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

Confirmed NICE minutes
6th Neonatal Jaundice Guideline Development Group Meeting
Part 1 – Wednesday the 11th of March 2009 (10am – 4pm) at the RCOG
Part 2 – Thursday the 12th of March 2009 (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
	Debra Teasdale (DT) (day 2)	Advanced Neonatal Nurse Practitioner
	Farrah Pradhan (FP)	Patient/Carer Representative
	Maria Jenkins (MJ) (day 1)	Patient/Carer Representative
	Kevin Ives (KI)	Consultant Neonatologist
	Yvonne Benjamin (YB)	Community Midwife
NCC-WCH Technical team		
	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
	Martin Whittle (MW)	Clinical Co-Director, NCC- WCH
	Rosalind Lai (RL)	Information Scientist, NCC-WCH
Invited		
Guest speakers:		
	Rebecca Hardy (RH) (day 2)	MRC
	Ian Bromley (IB) (day 2)	UCL
Apologies:	Donal Manning (DM)	Consultant Paediatrician
	Caroline Keir (CK)	NICE Guidelines Commissioning Manager
	Jeffrey Barron (JBar)	Clinical Pathologist

Part 1 – Wednesday the 11th of March 2009.

1. Welcome, Introductions, Housekeeping, Apologies, and Declarations of Interests
JR introduced herself as the Chair, and welcomed the group to the meeting. Apologies were received from DM, KF, DT (day 1), MJ (day 2) and JB. MW introduced himself as the new co-director in charge of Jaundice and told the GDG that JB had resigned. 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. Bulletin Board: HM presented the previous threads on the bulletin board for discussion and the comments that had come up.

23. Care Pathway: JR gave the GDG a peek on her presentation for tomorrow so that the GDG can have a think about it before tomorrow.

3. When should phototherapy be started, augmented and stopped: HM presented paper 3. Focus not just on kernicterus but also phototherapy and exchange transfusions & how phototherapy might prevent the ET (exchange transfusion).

The GDG discussed the presentation and the threshold for phototherapy and whether it should be based on a TCB or a TSB reading. They also discussed the biliwheel and what kind of thresholds should be used.

5. Evidence on Q7: additional fluids during treatment: HM gave a presentation on additional fluids during treatment and subdivided the papers into two categories: adjunctive and prophylactic. DM sent some comments that HM showed the GDG. The GDG discussed the evidence presented by HM. This was not used as GDG felt it was not useful to look at 'prophylaxis'. The GDG discussed the evidence presented and the GDG checked the scope for the guideline.

6. Discussion of evidence and drafting recommendations: The GDG discussed the evidence at length and it reached consensus to look at additional fluids and feeds as adjacent treatment. The GDG then drafted a recommendation on feeds, which HM noted.

Lunch break 13.15 hrs – 14.00 hrs.
[JR left the meeting at this point and KI took over the chair]

8. Presentation on Health Informatics (RL): RL gave a presentation (papers tabled at the meeting) on Health informatics. The GDG discussed the presentation and KI asked the GDG if they had any questions.
RL explained the importance of PICO tables to the GDG and the GDG gave feedback on a PICO for one of the questions.

9. Review of PICO's for final questions (HM): HM explained to the GDG that each question has a PICO table. HM showed the PICO table to the GDG and asked feedback on intervention terms. HM asked the GDG for input on terms for Q10 as difficult to format a PICO table for this question. The GDG discussed this and the thresholds for treatment again.
HM showed the GDG the BiliTool (http://bilitool.org/) which is based on the AAP guidelines.

11. Health Economics: this item was cancelled.

12. AOB: There was no other business.

End of Part 1.

Part 2 – Thursday the 12th of March 2009

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 from CK, JBar and MJ.

14. Basics of Meta-analysis (Paper 14) by Rebecca Hardy: RH gave a presentation on the basics of meta-analysis (Paper 14). The GDG discussed the presentation and asked questions about different studies and the different weights they have and should have. The GDG agreed that often meta-analysis uses hierarchy of information that misses out on good small trials.

15. Medical Physics aspects of bilirubinometers. Ian Bromley (UCLH): JR welcomed and thanked IB from UCLH for agreeing to do this presentation on bilirubinometers. IB introduced himself to the GDG and gave a brief account of his career and work at UCLH. IB gave the GDG a presentation on the medical physics aspects of bilirubinometers. The GDG discussed Ian's presentation and asked questions. They discussed bilirubinometers and the leap in training if the community has to use them.

Break for Tea 10.45 am. *[RH and IB left the meeting at this point]*

16. Evidence on Q8: How effective is Exchange Transfusion (ET): HM presented item 16 to the GDG. The GDG discussed the evidence presented and proceeded to draft the evidence statement and recommendation.

18. Question 8: Discussion of evidence and drafting recommendations (all GDG): The GDG discussed the evidence presented by HM and proceeded to draft the evidence statement and recommendation. Item 21 was cancelled.

19. When should ET be started and stopped? HM presented item 19 to the GDG. Before the presentation, the GDG reviewed the evidence statement drafted and it was decided that, since the evidence didn't show DVET to be superior to SVET, this would have to be included in the GDG translation from evidence to recommendation. The GDG discussed the presentation and the terms used to describe the different levels. There was consensus in the idea that the term mild juxtaposed with 'hyper' seemed contradictory and the GDG agreed that, for the time being, they will use numbers.

23. Care Pathway: JR presented item 23 to the GDG and identified 4 key time frames. The GDG discussed the idea that there's currently no national standard practice on time limits for baby checks. The use of TCB was discussed and the GDG agreed that the Care Pathway needs to be robust. The GDG agreed that the wide use of TCB is needed to support a robust Care Pathway.

24. AOB: No other business.

End of part 2.

Close.

Signed:.. Date:......................................
Professor Martin Whittle, Clinical Co-director, NCC-WCH

Signed:........................Janet M Rennie........... Date:.........7/4/05..................
Dr Janet M Rennie, Neonatal Jaundice GDG Chair