Overview of Changes to the 'Quality-Based Procedure Clinical Handbook for Hyperbilirubinemia in Term and Late Pre-Term Infants (≥35 weeks)' to a 'Clinical Pathway Handbook'

Conversion of QBP to Clinical Pathway

As part of their review of Quality Based Procedures (QBP), the MOHLTC has determined that the Hyperbilirubinemia QBP will no longer be funded as a QBP and the associated funds will roll back to the hospital's base funding. The MOHLTC has recognized the value of the Clinical Pathway that was developed for the original QBP and supports the refresh process and conversion of the Handbook from QBP language to a Clinical Pathway.

- All of the language around coding has been removed from the document and replaced by the statement that the Clinical Pathway is applicable to babies born at 35 weeks and greater gestation.

New Evidence

An updated literature review was performed and it was determined that there is no new evidence requiring changes to the clinical pathway.

Clarifications and Updates Based on Feedback

Screening Following Early Discharge / Home Birth

Feedback from the field indicates that hospitals may be delaying discharge to 24 hrs and beyond in order to allow for screening to take place in hospital. A clarification was included in the updated Clinical Pathway (page 37) to address this unintended consequence.

> ***Early Discharge*** *This clinical pathway should in no way deter health care providers from facilitating early discharge for appropriate patients who wish it. For asymptomatic babies, the optimal timing of the screening bilirubin is between 24 and 72 hours of life, however, this does not mean that babies must remain in hospital for 24 hours. Health care providers have the option to provide/arrange for transcutaneous bilirubin measurement in the home, collection and*

appropriate transport of a serum bilirubin sample along with the newborn screen performed in the home or referral of patients to an appropriate outpatient laboratory or facility for screening.

NOTE: as indicated in the full algorithm, testing is required before 24-72 hours in cases of visible jaundice and maternal isoimmunization.

Timing of Blood Group and DAT for Infants Born to Mothers with Blood Group O

The CEAG discussed the practicalities around blood group and DAT determination, the need to know these results in order to assess an infant's risk factors and the recommendations of the Canadian guideline on which our original pathway recommendation on this was based. The CEAG recognizes that screening of all infants born to blood group O mothers does not improve outcomes compared to testing certain subgroups, however, in practice it is difficult to create an algorithm that clearly identifies which infants requires testing and, in many instances, would result in an extra painful procedure and/or delayed discharge. On balance, the CEAG decided that testing babies born to mothers with blood group O at the time of bilirubin measurement is in the best interest of the patient for safest and least painful care and of the system in avoiding unnecessary delays.

The Clinical Pathway has been revised to reflect this. In boxes 7 and 8, instruction has been added to include blood group and DAT if mother is blood group O.

Clarification Regarding "East Asian Race" Risk Factor

Feedback was received regarding the need for clarification of the "East Asian Race" risk factor noted on the clinical pathway.

The "East Asian Race" risk factor has been revised to "Ethnic risk factors and family history". Details provided in the Clinical Pathway document explain that ethnic risk factors refer to populations with a higher risk of g6pd deficiency. These include those of east or west Asian decent as well as Mediterranean and Middle Eastern populations. It is also important to collect a full family history.

Wording Inclusive of Out of Hospital Births

- Feedback was received from the Provincial Council for Maternal and Child Health's Maternal-Newborn Advisory Committee that the wording used within the document be more inclusive of out-of-hospital births. As such, the document was revised to reflect its application all births including out-of-hospital births.