# Neonatal jaundice at home: A postcode lottery



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#### Introduction

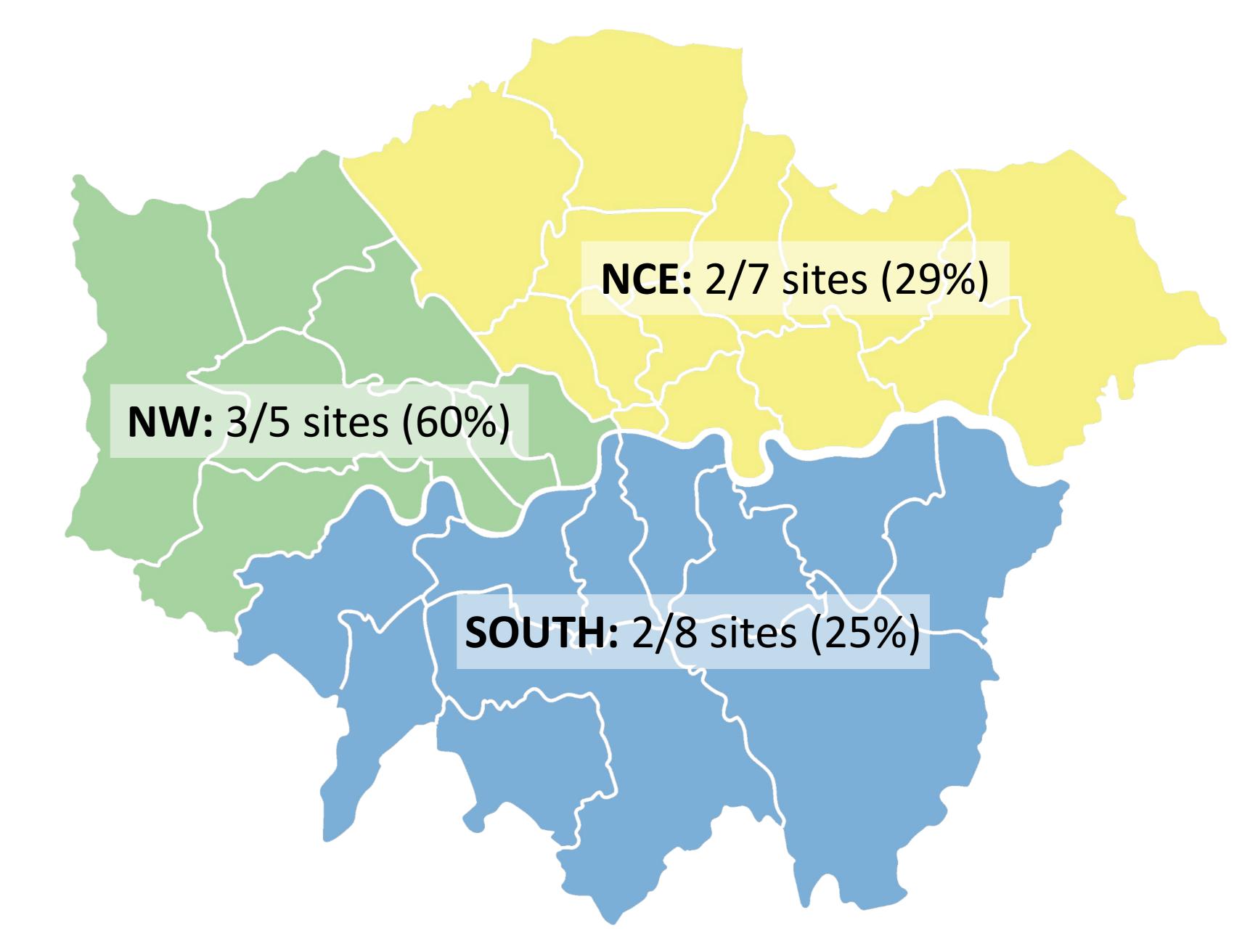
- Over half of babies develop jaundice in the first week after birth<sup>2</sup>.
- Objective measurement with transcutaneous bilirubinometry (TcB) or serum bilirubin (SBR) is usually required for diagnosis and monitoring.
- Home phototherapy is safe and cost-effective when compared to hospital-based treatment<sup>3,4</sup>.
- We surveyed jaundice community testing and treatment availability in London.

## Methods

- All London NHS Trusts providing postnatal care were surveyed about their community neonatal jaundice services, via the resident doctor-led REACH network.
- Responses from resident doctors, who were encouraged to liaise with community teams, were collated and analysed descriptively.

# Results

- Responses from 20 out of 26 sites (77%) were received and analysed.
- A quarter (5/20, 25%) of sites regularly provide phototherapy in the community
- Two additional sites (2/20, 10%) reported they were able to provide phototherapy in the community, though it was rare in practice.
- Variability in proportion of responding sites offering home phototherapy was seen across London regions (Fig. 1).
- 90% of responding sites were able to support community TcB measurements, with only a minority having capacity for community SBR monitoring (Fig. 2)



**Figure 1:** Map demonstrating proportion of sites reported to have community phototherapy availability across three London regions: NCE (North, Central, East), NW (Northwest), and South.

#### Community bilirubin measurements available in **London NHS Sites**



Figure 2: Pie chart demonstrating availability of different community jaundice testing methods

# Conclusions

- · At least one community bilirubin measurement method is available from all 20 responding sites, but community treatment is only available in a minority.
- This discrepancy suggests a 'postcode lottery' with regards to basic community jaundice services. Lack of home treatment options may disproportionately impact families struggling with finances, mental health difficulties, or other caring responsibilities.
- Development of equitable community neonatal jaundice services should be a priority.
- Underuse of current community phototherapy availability suggests resource, staffing, or clinical barriers, which should be further investigated.

## References:

- https://www.reachnetworkldn.com
- 2. NICE. (2024). Jaundice in newborn babies under 28 days. NICE Quality Standard. <a href="https://www.nice.org.uk/guidance/qs57/chapter/introduction">https://www.nice.org.uk/guidance/qs57/chapter/introduction</a> 3. Pettersson, M., Ryen, L., Eriksson, M., & Ohlin, A. (2023). The cost-effectiveness of home phototherapy for hyperbilirubinemia in neonates: results