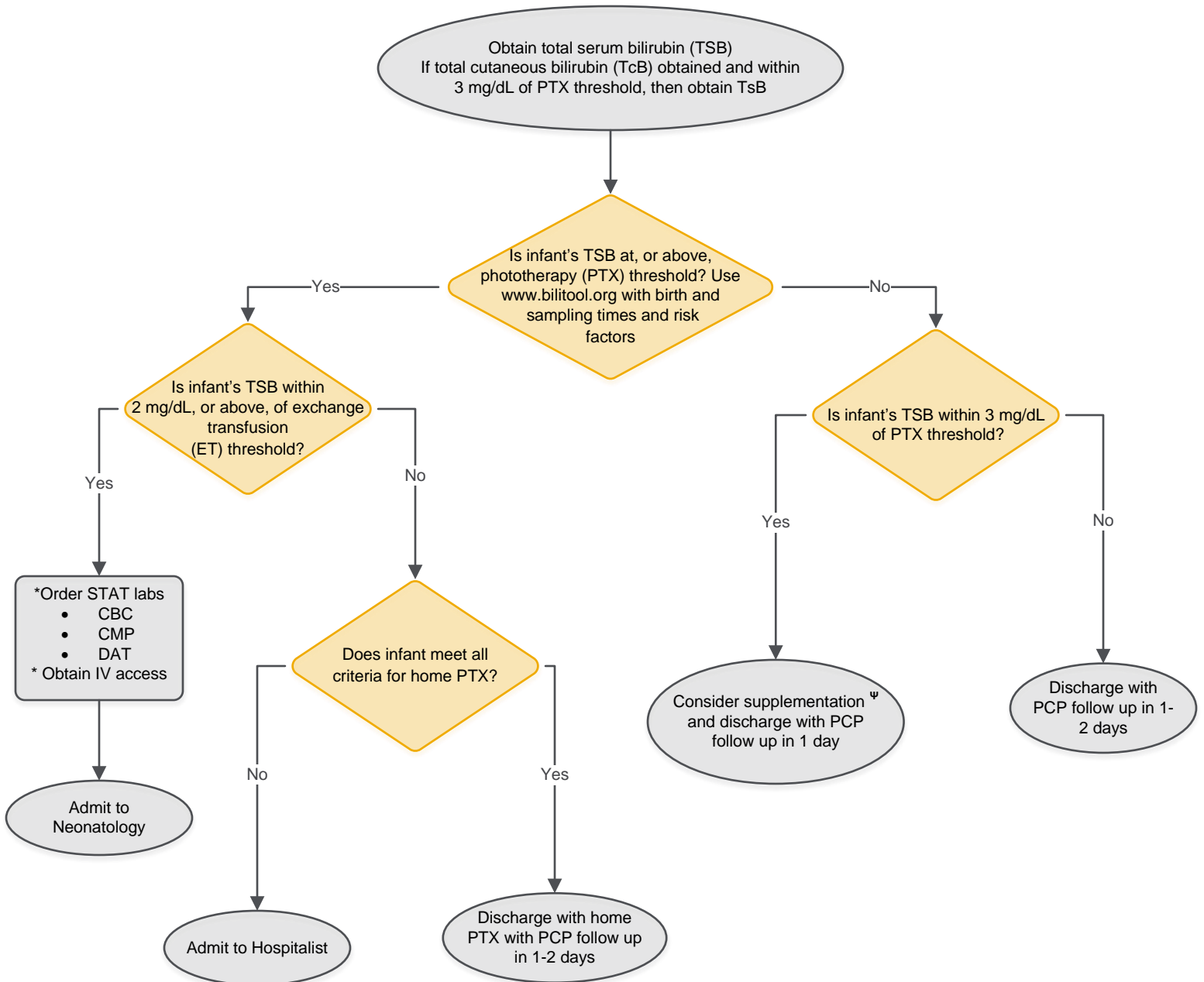


# Hyperbilirubinemia Pathway

## Emergency Department & Outpatient

### ≥ 35 Weeks Gestational Age (GA)



<sup>ψ</sup> See next page for supplementation recommendations

#### <sup>Ω</sup> Neurotoxicity risk factors:

- Gestational age < 38 weeks
- Serum albumin concentration < 3.0 g/dL
- Isoimmune hemolytic disease (+DAT), G6PD deficiency, or other hemolytic conditions
- Sepsis
- Significant instability in last 24 hours

#### Criteria for home PTX, must meet all:

- Gestational age > 38 weeks
- > 48 hours old
- Clinically well with adequate oral feeding intake
- No neurotoxicity risk factors<sup>Ω</sup>
- No previous PTX required
- TsB no more than 1 mg/dL over PTX threshold
- LED based home PTX device available without delay
- TsB can be reliably measure daily

# Ψ Supplementation for Hyperbilirubinemia

Infants not on another supplementation for another medical indication

TSB within 3 mg/dL of phototherapy threshold

- Ensure recent weight  
- Perform feeding assessment

**If lactating parent's milk volumes are increasing:**

- Encourage increased breastfeeding frequency, 9+ feeds in 24 hours, deep latch
- Milk expression after feeds and offer expressed breast milk

**If milk volumes not yet increasing:**

- Encourage increased breastfeeding frequency, 9+ feeds in 24 hours, deep latch
- Milk expression after feeds and offer expressed breast milk
- Start supplementation with donor milk or formula

Signs of suboptimal intake?

Yes

No

- Encourage increased breastfeeding frequency, 9+ feeds in 24 hours, deep latch
- Consider other etiologies for hyperbilirubinemia (e.g. hemolysis, especially if  $\leq$  24 hrs old)

**Feeding Assessment Should Include:**

- Risk factors for delayed lactogenesis
- Lactation history
- Maternal breast shape, breast changes
- LATCH scores
- Latch depth
- Feeding frequency
- Infant transfer at the breast

**Signs of Suboptimal Intake May Include:**

- Ineffective latch and/or suck
- Sleepy and difficult to wake for feedings
- Delayed colostrum or milk supply
- Weight loss  $>$  75<sup>th</sup> percentile on NEWT, esp after 1<sup>st</sup> 24 hrs
- Lab abnormalities
- Ineffective milk transfer
- Uric acid crystals in urine
- $<$  4 stools on day 4 or meconium stools on day 5

**Suggested Supplementation Volumes by ABM**

Time (hrs)	mL/feed
0-24	2-10
24-48	5-15
48-72	15-30
72-96	30-60

Can be done with expressed breast milk, donor breast milk, or formula