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 2025 AOM GUIDANCE AND WHY DOES IT MATTER?

Section	What's New	Why It Matters
Definitions	"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.
Hyperbilirubinemia Risk Factors	The updated list includes additional clinically important factors that increase the risk of hyperbilirubinemia.	Helps midwives identify at-risk newborns earlier.
Neurotoxicity Risk Factors	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.
Direct Antiglobulin Test (DAT/Coombs)	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.	Avoids over-testing and reduces misinterpretation of results.
G6PD Deficiency	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.
Prolonged Jaundice	Defined as clinically significant jaundice with bilirubin levels within 35 µmol/L of the phototherapy threshold, persisting for >14 days.	Clarifies when persistent jaundice requires further investigation.
Factors associated with Jaundice >14 Days	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).
Transcutaneous Bilimeter (TcB)	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 18 hours after phototherapy has stopped.	Supports safe and accurate bilirubin screening by midwives.
Other Treatments	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.