of the most common conditions requiring medical attention in newborn babies¹
- Many neonates will develop physiological jaundice which typically becomes clinically apparent on day 3, peaks between day 5 to 7 and resolves by 14 days of age²
- Physiological jaundice is usually benign. However, when unconjugated serum bilirubin (SBR) level is too high, bilirubin can cross the blood brain barrier²
- Bilirubin is neurotoxic, particularly to the auditory nerve and basal ganglia, which can result in brain injury and lifelong disability. It is important therefore, to identify those neonates at risk of acute bilirubin encephalopathy and kernicterus² and initiate early treatment
- Bilirubin is mainly produced from the breakdown of red blood cells. Red cell breakdown produces unconjugated bilirubin which circulates mostly bound to albumin although some is free and hence is able to enter the brain¹
- Unconjugated bilirubin is metabolised in the liver to produce conjugated bilirubin which then passes into the gut and is largely excreted in stools¹
- Fibre optic devices, such as the Bilisoft®, have made home phototherapy possible. Home phototherapy for otherwise healthy term neonates could be considered as a safe and feasible alternative to hospital phototherapy
- Home phototherapy is a cost-effective alternative to hospital treatment for infants with neonatal hyperbilirubinaemia¹⁵
- Several studies and meta-analyses have evaluated home phototherapy and shown it to be safe and effective, and also beneficial to both mother-infant bonding and parent satisfaction^{4,5,7-14}
- Uninterrupted phototherapy is recommended, however some evidence suggests that it would be reasonable in cases of mild physiological jaundice to have short breaks from phototherapy to facilitate parental bonding, breastfeeding and rest³







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3.4 Related Policies/procedures

- Neonatal Jaundice Identification and Management in Neonates ≥ 32 Weeks Gestation NSW Health GL2016-027
- <u>Recommended Safe Sleep Practices for Babies NSW Health GL2021_013</u>
- Jaundice Transcutaneous Bilirubin (TcB) measurement Neonatal
- <u>Neonatal observations outside Newborn Care Centre</u>
- Bilisoft™ LED Phototherapy System Operation and Maintenance Manual
- Bilisoft™ Phototherapy System Service Manual

3.5 References

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4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: <u>NSW</u> <u>Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working</u> <u>with Health Care Interpreters.</u>

6 NATIONAL STANDARDS

- Standard 2 Partnering with Consumers
- Standard 8 Recognising and Responding to Acute Deterioration Standard

7 REVISION AND APPROVAL HISTORY

Date	Revision No.	Approval
17/09/2024		Maternity CBR Committee
Reviewed and	d endorsed Ma	ternity Services LOPs 19/6/18
Approved Qua	ality & Patient S	Safety Committee 19/5/11
Endorsed Ob	stetric Clinical	Guidelines group April 2011





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Appendix 1

HOW TO USE THE PHOTOTHERAPY MAT (BiliSoft®)



1. Gently insert the BiliSoft® fiberoptic pad into a BiliSoft® Pad Cover. The illuminated side should face up and should be against the padded side of the cover



2. Place the undressed baby (with their nappy on) on the padded side of the cover i.e. the thickest side of the BiliSoft® cover. Adjust the straps as needed. IMPORTANT: Be sure the maximum area of illumination is in contact with the baby's skin



3. Swaddle the baby as needed. Place eye cover over the baby's eyes. The baby, along with the light pad, may be covered or wrapped in a thin blanket. It is possible to hold and feed the baby while continuing treatment. The baby will continue to receive effective phototherapy as long as the covered, light emitting section of the pad remains in direct contact with the skin



4. Insert the fiberoptic cable in the box and turn the BiliSoft® box on

IMPORTANT: For hygienic purposes, never place a baby directly on the bare fiberoptic light pad. The light pad must be covered with the BiliSoft® Pad Cover as described above. BiliSoft® Pad Covers are for single-patient use only. The BiliSoft® Pad Cover must be changed between babies and whenever it is soiled.

The manufacturers of the Bilisoft® have made an educational video on how to use the Bilisoft® at home How to Use BiliSoft 2.0 Phototherapy at Home | GE Healthcare - YouTube





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CAUTIONS

To prevent damage to the fiberoptic light pad, fiberoptic cable protective covering and optical fibres, follow these instructions:

- Do not allow the fiberoptic cable or light pad to rub on sharp or abrasive surfaces. The protective coverings and optical fibres may be damaged.
- Do not scratch, touch or soil the fiberoptic lenses at the end of the fiberoptic cable
- Do not lay or hang the fiberoptic cable where it could be crushed. This could damage the cable's outer protective cover and the optical fibres
- Do not bend the fiberoptic light pad or cable at a sharp angle
- Do not place anything on the fiberoptic cable If the fiberoptic cable or light pad is ripped, punctured or otherwise damaged, it must be taken out of service and replaced.

Failure to do follow the above instructions could decrease light intensity at the light pad.

WARNING: The light box is not waterproof. Locate the unit where it will not be exposed to liquids. Liquids that enter the unit can damage it and create an electric shock hazard.

WARNING: Never place the light box inside the baby compartment of an incubator, warmer or bassinet as these conditions expose the baby to possible injury.

CONTROLS AND INDICATORS

1. Standby Switch – Turns the unit on/off. The green light on the switch indicates that the standby switch is turned on and the unit is powered.

2. Hour Meter – The non-resettable hour meter runs whenever the fiberoptic light pad is illuminated. Note: The hour meter is provided to track LED life and is not intended to be used to measure therapy durations.

3. Unit Overheated Indicator – When the red indicator light is on, the unit has overheated. Please turn unit off and contact your midwife or the hospital.

4. LED Module Failure Indicator - When the red indicator light flashes, at least one of the three LED pairs has failed. Please contact your midwife or the hospital.

5. Fiberoptic Light Pad Assembly Port – Where the fiberoptic light pad connects to the main unit. An LED shutoff switch inside the port automatically shuts off the LED module when the fiberoptic light pad is disconnected

6. Air Vents - For proper cooling, it is important to keep the air vents clear of obstruction





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HOSPITAL FOR WOMEN



Phototherapy at Home

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