Reducing Avoidable Term Admissions to Neonatal Unit (NNU) for Jaundice treatment.

Produced by | Jo Kench on behalf of the Neonatal & Maternity department.

SaTH Improvement Hub

The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

To reduce the impact of separation of mum and newborn in the postnatal period due to avoidable admissions for babies being treated for jaundice, in line with national Avoiding Term Admissions into Neonatal Units (ATAIN).

SMART AIM

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To reduce the number of avoidable admissions to the NNU for babies being treated for Jaundice (Q1/Q2 data from 4.2 %) to 0% by end of Q3 (31st December 2025) using the audit from ATAIN proforma reviews.

PLAN

The ATAIN review has identified avoidable admissions to the Neonatal Unit due to babies being transferred from Maternity based on point-of-care Gas Machine bilirubin readings at or near the exchange transfusion threshold. These readings trigger admission for intensive phototherapy (4 lights), which is only available on NNU. However, corresponding serum bilirubin results taken at initial assessment and from the first blood gas—available 1–2 hours later—are consistently significantly lower and well below the exchange treatment line. Revising current practice through the development of a new SOP aims to reduce unnecessary neonatal admissions for physiological jaundice resulting from false-positive high Gas Machine readings.

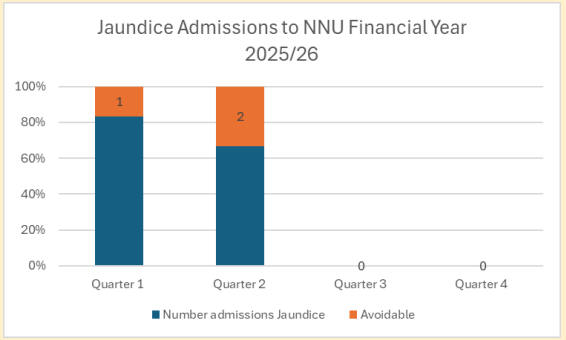
DO

Once an elevated gas machine bilirubin level is identified, and while awaiting the gold-standard laboratory serum bilirubin (SBR) to direct care, the following actions will be taken:

- Double phototherapy will be commenced on the postnatal ward.
- An immediate medical review will be undertaken to confirm the baby is clinically well and that there are no additional medical concerns contributing to the raised bilirubin level that would necessitate urgent transfer to the Neonatal Unit for intensive treatment.
- On receipt of the urgent laboratory SBR result, care will be directed accordingly. Babies will either remain on the postnatal ward and continue single or double phototherapy or be transferred to the Neonatal Unit for intensive jaundice management if indicated.
- A Standard Operating Procedure (SOP) will be developed to support this pathway.

STUDY

This project started in October 2025 with an initial planned end of December 2025. However, following significant results in Quarter 3 it was felt extending the project to the end of Q4 would give more evidence to support the new process.



There were no babies admitted for Jaundice treatment above the exchange transfusion treatment line in Quarter 3 or Quarter 4 (October 2025 to March 2026)
This project was a great example of MDT working to improve patient experiences and prevent unnecessary separation of newborn and mum

ACT

This Standard Operating Procedure has been ratified at both the Maternity & Neonatal Governance Meetings as has now become Business as Usual.

Therefore, the process has been **ADOPTED.**

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