



CLAIM NOTE

SUBJECT: Hyperbilirubinemia

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It is estimated that about 60% of newborns are jaundiced. Jaundice is caused by a high level of bilirubin in the blood and tissues. Hyperbilirubinemia can be treated. Norms for bilirubin are based on the age in hours after birth. Factors such as prematurity, blood group incompatibilities between mother and infant including Rh and ABO blood types and bruising, especially cephalohematomas and caputs, can increase bilirubin production and lead to excessive jaundice.

Infants with high bilirubin levels can be effectively treated if promptly identified. Phototherapy, and blood transfusion in appropriate cases, will frequently reverse any ill effects. Untreated infants can develop kernicterus with resulting hearing loss, paralysis of upward gaze and severe permanent mental and physical disability.

There have been a number of instances where at-risk infants have been discharged early from hospital and follow-up in the community has not occurred in a timely fashion. Given the trend to early discharge from hospital this is an issue of concern to all care providers. Adherence to the BC College of Nurses and Midwives' (BCCNM) guidelines for early discharge is essential to an effective risk management strategy.

Early discharge (sometimes at the patient's insistence) combined with inadequate follow-up can lead to serious complications for the infant. As noted above infants with prolonged hyperbilirubinemia may suffer permanent disabilities and have extensive care needs. Legal claims brought on behalf of such infants may amount to several million dollars, including significant costs associated with cochlear implants and additional therapies for hearing loss.

Midwives who are responsible for follow-up should ensure that the patient receives sufficient instructions with respect to at risk infants. Parents need to know that they must get help ASAP if the baby turns yellow at home or develops feeding problems. They also need to understand that follow up visits are very important.

A history of hyperbilirubinemia for older siblings, especially where a sibling required phototherapy, must be noted and considered in your care plan. Remember, some parents may be lulled in to thinking a treatment as "simple" as phototherapy for a prior child means the jaundice is not necessarily very serious and thus not consider it to be relevant when providing history.

At-risk infants must be followed promptly upon discharge; delays of even one or two days may be unacceptable. Follow-up may need to include a prompt home visit. Where an infant is identified as at-risk, efforts to follow-up must be reasonable in the circumstances and be well documented.

The midwife may need to consider engaging the family physician or public health nurse in earlier follow up. Informational handouts and specific client teaching can also be useful. Where in doubt about what follow up may be required in a particular situation consult a BCCNM practice advisor or discuss your plan with MPP.

Delays in follow-up can lead to complaints that may result in disciplinary proceedings against the midwife. In addition, inadequate follow up can increase the potential for a claim in negligence being brought by the family when they begin to appreciate the costs associated with meeting their child's care needs where an infant has suffered permanent damage. Such a claim may not arise until the child has reached school age, or even adulthood. These time frames underscore the need for good documentation of the care plan and all steps taken to ensure adequate follow up takes place.
