

## CPG 18: MANAGEMENT OF HYPERBILIRUBINEMIA IN HEALTHY TERM AND LATE PRETERM NEONATES

### OVERVIEW OF KEY UPDATES IN 2026 CPG

Clinical Practice Guideline (CPG) 18: Management of Hyperbilirubinemia in Healthy Term and Late Preterm Neonates has been updated. The revised CPG offers midwives current, evidence-based recommendations that align with national standards while preserving a distinctly midwifery-led approach to care.

#### WHY UPDATE THE GUIDELINE NOW?

The CPG was updated to reflect and maintain consistency with the Canadian Paediatric Society's (CPS) updated position statement, [Guidelines for Detection and Management of Hyperbilirubinemia in Term and Late Preterm Newborns \(≥35 weeks gestational age\)](#), published in March 2025.

#### WHAT HAS CHANGED IN THE 2026 AOM GUIDANCE AND WHY DOES IT MATTER?

Section	What's New	Why It Matters
<b>Definitions</b>	"Significant" hyperbilirubinemia refers to bilirubin levels that require treatment. "Severe" hyperbilirubinemia is defined as a bilirubin level > 425 µmol/L or the need for a blood exchange transfusion (BET).	Ensures clear, shared definitions for all providers.
<b>Hyperbilirubinemia Risk Factors</b>	The updated list includes additional clinically important factors that increase the risk of hyperbilirubinemia.	Helps midwives identify at-risk newborns earlier.
<b>Neurotoxicity Risk Factors</b>	Refers to factors that increase the risk of bilirubin-induced brain injury, such as sepsis, low albumin or hemodynamic/respiratory instability.	Guides the use of lower treatment thresholds for higher-risk infants.
<b>Direct Antiglobulin Test (DAT/Coombs)</b>	Not recommended for routine use. A positive DAT indicates the presence of antibodies on RBCs but does not diagnose or quantify hemolysis; additional tests are required to confirm hemolysis, if suspected.	Avoids over-testing and reduces misinterpretation of results.
<b>G6PD Deficiency</b>	Screening is recommended for infants with significant or severe hyperbilirubinemia who do not respond to treatment or present without identifiable risk factors.	Improves detection of a serious but often overlooked cause of jaundice.
<b>Prolonged Jaundice</b>	Defined as clinically significant jaundice with bilirubin levels within 35 µmol/L of the phototherapy threshold, persisting for >14 days post-birth.	Clarifies when persistent jaundice requires further investigation.
<b>Factors Associated with Jaundice &gt;14 Days</b>	Differentiates benign breast milk jaundice from prolonged jaundice caused by underlying pathologic conditions, such as hemolytic disease, infection or cholestatic liver disease. A conjugated (direct) bilirubin >17 µmol/L warrants further investigation.	Promotes early detection of rare but serious conditions (e.g., congenital hypothyroidism, biliary atresia).
<b>Transcutaneous Bilimeter (TcB)</b>	Confirm TcB with a serum bilirubin (TSB) if TcB is within 50 µmol/L of the phototherapy treatment threshold or if TcB is >250 µmol/L. TcB may be used for follow-up 18 hours after phototherapy has stopped.	Supports safe and accurate bilirubin screening by midwives.
<b>Other Treatments</b>	Only IVIG is addressed; it is used rarely and primarily when blood exchange transfusion (BET) is not available.	Focuses on information relevant to midwifery practice.