

**National Collaborating Centre for  
Women's and Children's Health**

**~~Un~~confirmed Minutes  
8<sup>th</sup> Neonatal Jaundice Guideline Development Group Meeting  
Wednesday 20<sup>th</sup> & Thursday 21<sup>st</sup> of May 2009 at the RCOG**

<b>Present:</b>		
<b>GDG members</b>		
	Janet Rennie (JR)	Consultant Neonatologist; GDG Chair
	Donal Manning	Consultant Neonatologist
	Alison Johns (AJ)	Neonatal Nurse
	Debra Teasdale (DT)	Advanced Neonatal Nurse Practitioner
	Farrah Pradhan (FP)	Patient/Carer Representative
	Maria Jenkins (MJ)	Patient/Carer Representative
	Kevin Ives (KI)	Consultant Neonatologist
	Yvonne Benjamin (YB)	Community Midwife
	Karen Ford	Health Visitor
<b>NCC-WCH Technical team</b>		
	Paul Jacklin	Health Economist
	Itrat Iqbal (II)	Health Economist, NCC-WCH
	Hugh McGuire (HM)	Research Fellow, NCC-WCH
	Martin Whittle (MW)	Clinical Co-Director, NCC- WCH
<b>Apologies:</b>		
	Caroline Keir (CK)	NICE Guidelines Commissioning Manager

**1. Welcome, Introductions, Housekeeping, Apologies, and Declarations of Interests**

No apologies  
MW was to take the minutes

Declarations of Interest: There were no new interests declared by those present at the meeting.  
NICE Minutes from the 7th GDG meeting: The minutes (Paper 1b of the meeting papers) needed some amendments before acceptance

Introductions

Everyone made introductions. It was explained that MW was now taking over the project as Rajesh Khanna had left the Centre to return to a post in India. The group acknowledged his great contribution.

JR indicated that as JB had not attended a number of meetings he should be asked to stand down from the GDG. She would write to him.

Recommendation table changed to include column to show a level at which to merely repeat TSB and one to show when to perform exchange transfusion.

Further discussion about auditory testing because of risk of auditory neurotoxicity with hyperbilirubinaemia  
Eventually GDG decided no further work in this area was required

### **5. Biliwheel**

HM described that work to develop this was underway and it should be ready for the next GDG. MW mentioned that NICE had been informed and that there may be a possibility of funding

### **6. Experts**

The GDG were keen to consider having external experts look at the guideline during consultation. MW felt this should be possible but experts would have to be agreed by NICE

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## **Part 2**

### **7. Welcome, Introductions, Housekeeping, Apologies, and Declarations of Interests**

No apologies

MW was to take the minutes

Declarations of Interest: There were no new interests declared by those present at the meeting.

#### Introductions

JR introduced AM

JR and MW discussed the editing process: one /two assigned to each section. Some will track changes other  
handwrite. Centre will collate the changes and refer to JR

Aim of the day was to review evidence summaries, translations and recommendation

### **8. Recognition of jaundice**

**Visual exam** add – when examined for check for jaundice

**Stools** - emphasise importance of checking the stools

**Ictrometer** – no change

**TcB** - indicate preterm effect relating to time used from birth

**Bilicheck** OK but requires editing. Further discussion about the effect of skin pigmentation

### **9. Information**

Final piece of new evidence

HMc presented evidence

Discussion about generalisability of evidence from Iranian studies

Relevance of "knowledge" studies questionable

Barriers to 1<sup>st</sup> week followup

Review of information required for the guideline. GDG aware of the UNG product. FP went through the draft produced by the GDG showing key features that women need to be aware of concerning jaundice.

KI shared an information leaflet from St Peter's Hospital Chertsey

Lunch

### **10. Risk factors**

Further discussion about the effect of skin colour on the TcB

Concerns that black babies seem to appear more frequently in the kernicterus register. However seems unclear why that should be and there is uncertainty about whether this relates to difficulties of identifying jaundice.