

# Claims Learning

# Neonatal jaundice

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# Presentation Overview

1. Introduction to NHS Resolution.
2. What is Neonatal Jaundice.
3. Claims data & Triangulation.
4. Illustrative case story.
5. System Engineering Initiative for Patient Safety (SEIPS).
6. Safety & Learning resources.

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**Learning Objective:** To introduce NHSR and to provide an overview on Neonatal Jaundice clinical negligence claims and the associate resource to aid learning.

# Our strategy at a glance

## Who we are

We are part of the NHS, operating at arm's length from the Department of Health and Social Care.

## Our services

### Indemnity and Claims

**Management:** Comprehensive cover and claims management for NHS services.

**Advice:** Supporting the NHS with concerns about practitioner performance.

**Appeals:** Offering impartial resolution of primary care contracting disputes.

**Safety and Learning:** Using the information we hold to support improvement.

## Our priorities



### Fair resolution

All of our services will focus on fair and timely resolution, keeping patients and healthcare staff out of litigation and other formal processes to minimise distress and cost.



### Data and insights

We will contribute our unique data and insights to learn from harm and the response to harm across the health and justice systems.



### Maternity and neonatal

We will draw on our unique position and work with our system partners to support maternity and neonatal safety improvements.

**Our strategy is driven by our priorities, supported by our people and systems.**

## Our values

**Professional:** we are dedicated to providing a professional, high quality service.

**Expert:** we bring unique skills, knowledge and expertise to everything we do.

**Ethical:** we are committed to acting with honesty, integrity and fairness.

**Respectful:** we treat people with consideration and respect and encourage supportive, collaborative and inclusive team working.



# Neonatal Jaundice

## Definitions

Neonatal jaundice is a common condition in newborn babies which is usually harmless and is resolved within 10-14 days after birth. Some of the symptoms include yellowing of the skin and the whites of the eyes; this is caused by accumulation of the pigment bilirubin **in the skin and mucous membranes**. Some babies with jaundice develop high levels of bilirubin and if not treated it is harmful as may cause a type of brain damage known as Kernicterus.<sup>1</sup>

## Examples of some causes of high levels of bilirubin:

- Haemolytic disease of the Newborn commonly Rhesus or ABO factors
- Sepsis
- Liver disease
- Metabolic disorders
- Glucose-6-phosphate-dehydrogenase deficiency an X-linked genetic condition<sup>2</sup>

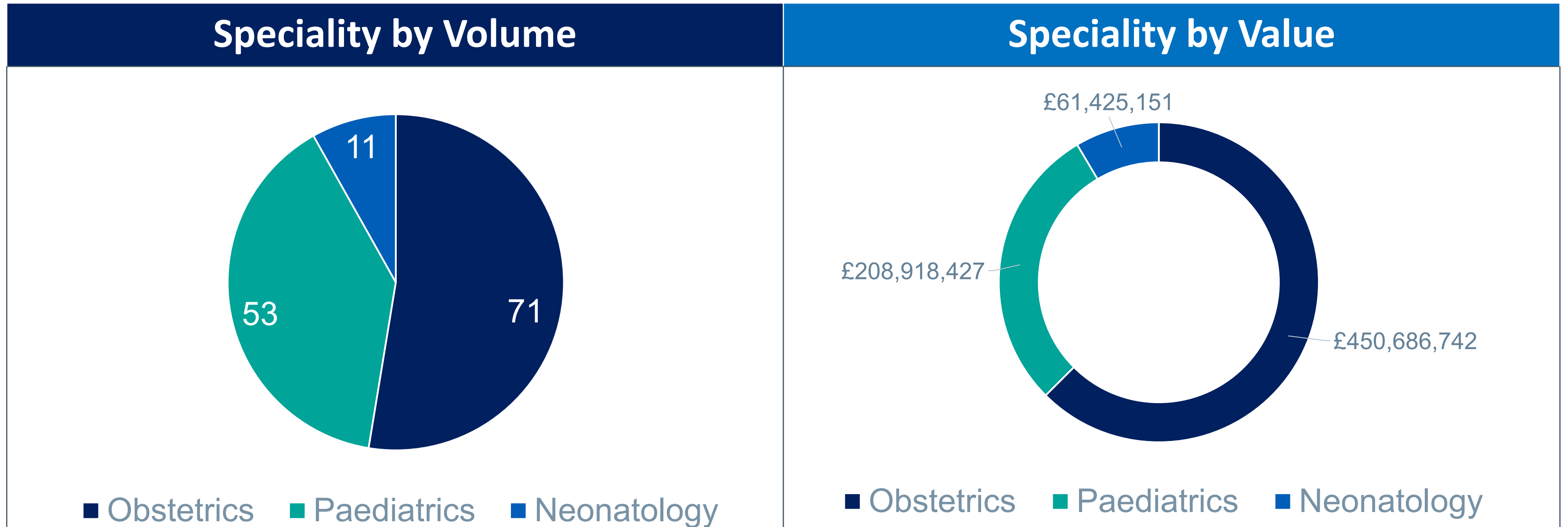
## Examples of some risk factors for babies who develop high levels of bilirubin:

- Gestational age <38 weeks.
- Having a sibling that required phototherapy for neonatal jaundice.
- Exclusive breast feeding.
- Having visible jaundice within the first 24 hours after birth.

For more information on Neonatal Jaundice please refer to NICE guidance.<sup>1</sup>

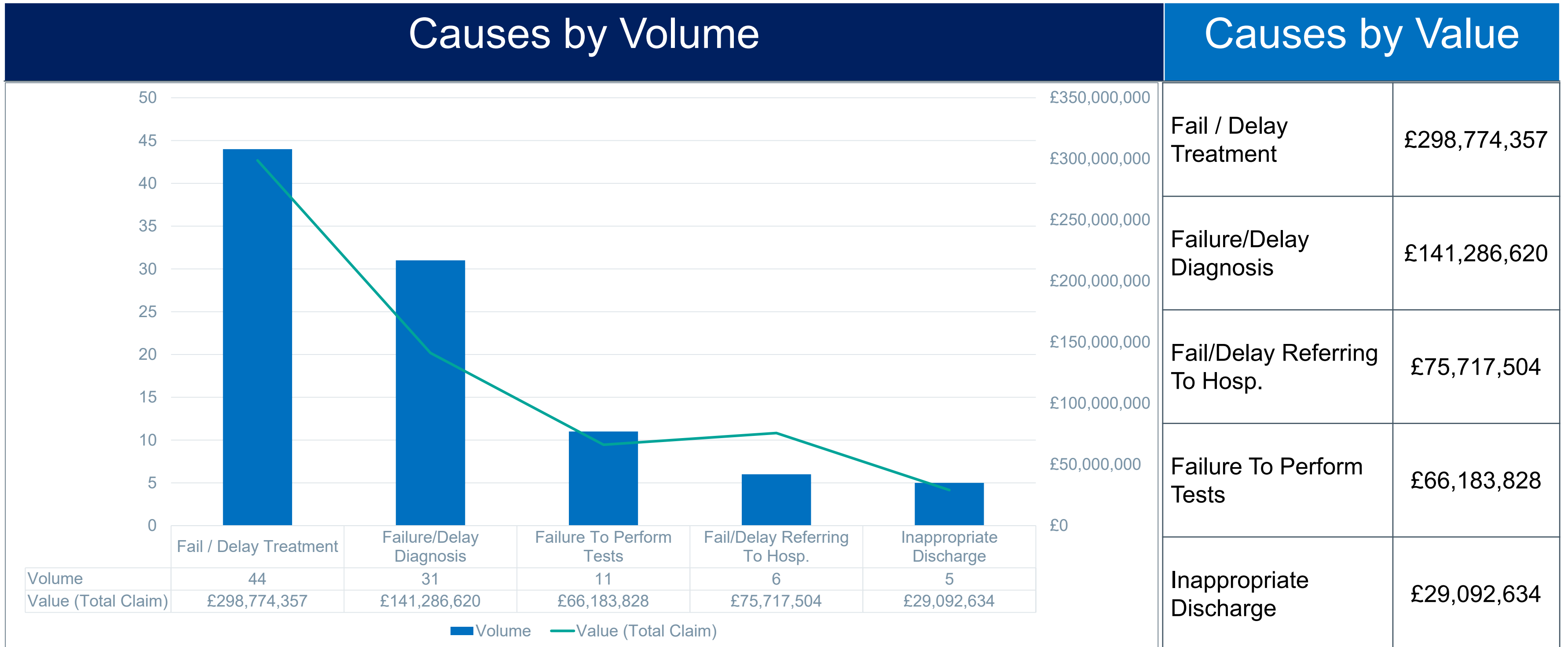
# Claims Data

Between 1<sup>st</sup> April 2000 and 31<sup>st</sup> March 2024 there were 135 claims in England associated with jaundice or kernicterus, these claims have an estimated value of just over £721M.



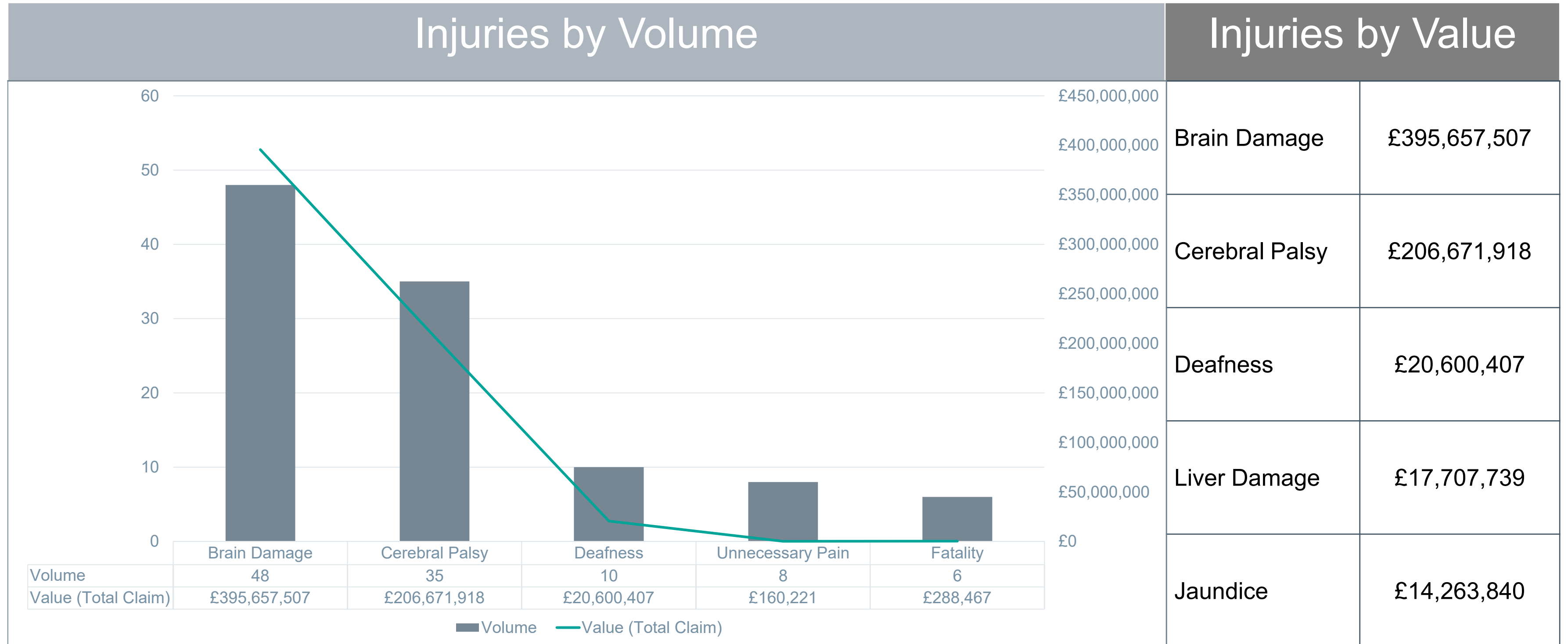
\*Data based on all open & closed claims by clinical incident date – correct as of 31.03.2024

# Claims Data – Cause & Top Codes



\*Data based on all open & closed claims by clinical incident date – correct as of 31.03.2024

# Claims Data – Injury & Top Codes



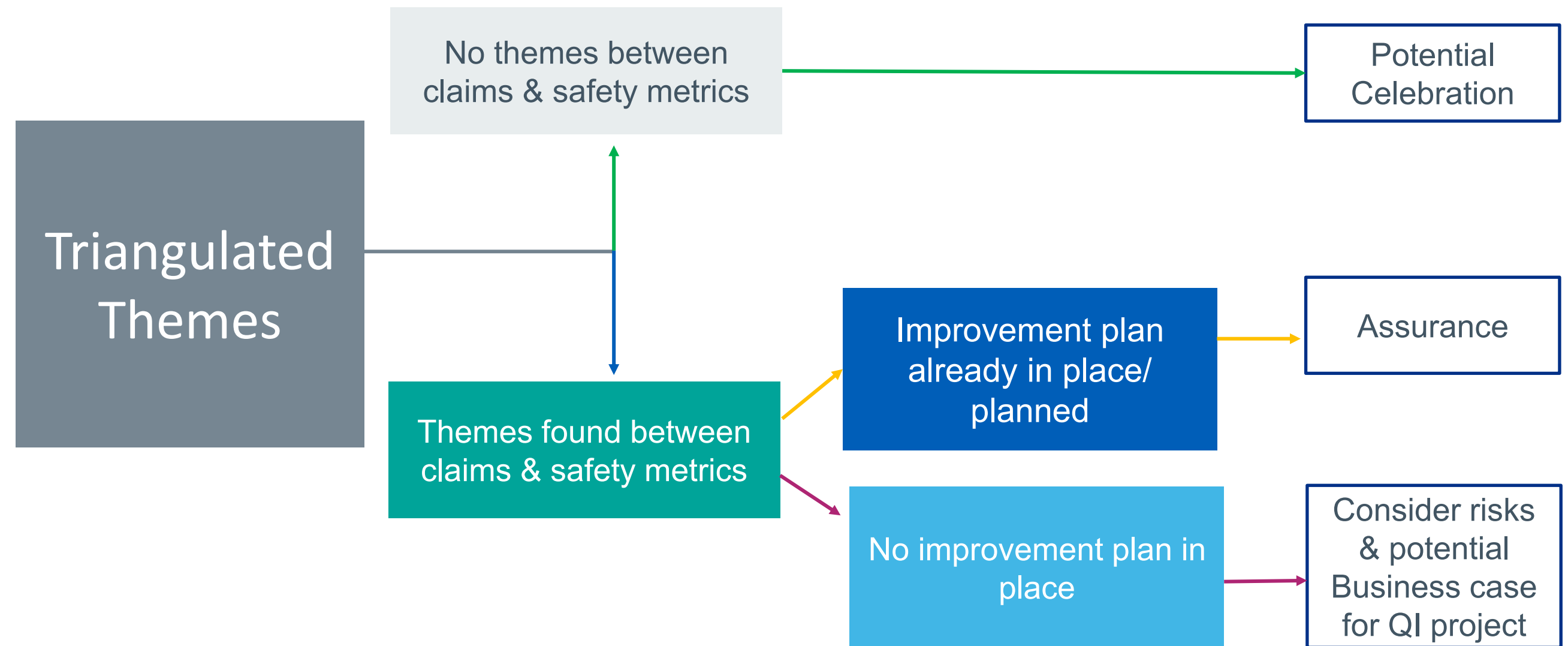
\*Data based on all open & closed claims by clinical incident date – correct as of 31.03.2024

# Triangulation of claims

Drivers – Patient safety strategy, PSIRF & MIS

Themes in:

- Claims (scorecard)
- Patient safety events
- Complaints
- Safety Data (inc. CQC feedback)



**Abbreviations:** Patient Safety Incident Response Framework (PSIRF), Maternity Incentive Scheme (MIS), Quality Improvement (QI), Clinical Quality Commission (CQC)



# Illustrative case story introduction

This is an illustrative case story based on clinical negligence cases involving Neonatal Jaundice. The aim is to share the learning from these claims and highlight national guidance.

NHS Resolution is sharing this insight to help prevent similar occurrences happening to babies, their parents and families, and staff.

As you read through this illustrative case story, please ask yourself:

- Could or does this happen in my organisation?
- Who could I share this with?
- What can we learn from this?



## Case Story - Pauline

- Pauline is a Black British mother in her third pregnancy.
- Two previous uncomplicated spontaneous vaginal births.
- No risks identified at booking.
- Attended Triage at 36+5 weeks with reduced fetal movements, the CTG was commenced within 15 minutes of arrival.
- Pauline was discharged home after an Obstetric review with safety netting advice.

### Good Practice

Birmingham Symptom-specific Obstetric Triage System (BSOTS) guidance followed.<sup>3</sup>

DAY 0

- 4:00am: Spontaneous vaginal birth at 37+5 weeks. Apgar score 7 at 1 minute, 9 at 5 minutes and 9 at 10 minutes.
- No complications.
- Baby was briefly breastfed.
- Baby was discharged on the day of birth, following a NIPE check that showed nothing abnormal detected.

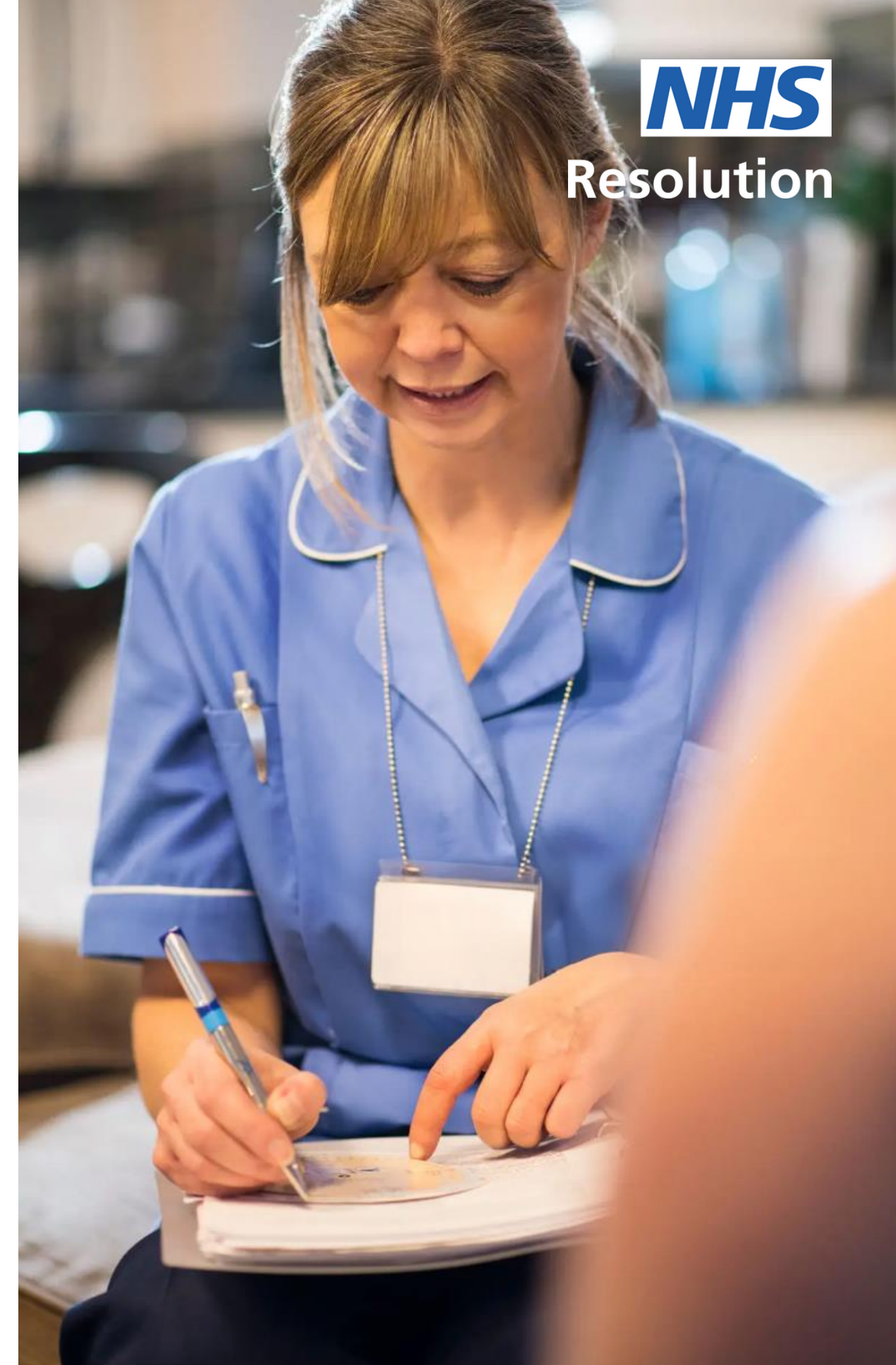


The NHS Race and Health Observatory (2023) recommends a systematic review to identify alternatives to the Apgar score for accurate assessment of Black, Asian, and minority ethnic neonates. See the RHO Neonatal Assessment Report for details.<sup>4</sup>



## POSTNATAL - DAY 2

- First community midwife visit at home, not seen since day of birth when discharged.
- Mother reported she thought the baby was jaundiced.
- Incomplete physical examination and no detailed documentation assessment for jaundice.
- No breastfeeding assessment.



## POSTNATAL - DAY 3

No visit by the community midwives as planned the previous day.

### System issue

The midwifery team had significant sick leave, increasing the number of visits required per midwife.





## POSTNATAL - DAY 4

- **9:00:** Second community midwife visit at home.
- Mother reported she thought the baby was jaundiced, not feeding well and now very sleepy.
- The midwife advised that baby should be taken to hospital for a serum bilirubin (SBR) check as there was no transcutaneous bilirubinometer available.
- No urgency communicated.

- **15:00:** The baby arrived at hospital to have the first SBR when 107 hours old, the result was 404 mmols/l.
- This result was incorrectly plotted on the >38 weeks chart indicating phototherapy rather than exchange blood transfusion.
- Phototherapy was commenced and the SBR reduced when reviewed 6 hours later but still within the treatment line.
- The baby was subsequently diagnosed with kernicterus and cerebral palsy.

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# Points for improvement outlined within the claims:

- 1 Did not respond appropriately to parental concerns.
- 2 Did not provide an adequate neonatal examination in community.
- 3 No record of a breastfeeding assessment.<sup>6</sup>
- 4 Did not measure bilirubin levels when jaundice was first noted.
- 5 Did not convey the urgency of the need for a SBR test.
- 6 Did not plot the SBR level on the correct chart for the baby's gestational age.

# System Engineering Initiative for Patient Safety (SEIPS) Model<sup>7</sup>

The SEIPS framework is used here to demonstrate the potential for learning from this claim to support system-wide improvement.



# What could you do?

- Have you had an event or claim in your service related to neonatal jaundice/kernicterus? Find out and discuss with colleagues what learning was identified to prevent future similar events from reoccurring.
- Familiarise yourself with NICE guidance CG98, [Jaundice in newborn babies under 28 days \(updated Oct 2023\)](#).
- Familiarise yourself with local policies for the management of jaundice and neonatal re-admissions.

# References

1. [NICE \(2023\) CG98 Jaundice in newborn babies under 28 days](#)
2. [WHO \(2022\) Meeting report of the technical consultation to review the classification of glucose-6-phosphate dehydrogenase \(G6PD\)](#)
3. [RCOG \(2023\) Maternity Triage \(Good Practice Paper No. 17\)](#)
4. [NHS Race & Health Observatory \(2023\) Review of neonatal assessment and practice in Black, Asian and minority ethnic newborns: Exploring the Apgar score, the detection of cyanosis, and jaundice.](#)
5. [NICE \(2019\) What is Cerebral Palsy?](#)
6. [UNICEF Breastfeeding Assessment Tool \(maternity\) – How you and your midwife can recognise that your baby is feeding well](#)
7. [NHSE \(2022\) SEIPS quick reference guide and work system explorer](#)

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**Illustrative case story**  
Neonatal jaundice



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<https://resolution.nhs.uk/learning-resources/neonatal-jaundice-case-story/>





# Contact Safety and Learning



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