

Comparison: Universal screening of total serum bilirubin (TSB) before discharge compared with clinical screening (visual inspection and/or risk factor assessment)

Source: Khurshid F, Rao SPN, Sauve C, Gupta S. Universal screening for hyperbilirubinemia in term healthy newborns at discharge: a systematic review and meta-analysis (submitted).

Certainty assessment							No of patients *		Effect		Certainty (GRADE)	Importance
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Universal TSB	Clinical screening	Relative (95% CI)	Absolute (95% CI)		
Severe hyperbilirubinaemia												
2	observational studies	very serious ^a	serious ^b	serious ^c	not serious	none	370/52 483 (0.7%)	634/48 798 (1.3%)	OR 0.37 (0.15 to 0.88)	8 fewer per 1000 (from 11 fewer to 2 fewer)	⊕○○○ VERY LOW	CRITICAL
Readmission for jaundice												
2	observational studies	serious ^d	serious ^b	serious ^c	serious ^e	none	226/52 483 (0.4%)	268/48 798 (0.5%)	OR 1.01 (0.62 to 1.67)	0 fewer per 1000 (from 2 fewer to 4 more)	⊕○○○ VERY LOW	CRITICAL
Jaundice requiring exchange transfusion												
2	observational studies	serious ^a	serious ^b	serious ^c	serious ^e	none	4/8549 (0.0%)	13/22 510 (0.1%)	OR 0.53 (0.13 to 2.25)	0 fewer per 1000 (from 1 fewer to 1 more)	⊕○○○ VERY LOW	CRITICAL

CI: confidence interval; OR: odds ratio.

* No. of participants not reported by one study (Kuzneiwicz 2009), so numbers shown are only from one study for each outcome

a. Most of pooled effect provided by studies "B" or "C" with > 50% studies "C".

b. Statistical heterogeneity ($I^2 \geq 60\%$ or $\text{Chi}^2 \leq 0.05$).

c. The studies enrolled preterm newborns (≥ 35 weeks) and they did not specify the proportion.

d. Most of pooled effects provided by studies "B" or "C" with < 50% studies "C".

e. Wide confidence interval crossing the line of no effect.