

## Appendix B: Stakeholder consultation comments table

### 2023 surveillance of Jaundice in newborn babies under 28 days (2010)

Consultation dates: 25<sup>th</sup> September to 6<sup>th</sup> October 2023

1. Do you agree with the proposed addition in recommendation 1.2.5 'jaundice may be difficult to detect visually in neonates with darker skin tones'?			
Stakeholder	Overall response	Comments	NICE response
British Association of Perinatal Medicine	Yes	<p>Yes</p> <p>A member of BAPM's Executive Committee was part of the RHO report group.</p> <p>We agree with this addition to the guideline recommendations. While we note that NICE did not find sufficient evidence in the surveillance review it conducted, we would encourage NICE to consider strengthening this recommendation further by highlighting where it may be easier to visually detect on babies with darker skin tones e.g. around the lips, tongue and gums, under the nails and</p>	<p>Thank you.</p> <p>Thank you for the suggestions on the commendations. However, we cannot be more specific about the recommendations because currently no conclusive evidence is available on visual assessment, risk factors or devices for transcutaneous bilirubin (TcB), for babies with darker skin tones.</p>

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		<p>around the eyes. We note there is a bullet point to this effect within the section, but it may be helpful to highlight this when discussing dark skin tones directly.</p> <p>Maybe something along the lines of "Visual examination alone is more likely to be insufficient in diagnosing jaundice in neonates with darker skin tones" - to avoid "difficulty" being applied to people of non-white skin tones, as if they are presenting additional problems/ burdens.</p> <p>Additionally, consider the RHO report conclusion that medical devices are better at identifying conditions like jaundice than visual detection alone, and consider adding another bullet point encouraging the use of medical devices where there is any uncertainty.</p>	
Birmingham Quality / UK NEQAS	No	<p>No. The case detailed in the HSIB report states that the baby in question did have laboratory bilirubin results that were high at both two hours and two days of age, and that this was not acted upon. In this case the jaundice would have been detected if these results had been properly reviewed and actioned, rather than relying on visual assessment (i.e. skin colour) for signs of jaundice.</p>	<p>Thank you. The scope of this surveillance review is to investigate whether there is new evidence on the accuracy of various tests (clinical history and examination, urine/stool examination, icterometer and transcutaneous bilirubin levels) in recognising neonatal jaundice or hyperbilirubinaemia in the subgroup of babies with darker skin tones, in whom initial visual inspection could be difficult or unreliable.</p>
Infant Feeding Alliance	NA	N/A	Thank you.

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Clinical Genetics Society	Yes	yes	Thank you.
West Middlesex Hospital, Chelsea and Westminster NHS Foundation Trust	Yes	Yes we agree As part of our ATAIN and postnatal Jaundice surveillance/review, we have observed that detection of Jaundice in darker skin neonates happen later and hence lead to admissions and in some instances separation of mother and baby due to requiring intensive phototherapy and interruption to their breast feeding feeding	Thank you. We acknowledged the importance of reducing delay in diagnosis and longer admission.
Children's Liver Disease Foundation	Yes	Yes, we agree with the proposed addition of 'jaundice may be difficult to detect visually in neonates with darker skin tones'. This is an issue that we have been concerned about at CLDF and healthcare professionals have told us anecdotally that this is a problem for them in community settings. The recent 2023 report from the NHS Race and Health Observatory has also highlighted the issue. We have also been approached by parents to share information about this issue and their experiences.  Although this will be a positive addition to the guideline, we feel there is an opportunity to provide further guidance for healthcare professionals on how they can identify jaundice in babies with varying skin tones when they cannot rely on visual inspection.  We feel there is a particular need for better guidance for those working in community settings (particularly midwives and health visitors). In many cases, they will be assessing babies independently,	Thank you. However, we cannot be more specific about the recommendations because we have not identified any new evidence (that meet the review protocol inclusion criteria) on stool and urine colour, stool chart, to identify jaundice in babies with darker skin tones. Thank you for providing the references. <ul style="list-style-type: none"><li>• Hoshino et al (2023) – Universal screening is outside the scope of the guideline.</li><li>• Angelico et al (2021) – this study is specific for the diagnosis of biliary atresia, not jaundice in general. Also, the study design (case series) does not meet the inclusion criteria of the guideline review protocol.</li><li>• El-Shabrawi et al (2021) - this study is specific for the diagnosis of biliary atresia in</li></ul>

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		<p>without support from clinical colleagues and they may not see the same babies regularly. This can lead to additional pressure and uncertainty when trying to diagnose the presence of jaundice.</p> <p>We understand that stool and urine colour are stated within the guidelines as alternative methods of recognising neonatal jaundice. However there is no guidance or standards on how this should be done. Stool colour can be assessed using a stool chart, which is low cost and portable. Stool charts can also be given to new parents to encourage them to check stools and to seek further advice if needed.</p> <p>There is evidence to suggest that stool charts can help identify neonatal jaundice. They have been used in countries such as Japan, China and Taiwan for many years and in some cases are used as a universal screening tool.</p> <p>We believe that if healthcare professionals in the community cannot rely on visual inspection to detect neonatal jaundice, other methods must be considered. In such cases, stool and urine colour may offer a good, low cost and portable addition to the diagnostic options.</p> <p>Cost-Effectiveness Analysis of Universal Screening for Biliary Atresia in Japan  Authors: Hoshino, Eri;Moriwaki, Kensuke;Morimoto, Kosuke;Sakai, Kotomi;Shimohata, Nobuyuki;Konomura, Keiko;Urayama, Kevin Y.;Suzuki, Mitsuyoshi and Shimozuma, Kojiro  Publication Date: Feb ,2023</p>	<p>babies presented with cholestasis, not jaundice in general.</p> <ul style="list-style-type: none"> <li>• Rabbani et al (2021) - this study is specific for screening biliary atresia, not jaundice in general. Also, this is a narrative review not a primary research study on accuracy or effectiveness.</li> </ul>
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		<p>Journal: The Journal of Pediatrics 253, pp. 101-106.e2</p> <p>A novel mobile phone application for infant stool color recognition: An easy and effective tool to identify acholic stools in newborns Authors: Angelico, Roberta;Liccardo, Daniela;Paoletti, Monica;Pietrobbattista, Andrea;Basso, Maria S.;Mosca, Antonella;Safarikia, Samira;Grimaldi, Chiara;Saffioti, Maria C.;Candusso, Manila;Maggiore, Giuseppe and Spada, Marco Publication Date: Sep ,2021</p> <p>Journal: Journal of Medical Screening 28(3), pp. 230-237</p> <p>A pilot study of the value of a stool color card as a diagnostic tool for extrahepatic biliary atresia at a single tertiary referral center in a low/middle income country Authors: El-Shabrawi, Mortada H.;Baroudy, Sherif R.;Hassanin, Fetouh S. and Farag, Ahmed E. Publication Date: Mar ,2021</p> <p>Journal: Arab Journal of Gastroenterology : The Official Publication of the Pan-Arab Association of Gastroenterology 22(1), pp. 61-65</p> <p>Newborn Screening for Biliary Atresia: a Review of Current Methods Authors: Rabbani, Tebyan;Guthery, Stephen L.;Himes, Ryan;Shneider, Benjamin L. and Harpavat, Sanjiv Publication Date: Nov 24 ,2021</p> <p>Journal: Current Gastroenterology Reports 23(12), pp. 28-2</p>	
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Bliss	Yes	<p>Yes</p> <p>We agree with this addition to the guideline recommendations. While we note that NICE did not find sufficient evidence in the surveillance review it conducted, we would encourage NICE to consider strengthening this recommendation further by highlighting where it may be easier to visually detect on babies with darker skin tones e.g. around the lips, tongue and gums, under the nails and around the eyes. We note there is a bullet point to this effect within the section, but it may be helpful to highlight this when discussing darker skin tones directly.</p> <p>Additionally, consider the RHO report conclusion that medical devices are better at identifying conditions like jaundice than visual detection alone, and consider adding another bullet point encouraging the use of medical devices where there is any uncertainty.</p>	<p>Thank you.</p> <p>Recommendation 1.2.5 has already emphasized examination of the sclerae and gums. We cannot further strengthen the recommendation or add more visual sign as we have not identified new evidence to support this change.</p> <p>Thank you for the suggestions on the use of medical devices. However, we cannot be more specific about the use of medical devices for TcB because currently no conclusive evidence is available for babies with darker skin tones.</p>
LCGB (Lactation Consultants of Great Britain)	Yes	Yes	Thank you.
British Society of Paediatric Gastroenterology, Hepatology & Nutrition	Yes	<p>In clinical practice, it is often difficult and unreliable to comment on diagnoses such as jaundice, cyanosis and rash in babies and children with darker skin colour.</p>	Thank you.

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Royal College of Nursing	NA	Thank you for the invitation to comment. There are no comments to be submitted on behalf of the RCN at this stage.	Thank you.
<b>2. Do you agree with the proposal to make recommendation 1.7.1 more flexible around urine culture?</b>			
<b>Stakeholder</b>	<b>Overall response</b>	<b>Comments</b>	<b>NICE response</b>
British Association of Perinatal Medicine	Yes	Yes.	Thank you.
Birmingham Quality / UK NEQAS	Yes	Yes. Removing the need for urine culture results in prolonged jaundice treatment aids quicker treatment decisions.	Thank you.
Infant Feeding Alliance	NA	N/A	Thank you.
West Middlesex Hospital, Chelsea and Westminster NHS Foundation Trust	Yes	Yes.  In our trust urine cultures are not part of the screening as we have had multiple mixed growth cultures requiring unnecessary repeat testing and yield for true Urine infections have been low - zero	Thank you.
Children's Liver Disease Foundation	NA	We are not medical and therefore would not feel qualified to agree or disagree with this proposal. We would leave this to our clinically trained colleagues.	Thank you.

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LCGB (Lactation Consultants of Great Britain)	Yes	Yes	Thank you.
British Society of Paediatric Gastroenterology, Hepatology & Nutrition (BSPGHAN)	Yes	<p>Yes, we agree that urine culture is not always necessary or indicated in all cases of prolonged jaundice if no other signs of urosepsis are present.</p> <p>It is also well acknowledged amongst Paediatricians that collecting an appropriate sample of urine in babies can be challenging and cause distress to parents in some cases.</p> <p>BSPGHAN audit looked at practice on prolonged jaundice in 14 NHS Trusts. This audit identified that out of 746 babies included in the audit, 179 urine samples were collected; out of which 103 (57.5%) showed contaminants. 62 (34.6)% showed no growth, 4 of these babies were treated with unclear outcome in 25 babies. There were no unwell babies identified in this cohort.</p>	Thank you. The BSPGHAN audit report has been summarised and highlighted in the surveillance review.
Royal College of Nursing	NA	Thank you for the invitation to comment. There are no comments to be submitted on behalf of the RCN at this stage.	Thank you.

**3. Have you come across any evidence that could potentially indicate differential diagnostic accuracies of bilirubin measurement in neonates of varying skin tones and that has been missed in the surveillance review?**

Stakeholder	Overall response	Comments	NICE response
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British Association of Perinatal Medicine	No	No Although it's important to consider this possibility.	Thank you.
Birmingham Quality / UK NEQAS	No	No.	Thank you.
Infant Feeding Alliance	No	N/A	Thank you.
West Middlesex Hospital, Chelsea and Westminster NHS Foundation Trust	No	No Evidence we have found so far are similar to those reported in the recent NHS race and health observatory report on Jaundice	Thank you.
Children's Liver Disease Foundation	No	No comment	Thank you.
Bliss	Yes	A study was published in 2022 which sought to validate a sclera-based smartphone application to screen neonatal jaundice, which may be of interest to the Committee: <a href="https://pubmed.ncbi.nlm.nih.gov/35656782/">https://pubmed.ncbi.nlm.nih.gov/35656782/</a>	Thank you. We will consider this study in the next surveillance review.
Royal College of Nursing	NA	Thank you for the invitation to comment. There are no comments to be submitted on behalf of the RCN at this stage.	Thank you.

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#### 4. Are you aware of any evidence on the diagnostic value of urine culture in the management of prolonged jaundice?

Stakeholder	Overall response	Comments	NICE response
British Association of Perinatal Medicine	No	No.  Clinically, this is not helpful.	Thank you.
Birmingham Quality / UK NEQAS	NA	Unable to comment.	Thank you.
Infant Feeding Alliance	NA	N/A	Thank you.
West Middlesex Hospital, Chelsea and Westminster NHS Foundation Trust	No	No - Based on local practice	Thank you.
Children's Liver Disease Foundation	NA	No comment	Thank you.
British Society of Paediatric Gastroenterology,	Yes	Refer to Q2 as above. We identified three articles of relevance as follows:	Thank you. The change of recommendation 1.7.1 on urine culture has reflected the study provided.

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Hepatology & Nutrition (BSPGHAN)		<p>1. Paul, Siba Prosad. Prolonged Jaundice in neonates: should urine culture be done?. [Letter]. Archives of Disease in Childhood. 97(7):675, July 2012.</p> <p>2. Steadman S et al. Is screening for urine infection in well infants with prolonged jaundice required? Local review and meta-analysis of existing data. Arch Dis Child 2016; Feb 25; archdischild-2015-309265; [e-pub].</p> <p>3. Stapleton, Bruder F. MD. Screening for Urinary Tract Infection Is Unnecessary in Prolonged Neonatal Jaundice.[Miscellaneous]; NEJM Journal Watch. NA40651, 2016</p> <p>In addition, BSPGHAN has already shared the key findings from the multi-centre audit in 2023 and would be happy to provide further details as needed.</p>	
Royal College of Nursing	NA	Thank you for the invitation to comment. There are no comments to be submitted on behalf of the RCN at this stage.	Thank you.

**5. Do you have any comments on any additional equality issues except the concerns raised for health inequalities in surveillance review?**

Stakeholder	Overall response	Comments	NICE response
British Association of Perinatal Medicine	No	<p>No</p> <p>It is important to consider the qualitative work undertaken with parents, as well as the literature review work, as part of the RHO analysis which identified that Black, Asian and minority ethnic</p>	Thank you. The NHS Race Health observatory report is summarised and highlighted in the surveillance review.

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		parents can experience difficulties in accessing or receiving care for themselves or their babies. This included not being listened to or having concerns dismissed and being labelled as “aggressive” or “difficult.” It is important to consider these experiences as part of the health inequalities assessment, as this may also impact on care babies receive.	
Birmingham Quality / UK NEQAS	Yes	Differences between different manufacturers' methods for analysis of bilirubin impact on the bilirubin result received depending on the geographical location of the neonate - therefore postcode is in effect an equality issue. The guidelines are based on a single threshold. Although a comment has been added regarding this, we would recommend that laboratories report which method has been used to obtain a bilirubin result in neonates under 28 days of age.	Thank you. This surveillance proposal does not impact on the previous decision to update the guideline on total serum bilirubin (TSB) thresholds for starting phototherapy or exchange transfusion in all term babies with neonatal hyperbilirubinaemia due to variability between assays from different manufacturers please see 2023 exceptional surveillance.
Infant Feeding Alliance	Yes	Please see answer to question 6.	Thank you.
West Middlesex Hospital, Chelsea and Westminster NHS Foundation Trust	Yes	The terms/ language used in NEWTS chart eg pink, blue may need to be change to reflect how babies of different skin tones can be correctly identified as we have noticed in our hospitals babies who were identified as pink suddenly became jaundice requiring intensive phototherapy	Thank you. The guideline recommendations currently do not recommend the use of NEWTS chart.
Children's Liver Disease Foundation	No	No comment	Thank you.

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Bliss	Yes	It is important to consider the qualitative work undertaken with parents, as well as the literature review work, as part of the RHO analysis which identified that Black, Asian and minority ethnic parents can experience difficulties in accessing or receiving care for themselves or their babies. This included not being listened to or having concerns dismissed and being labelled as “aggressive” or “difficult.” It is important to consider these experiences as part of the health inequalities assessment, as this may also impact on care babies receive.	Thank you. The NHS Race Health observatory report is summarised and highlighted in the surveillance review.
LCGB (Lactation Consultants of Great Britain)	Yes	Intention to exclusively breastfeed is noted as a jaundice risk. Feeding guidance is often provided upon the recognition of jaundice, and how this could be done more effectively with reducing risk of early cessation of breastfeeding is discussed in the answer to question six.  With regard to providing this support, equality, diversity, and inclusivity must be considered. If support around other languages, cultural expectations / understandings, or consideration of disability is required on an individual basis, this must also be considered with taking a feeding history and giving any recommendations as best practice and to provide family centred care.	Thank you. Adequate support of breastfeeding is covered by recommendation 1.2.2: “Ensure that adequate support is offered to all women who intend to breastfeed exclusively. For information on breastfeeding support, see NICE's guideline on postnatal care”, where more details for this topic area is substantially covered in NICE guideline on post-natal care (NG194).
Royal College of Nursing	NA	Thank you for the invitation to comment. There are no comments to be submitted on behalf of the RCN at this stage.	Thank you.

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## 6. Are you aware of any evidence on risk factors for neonatal jaundice that this surveillance review has missed?

Stakeholder	Overall response	Comments	NICE response
British Association of Perinatal Medicine	No	No	Thank you.
Birmingham Quality / UK NEQAS	Yes	Differences between different manufacturers' methods for analysis of bilirubin impact on the bilirubin result received depending on the geographical location of the neonate - therefore postcode is in effect an equality issue. The guidelines are based on a single threshold. Although a comment has been added regarding this, we would recommend that laboratories report which method has been used to obtain a bilirubin result in neonates under 28 days of age.	Thank you. This surveillance proposal does not impact on the previous decision to update the guideline on total serum bilirubin (TSB) thresholds for starting phototherapy or exchange transfusion in all term babies with neonatal hyperbilirubinaemia due to variability between assays from different manufacturers please see <a href="#">2023 exceptional surveillance</a> .
Infant Feeding Alliance	Yes	A leading risk factor for readmission to hospital for neonatal jaundice is exclusive breastfeeding (1, 2). The UNICEF Baby Friendly Initiative promotes exclusive breastfeeding to all mothers and advises hospital staff to avoid giving formula supplementation (3).  In the years during which the Baby Friendly Initiative has expanded in the UK, infant hospital admissions in the early days of life for neonatal jaundice have more than doubled and continue to do so year on year (4, 5, 6). Government attempts to address the problem	Thank you. Adequate support of breastfeeding is covered by recommendation 1.2.2: "Ensure that adequate support is offered to all women who intend to breastfeed exclusively. For information on breastfeeding support, see NICE's guideline on postnatal care", where more details for this topic area is substantially covered in NICE guideline on post-natal care (NG194), section

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		<p>of jaundice readmissions, such as the ATAIN programme, have clearly failed. What is the connection between promoting breastfeeding exclusivity and increased readmissions for jaundice and other complications of insufficient intake? What is the evidence that avoiding formula supplementation is safe for newborns?</p> <p>The single known intervention demonstrated by a randomised controlled trial to reduce hospital readmissions for neonatal jaundice is supplementation with formula (7). Why are parents not told this? A recent review, funded by PHE (now UKHSA), found no good evidence that the Baby Friendly Initiative improves any health outcomes, but parents are not told of this either (8).</p> <p>It is unconscionable to us as parents that NICE and other healthcare authorities continue to deny the connection between exclusive breastfeeding and increased risk of infant readmission for jaundice and other complications of insufficient milk intake. If this is also impacting babies with darker skin tones disproportionately, this is a further unacceptable failing of the guidance, which should be doing everything it can to prevent jaundice in the first place, not simply to improve diagnosis.</p> <p>We do not believe that these NICE guidelines allow parents to make an informed choice about preventing jaundice. Denying risks of exclusive breastfeeding and the simple fact that early supplementation with formula can mitigate them, simply does not measure up to NICE principles of informed decision-making.</p>	<p>1.5. The issue of breastfeeding is outside the scope of this guideline.</p>
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		<p>(1) Flaherman, V.J., Schaefer, E.W., Kuzniewicz, M.W., et al., 2017. Health care utilization in the first month after birth and its relationship to newborn weight loss and method of feeding. <i>Acad Pediatr</i>, 18 (6), 677–684. <a href="https://doi.org/10.1016/j.acap.2017.11.005">https://doi.org/10.1016/j.acap.2017.11.005</a>.</p> <p>(2) Flaherman, V.J., Narayan, N.R., Hartigan-O'Connor, D., et al., 2018. The effect of early limited formula on breastfeeding, readmission, and intestinal microbiota: a randomized clinical trial. <i>J. Pediatr.</i>, 196, 84–90. <a href="https://doi.org/10.1016/j.jpeds.2017.12.073">https://doi.org/10.1016/j.jpeds.2017.12.073</a>.</p> <p>(3) UNICEF, 2014. The Baby Friendly Initiative – the 10 steps to successful breastfeeding. Available from: <a href="https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2014/02/10_steps_maternity.pdf">https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2014/02/10_steps_maternity.pdf</a>. Accessed date: 14 July 2022.</p> <p>(4) Keeble, E., Kossarova, L., 2017. Focus on: Emergency hospital care for children and young people. Available from: <a href="https://www.nuffieldtrust.org.uk/files/2018-10/1540142848_qualitywatch-emergency-hospital-care-children-and-young-people-full.pdf">https://www.nuffieldtrust.org.uk/files/2018-10/1540142848_qualitywatch-emergency-hospital-care-children-and-young-people-full.pdf</a>. Accessed date: 14 July 2022.</p> <p>(5) Keeble, E., Fisher, E., 2020. Can variation help to explain the rise in emergency admissions for children aged under five up to</p>	
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		<p>2018/19? Available from:  <a href="https://www.nuffieldtrust.org.uk/research/can-variation-help-to-explain-the-rise-in-emergency-admissions-for-children-aged-under-five-up-to-2018-19">https://www.nuffieldtrust.org.uk/research/can-variation-help-to-explain-the-rise-in-emergency-admissions-for-children-aged-under-five-up-to-2018-19</a>. Accessed date: 19 July 2023.</p> <p>(6) QualityWatch, 2022. Maternity care. Available from:  <a href="https://www.nuffieldtrust.org.uk/resource/maternity-care">https://www.nuffieldtrust.org.uk/resource/maternity-care</a>. Accessed date 13 September 2022.</p> <p>(7) Flaherman, V.J., Narayan, N.R., Hartigan-O'Connor, D., et al., 2018.</p> <p>(8) Fair, F. J., Morrison, A., Soltani, H., 2021. The impact of Baby Friendly Initiative accreditation: An overview of systematic reviews. <i>Maternal &amp; Child Nutrition</i>, 17(4), e13216.  <a href="https://doi.org/10.1111/mcn.13216">https://doi.org/10.1111/mcn.13216</a>.</p>	
Clinical Genetics Society	Yes	<p>'within 18 hours for babies with risk factors for neonatal jaundice (those with a sibling who had neonatal jaundice that needed phototherapy or a mother who intends to exclusively breastfeed)'</p> <p>We wondered whether this could be expanded from 'sibling' to 'sibling, parent or close family member in the context of parental consanguinity' to take account of potential genetic risk factors for unconjugated hyperbilirubinemia (Crigler-Najjar/Gilbert/alpha1 AT deficiency syndrome etc).</p>	<p>Thank you.</p> <p>We did not identify any new evidence on genetic risk factors that met the inclusion criteria of the review protocol. Therefore, we are unable to be specific about sibling, parent or close family member in the context of parental consanguinity.</p> <p>Gilbert syndrome is outside the scope of this guideline.</p>

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		There is a national test directory entry (R176) for Gilbert syndrome (Unconjugated hyperbilirubinaemia in the absence of haemolysis, where a molecular diagnosis will contribute to management), though imagine that this is beyond the scope of this guidance. <a href="https://www.england.nhs.uk/wp-content/uploads/2018/08/Rare-and-inherited-disease-eligibility-criteria-version-5.2.pdf">https://www.england.nhs.uk/wp-content/uploads/2018/08/Rare-and-inherited-disease-eligibility-criteria-version-5.2.pdf</a>	
West Middlesex Hospital, Chelsea and Westminster NHS Foundation Trust	No	NO	Thank you.
Children's Liver Disease Foundation	Yes	We feel that there is a lack of consideration within the guidance on identification with community healthcare and therefore would reiterate the addition of other tools as highlighted in question 1 alongside published evidence.	Thank you. The scope if the guideline covers management in primary (including community care), as well as secondary care. Therefore, the recommendations will apply to community care. We did not identify any new evidence specific to community care and hence cannot propose to update this topic area.
LCGB (Lactation Consultants of Great Britain)	Yes	Intention to exclusively breastfeed is listed as a risk factor, and risk reduction should be discussed. In addition, babies bottle fed breastmilk or formula can also be at risk of inadequate volume intake due to poor education around feeding, including responding to early and frequent feeding cues. Appropriate supplementation, based upon skilled assessment, should be provided with education and support.	Thank you. Adequate support of breastfeeding is covered by recommendation 1.2.2: "Ensure that adequate support is offered to all women who intend to breastfeed exclusively. For information on breastfeeding support, see NICE's guideline on postnatal care", where more details for this

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		<p>For this reason, those reviewing babies for jaundice and putting feeding plans into place should be trained to assess breastfeeding, guide mothers in how to obtain breastmilk to supplement their babies where indicated and to increase their breastmilk production, and when to use formula. If supplementation is needed or breastfeeding is not optimised, the breastfeeding mother should be referred to skilled feeding support to guide her in resuming more breastmilk / direct breastfeeding, if she wishes to do so, as her baby's jaundice resolves. Otherwise, early supplementation without qualified infant feeding support can lead to the cessation of breastfeeding, which increases other risks for mother and baby.</p> <p>Therefore, in addition to those assessing, diagnosing, and treating jaundice having adequate basic infant feeding skills relative to their role, expert infant feeding teams should be easily and quickly accessible across the spectrum of healthcare, for self-referral by the mother and referral from healthcare professionals. This includes area-specific teams within maternity, community (including health visiting), paediatrics, and neonatal care.</p> <p>Currently anecdotally, neonatal outreach teams that are able to provide home phototherapy for low risk babies are able to provide targeted feeding support at daily visits in the families' homes, referring onto relevant infant feeding teams should continued support be required at the end of treatment. A comparison between feeding intention at onset of phototherapy versus feeding outcome</p>	<p>topic area is substantially covered in NICE guideline on post-natal care (NG194), section 1.5. The issue of breastfeeding is outside the scope of this guideline.</p>
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		<p>after discharge for similar cohorts of babies admitted to paediatrics for treatment versus those who have been able to receive treatment at home has found that more babies are continuing to breastfeed at discharge when receiving this support at home. Targeted infant feeding teams within paediatrics (not maternity teams who are already spread thinly) would likely note the same outcome for higher risk babies that merit admission for treatment and in areas that are not yet providing home phototherapy for lower risk babies.</p> <p><a href="https://brieflands.com/articles/jcp-103578.html">https://brieflands.com/articles/jcp-103578.html</a></p> <p><a href="https://abm.memberclicks.net/assets/DOCUMENTS/PROTOCOLS/22-jaundice-protocol-english.pdf">https://abm.memberclicks.net/assets/DOCUMENTS/PROTOCOLS/22-jaundice-protocol-english.pdf</a></p>	
Royal College of Nursing	NA	Thank you for the invitation to comment. There are no comments to be submitted on behalf of the RCN at this stage.	Thank you.

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