

EXECUTIVE SUMMARY

This summary reviews the information the federal advisory committee used when deciding whether to recommend adding neonatal hyperbilirubinemia (NH) to the Recommended Uniform Screening Panel (RUSP) in 2012.

About the condition

NH is a condition in which babies have too much bilirubin in their blood. The body makes bilirubin when it breaks down blood cells. When too much builds up, it can damage brain cells. Between 3-12 out of every 100,000 babies develop severe NH. NH does not always cause disease. Severe NH can lead to serious health problems like permanent brain damage.

Treatment for NH

Early diagnosis allows early treatment. Treatments for NH include light therapy and exchange transfusion. These treatments may prevent serious health problems caused by high bilirubin levels.

Detecting NH in newborns

Newborn NH screening can happen during the first days of life at the bedside or in the nursery. To screen for NH, doctors and nurses can check newborns for yellow skin or eyes. This visual check does not measure exact bilirubin levels and can be inaccurate. Screening with a painless skin sensor or blood sample to measure exact bilirubin levels before a newborn leaves the hospital is advised. Newborns with high bilirubin for their age have NH. They need treatment and close follow-up.

Public health impact

Based on what is known about screening and the risk of severe NH, experts think that screening bilirubin levels in all newborns in the United States could prevent up to 108 cases of permanent brain damage each year. However, most newborns already get NH screening as part of their usual care.

Committee decision

The Committee voted in 2012 to recommend not adding NH to the RUSP because most newborns were already receiving this screening.