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

Unconfirmed NICE minutes
5thNeonatal Jaundice Guideline Development Group Meeting
Part 1 – Wednesday the 3rd of December 2008 (10am – 4pm) at the RCOG
Part 2 – Thursday the 4th of December 2008 (9.30am – 3.30pm) at the RCOG

Present:		
GDG members		
	Janet Rennie (JR)	Consultant Neonatologist; GDG Chair
	Christiana Aride (CA)	General Practitioner
	Alison Johns (AJ)	Neonatal Nurse
	Donal Manning (DM)	Consultant Paediatrician
	Debra Teasdale (DT)	Advanced Neonatal Nurse Practitioner
	Farrah Pradhan (FP)	Patient/Carer Representative
	Karen Ford (KF)	Health Visitor
	Kevin Ives (KI)	Consultant Neonatologist
	Yvonne Benjamin (YB)	Community Midwife
NCC-WCH Technical team		
	Jay Banerjee (JB)	NCC-WCH Clinical Co-Director
	Carolina Ortega (CO)	Work Programme Coordinator, NCC-WCH
	Itrat Iqbal (II)	Health Economist, NCC-WCH
	Rajesh Khanna (RK)	Senior Research Fellow, NCC-WCH
	Hugh McGuire (HM)	Research Fellow, NCC-WCH
	Wendy Riches	Executive Director, NCC-WCH
	Rosalind Lai (RL)	Information Scientist, NCC-WCH
Invited		
Guest speakers:	Caroline Keir (CK)	NICE Guidelines Commissioning Manager
Apologies:		
	Maria Jenkins (MJ)	Patient/Carer Representative
	Jeffrey Barron (JBar)	Clinical Pathologist

Part 1 – Wednesday the 3rd of December 2008.

1. Welcome, Introductions, Housekeeping, Apologies, and Declarations of Interests
JR introduced herself as the Chair, and welcomed the group to the meeting. Janet welcomed FC, RL and HM to the GDG and each GDG member then introduced themselves and gave a brief account of their working background. Apologies were received from MJ, JB (day 1), JBar and CK. JR informed the GDG that Sally Cottrell had resigned from the Guideline. There were no new interests declared by those present at the meeting. The project notes and NICE minutes (Paper 1a of the meeting papers) were approved as an accurate record of the meeting. The minutes (Paper 1b of the meeting papers) were approved as an accurate record of the meeting.

2. Health Economics (Paper 2): II gave a presentation on Prediction of Hyperbilirubinaemia, and introduced a Markov model so that the GDG can see how it would work.

3. Group work on HE model: The GDG discussed the HE model and asked II questions about.

5. Feedback and discussion on HE model: This item was cancelled.

6. Evidence on Risk factors – Revisited (Paper 6). Discussion and drafting recommendations:RK presented paper 6 to the GDG and explained that the Guideline question a) wasn't there before but has been added to the list of questions.
RK took the GDG through the methodology of previous studies and the result of all studies in a table. RK talked about the following:

- Factors independently associated with hyperbilirubinaemia: confounding factors
- Statistical technique to identify the groups
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JR suggested that, based on what the GDG has seen on the evidence, the GDG revisits all the risk factors.
The GDG looked at the risk factors after looking at the evidence. The GDG discussed the risk factors, particularly bruising and cephalhematomae.

Lunch break 13.15 hrs – 14.00 hrs.
[JB joined the meeting at 2pm] [II left the meeting at 2pm]

(Continuation on item 6: drafting recommendations on risk factors)
The GDG drafted a recommendation and the GDG translation from evidence to recommendation.

8. Review Question 4: What should be included in a formal assessment of a baby with neonatal hyperbilirubinaemia: HM presented the evidence in Q4: What should be included in a formal assessment of a baby with neonatal hyperbilirubinaemia? The presentation included the following:
-Tests of interest
- Evidence on Mild Jaundice, Moderate Jaundice, Severe Jaundice and Kernicterus.
- ABO incompatibility
- G6PD deficiency
- Infection
- Idiopathic
- Prolonged Jaundice

9. AOB: There was no other business.

End of Part 1.

<u>Part 2 – Thursday the 4th of December 2008.</u>

13. Welcome Apologies and Declarations of interest:JR welcomed the group to Part 2 of the meeting, and asked GDG members if they had any new declaration of interests. No new DOI were declared. Apologies were received from MJ and JBar.

14. Presentation on basics of phototherapy (Paper 14) by Kevin Ives:
KI gave a presentation on the basics of phototherapy (Paper 14) and the treatment of babies with jaundice.

15. Evidence on Q6: How effective is phototherapy: HM gave a presentation on the evidence on Q6. The evidence included 41 RCT's which included studies that compared conventional phototherapy Vs no treatment, Vs multiple phototherapy and then different types of phototherapy.

Break for Tea 10.45 am. *[RL left the meeting at this point]*

(Continuation of item 15)
HM continued to present the evidence on the effectiveness of phototherapy.

17. Question 6: Discussion of evidence and drafting recommendations: RK showed a summary of evidence from his notes for the GDG to consider. JR asked the GDG to offer their translation from 'Evidence to recommendation' but the GDG still needs to cover the question about the threshold for treatment in order to make a full recommendation.

19. Consumer Representatives input on phototherapy (FP): FP talked about Bliss and their work to the GDG: commonly, parents are stressed when they don't know why tests are being taken and machines being used. It would only take a few minutes for a HCP to provide some basic information to parents.

25. JR collected consensus data: JR talked to the GDG about data collected from 253 neonatal units. Out of them, 163 charts were sent back and out of those, 137 were useful for the purpose of the Delphi consensus.

20. HE model (II): This item was cancelled.

23. Care Pathway revisited: JR asked the GDG, having looked at risk factors the day before, what their views were on the care pathway. The GDG discussed this topic at length and agreed that there is a lot of information that can be gathered at birth.
The GDG continued to discuss their views on this as well as what costs they'll incur in terms of time/ staff, training, etc.
The GDG decided to change 'All babies at birth' for 'All babies at discharge' because there would be no visible jaundice at birth – placing this timeline back to 0-24 hrs. The GDG discussed diversity of practice in discharge.
The GDG discussed this issue and reinforced the need for parent information leaflets.

17. (Cont.) Question 6: Discussion of evidence and drafting recommendations:The evidence summary was drafted by RK and the GDG reviewed it on screen. The GDG drafted the translation from evidence to recommendation which said that phototherapy is effective and safe. The GDG drafted the recommendation accordingly and JR added that trigger levels/ thresholds need to be indicated as they will vary depending on GA.

Break for Tea/ Coffee 14:25 hrs

17. (Cont.) Question 6: Discussion of evidence and drafting recommendations:The GDG continued to draft a recommendation and JR told the GDG that levels of bilirubin need to be decided – as trigger for treatment.

23. AOB: No other business.

End of part 2.

Close.

Signed:..... Date:.....
Dr Jay Banerjee, Clinical Co-director, NCC-WCH

Signed:..... Date:11-3-05.....
Dr Janet M Rennie, Neonatal Jaundice GDG Chair