Clinical practice guideline revision: management of hyperbilirubinemia in the newborn infant 35 or more weeks of gestation.

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American Academy of Pediatrics (AAP)

Kemper AR, Newman TB, Slaughter JL, et al. Clinical practice guideline revision: management of hyperbilirubinemia in the newborn infant 35 or more weeks of gestation. Pediatrics. 2022 Sep 1;150(3):e2022058859. [131 references] PubMed

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Overview

Guideline Objective

To provide guidance for the management and prevention of hyperbilirubinemia in the newborn infant ≥35 weeks' gestation

Patient Population

Newborn infant ≥35 weeks' gestation

Recommendations

Recommendation Statements

Major interventions covered in this guideline include:

- Role of early screening and feeding support
- Identification of risk factors and assessment of transcutaneous bilirubin (TSB) levels and bilirubin concentrations
- Use of phototherapy, including treatment thresholds, monitoring, discontinuation, and follow-up
- Consideration for patients with prolonged indirect hyperbilirubinemia
- Escalation of care and role of exchange transfusion
- Timing of follow-up after discharge

Note: Full recommendation statements have not been provided because this guideline does not meet EGT's systematic review of the evidence criteria. Refer to the original guideline for more information.

Evidence Rating Scheme

Refer to the original guideline documentation for more information.

Recommendation Rating Scheme

Refer to the original guideline documentation for more information.

Related Content

Supporting Documents

- Technical Report: Diagnosis and Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation; 2022 Sep.
- Classifying Recommendations for Clinical Practice Guidelines; 2004 Sep.

Implementation Tools

No implementation tools available.

Patient Education

No patient education materials available.

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