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RANGE OF NICU PRACTICE IN ENGLAND AND WALES REGARDING THRESHOLDS FOR NEONATAL CONJUGATED HYPERBILIRUBINAEMIA AND RELEVANT INVESTIGATIONS

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Background: Conjugated jaundice is a common problem in a neonatal intensive care. However, several investigations are performed to exclude underlying liver disease. Opinion differs on their diagnostic value.

Aim: To evaluate practice related to investigation of conjugated jaundice

Method: Questionnaire survey of lead neonatal consultants from all neonatal units in England and Wales.

Results: 102/194 neonatal units (52%), responded to the survey of which 33 were level 3 units, 50 level 2 and 19 level 1 units. 96 units (94%) performed conjugated jaundice screen and 6 units (6 %) did not. 77 units (75%) had a written policy. 49% of responders defined conjugated jaundice as conjugated bilirubin >20% of total bilirubin and 46% as >15% of total bilirubin and 5% of units did not have a clear definition. Conjugated bilirubin levels that prompted investigations varied between units with 28 (30%) using conjugated bilirubin >20% of total, 33(36%) a conjugated bilirubin >15% of total and 20 (21%) with no definite threshold. Majority (>76%) of units performed liver and thyroid function tests, Galactosaemia screen, α-1 antitrypsin and liver ultrasound. 65% of units performed urine culture and hepatitis serology, 32% performed urine organic acids, NH3 and lactate. 19 units performed CF genetics and 23 HIDA scan. 71% of responders thought 'diagnostic yield' was 'poor' and 44% based this on their personal view, 29% on local data and 27% on anecdotal evidence.

Conclusion: Our study identified a wide variation in definition and investigation of neonatal conjugated jaundice. National consensus guidelines are required to standardize practice.