

# **Efficacy and Safety of Probiotic Supplementation for Neonatal Jaundice: a Systematic Review and Meta-Analysis**

## **Probiotics and Antimicrobial Proteins**

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## Supplementary File 1. Literature search strategies

### A. PubMed Search Strategy- Performed on January 16, 2025

((((((((((((((((((((probiotics) OR (probiotic\*)) OR (lactobacillaceae)) OR (lactobac\*ill\*)) OR ("Lactobacillaceae"[Mesh])) OR (lactobacillus)) OR (lactobacill\*)) OR (Bifidobacterium)) OR ("Bifidobacterium"[Mesh])) OR (bifidobacter\*)) OR (Saccharomyces)) OR (Saccharomyc\*)) OR ("s boulardii")) OR ("S. boulardii")) OR (yeast)) OR (yogurt)) OR (Escherichia coli)) OR (Clostridium)) OR (Bacteroides)) OR (Streptococcus)) AND (((((jaundice) OR (neonatal jaundice)) OR (neonatal hyperbilirubinaemia)) OR (Hyperbilirubinemia)) OR ("Hyperbilirubinemia, Neonatal"[Mesh]))

### B. Embase Search Strategy – Performed on January 16, 2025

(probiotics:ab,ti OR probiotic\*:ab,ti OR lactobacillaceae:ab,ti OR lactobac\*ill\*:ab,ti OR 'lactobacillaceae'/exp OR lactobacillus:ab,ti OR lactobacill\*:ab,ti OR bifidobacterium:ab,ti OR 'bifidobacterium'/exp OR bifidobacter\*:ab,ti OR saccharomyces:ab,ti OR saccharomyc\*:ab,ti OR 's boulardii':ab,ti OR 's. boulardii':ab,ti OR yeast:ab,ti OR yogurt:ab,ti OR 'escherichia coli':ab,ti OR clostridium:ab,ti OR bacteroides:ab,ti OR streptococcus:ab,ti) AND (jaundice:ab,ti OR 'neonatal jaundice':ab,ti OR 'neonatal hyperbilirubinaemia':ab,ti OR hyperbilirubinemia:ab,ti OR 'hyperbilirubinemia'/exp)

### C. Cochrane Library– Performed on January 16, 2025

#1 (probiotics):ti,ab,kw OR (probiotic\*):ti,ab,kw OR (lactobacillaceae):ti,ab,kw OR (lactobac\*ill\*):ti,ab,kw OR (lactobacillus):ti,ab,kw (Word variations have been searched)

#2 MeSH descriptor: [Lactobacillaceae] explode all trees

#3 (lactobacill\*):ti,ab,kw OR (Bifidobacterium):ti,ab,kw OR (bifidobacter\*):ti,ab,kw OR (Saccharomyces):ti,ab,kw OR (Saccharomyc\*):ti,ab,kw (Word variations have been searched)

#4 MeSH descriptor: [Bifidobacterium] explode all trees

#5 ("s boulardii"):ti,ab,kw OR ("S. boulardii"):ti,ab,kw OR (yeast):ti,ab,kw OR (yogurt):ti,ab,kw OR (Escherichia coli):ti,ab,kw (Word variations have been searched)

#6 (Clostridium):ti,ab,kw OR (Bacteroides):ti,ab,kw OR (Streptococcus):ti,ab,kw (Word variations have been searched)

#7 (jaundice):ti,ab,kw OR (neonatal jaundice):ti,ab,kw OR (neonatal hyperbilirubinaemia):ti,ab,kw OR (hyperbilirubinemia):ti,ab,kw (Word variations have been searched)

#8 MeSH descriptor: [Hyperbilirubinemia] explode all trees

#9 #1 OR #2 OR #3 OR #4 OR #5 OR #6

#10 #7 OR #8

#11 #9 AND #10

**D. China National Knowledge Infrastructure (CNKI) Search Strategy- Performed on January 16, 2025**

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**Supplementary Table S1. Characteristics of usual care**

| <b>Study</b>                | <b>Control regimen</b>   |
|-----------------------------|--|
| <b>Chen et al. 2022</b>     | PT for 10 days   |
| <b>Cui 2024</b>             | PT for 5 days  |
| <b>Dai 2020</b>             | PT for 9 days  |
| <b>Dong &amp; Wu 2019</b>   | PT for 5 days  |
| <b>Gao et al. 2021</b>      | PT for 3 days  |
| <b>Hamed et al. 2019</b>    | PT   |
| <b>Hu et al. 2023</b>       | PT for 15 days   |
| <b>Jia 2021</b>             | PT for 5 days  |
| <b>Lai et al. 2022</b>      | PT for 2–3 days  |
| <b>Liang 2012</b>           | PT + phenobarbital 5 mg/kg/day + Nikethamide 75 mg/kg/day for 7–10 days                    |
| <b>Liang et al. 2023</b>    | PT for 10 days   |
| <b>Lin &amp; Lu 2021</b>    | PT for 7 days  |
| <b>Liu et al. 2015</b>      | PT + phenobarbital 5–8 mg/kg TID + 5% albumin 10–15 ml/kg QD for 3–5 days                  |
| <b>Liu 2023</b>             | PT for 7 days  |
| <b>Lu &amp; Ling 2017</b>   | PT for 8 days  |
| <b>Matin et al. 2022</b>    | 500 mg placebo QD + PT for 28 days   |
| <b>Mutlu et al. 2020</b>    | Placebo QD + PT + IVIG 800 mg/kg for 4 days  |
| <b>Nasief et al. 2024</b>   | PT, continued until TSB fell below 2 mg/dL from the lowest limit for PT                    |
| <b>Serce et al. 2015</b>    | Placebo 1 ml BID + PT, continued until TSB fell below 2 mg/dL from the lowest limit for PT |
| <b>Tang et al. 2020</b>     | Placebo 1 ml QD + PT, continued until TSB <13 mg/dL  |
| <b>Tariq et al. 2021</b>    | PT, stopped when TSB <10 mg/dL (first week) or <11 mg/dL (after first week)                |
| <b>Torkaman et al. 2016</b> | Placebo QD + PT, stopped when TSB <10 mg/dL (first week) or <11 mg/dL (after first week)   |

| Study                    | Control regimen  |
|--------------------------|--|
| <b>Tsai et al. 2022</b>  | Placebo BID + PT, stopped when TSB decreased by 3 mg/dL from the baseline  |
| <b>Wang et al. 2014</b>  | PT+ Liver enzyme inducer for 6 days  |
| <b>Wu et al. 2019</b>    | PT for 9 days  |
| <b>Xue 2023</b>          | PT for 10 days   |
| <b>Zeng 2020</b>         | PT for 5 days  |
| <b>Zhang et al. 2008</b> | PT + phenobarbital 5 mg/kg/day BID/TID + dexamethasone 0.3–0.5 /kg/day + albumin 1000 mg/kg or plasma for 5–7 days |
| <b>Zhang 2019</b>        | PT for 4 days  |
| <b>Zhong 2018</b>        | PT for 8 days  |

QD: once a day, BID: twice a day, TID: three times a day, TSB: total serum bilirubin, PT: phototherapy, IVIG: intravenous immunoglobulin

**Supplementary Table S2. Overall and subgroup analyses of total bilirubin levels (mg/dL) across different days**

| Subgroup                      | MD [95% CI]          | <i>p</i> | Heterogeneity             |          |
|-------------------------------|----------------------|----------|---------------------------|----------|
|                               |                      |          | <i>I</i> <sup>2</sup> (%) | <i>p</i> |
| <b>1 day after treatment</b>  |                      |          |                           |          |
| Overall                       | -0.35 [-0.63, -0.06] | 0.02     | 14                        | 0.32     |
| Preterm                       | 0.07 [-0.53, 0.66]   | 0.82     | 0                         | 0.68     |
| Full-term                     | -0.47 [-0.77, -0.17] | 0.002    | 5                         | 0.38     |
| <b>3 days after treatment</b> |                      |          |                           |          |
| Overall                       | -1.40 [-2.50, -0.29] | 0.01     | 98                        | <0.00001 |
| Preterm                       | -0.63 [-1.11, -0.16] | 0.009    | 0                         | 0.56     |
| Full-term                     | -1.85 [-3.34, -0.35] | 0.02     | 99                        | <0.00001 |
| <b>4 days after treatment</b> |                      |          |                           |          |
| Overall                       | -1.41 [-2.12, -0.69] | 0.0001   | 91                        | <0.00001 |
| Preterm                       | -0.76 [-1.21, -0.32] | 0.0008   | 0                         | 0.32     |
| Full-term                     | -1.75 [-2.44, -1.05] | <0.00001 | 85                        | <0.0001  |
| <b>5 days after treatment</b> |                      |          |                           |          |
| Overall                       | -0.85 [-1.19, -0.52] | <0.00001 | 94                        | <0.00001 |
| Preterm                       | -1.17 [-2.35, 0.02]  | 0.05     | 96                        | <0.00001 |
| Full-term                     | -0.82 [-1.44, -0.19] | 0.01     | 92                        | <0.00001 |
| <b>7 days after treatment</b> |                      |          |                           |          |
| Overall                       | -1.55 [-2.50, -0.60] | 0.001    | 96                        | <0.00001 |
| Preterm                       | -2.50 [-3.56, -1.44] | <0.00001 | N/A                       | N/A      |
| Full-term                     | -1.35 [-2.37, -0.34] | 0.009    | 97                        | <0.00001 |

MD: mean difference; CI, confidence interval; N/A, not applicable.



**Supplementary Table S3. GRADE summary table**

| Probiotics compared to standard care for newborn infants |   |   |                                     |   |   |
|--|---|---|-------------------------------------|---|---|
| Outcomes   | Anticipated absolute effects*<br>(95% CI)     |   | No. of<br>participants<br>(studies) | Certainty of<br>the evidence<br>(GRADE) | Comments  |
|  | Risk with Bilirubin                           | Risk with placebo                                       |                                     |   |   |
| Bilirubin on Day 1                                       | MD 0.35 lower<br>(0.63 lower to 0.06 lower)   | The range of bilirubin at D1 was 9.67 to 18.25 mg/dL    | 769<br>(8 RCTs)                     | ⊕⊕⊕○<br>Moderate <sup>a</sup>           | Probiotics probably results in a modest reduction in TSB on day 1.      |
| Bilirubin on Day 10                                      | MD 1.74 lower<br>(2.54 lower to 0.95 lower)   | The range of bilirubin at D10 was 2.35 to 11.57 mg/dL   | 270<br>(3 RCTs)                     | ⊕○○○<br>Very low <sup>b,c</sup>         | Probiotics may reduce TSB on day 10 but the evidence is very uncertain. |
| Duration of phototherapy (hours)                         | MD 17.09 lower<br>(24.43 lower to 9.76 lower) | The range of phototherapy duration was 26 to 156 hours. | 782<br>(9 RCTs)                     | ⊕⊕○○<br>Low <sup>d</sup>                | Probiotics may moderately reduce phototherapy duration.                 |
| Duration of hospitalization (days)                       | MD 1.17 lower<br>(1.6 lower to 0.74 lower)    | The range of hospitalization was 2.03 to 27.6 days.     | 703<br>(9 RCTs)                     | ⊕⊕○○<br>Low <sup>e</sup>                | Probiotics may reduce the length of hospitalization.                    |

\* The risk in the intervention group (and its 95% confidence interval) is based on the assumed risk in the comparison group and the relative effect of the intervention (and its 95% CI).

#### GRADE Working Group grades of evidence

**High certainty:** we are very confident that the true effect lies close to that of the estimate of the effect.

**Moderate certainty:** we are moderately confident in the effect estimate: the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.

**Low certainty:** our confidence in the effect estimate is limited: the true effect may be substantially different from the estimate of the effect.

**Very low certainty:** we have very little confidence in the effect estimate: the true effect is likely to be substantially different from the estimate of effect.

a: For the target estimate of a modest reduction in serum bilirubin, the 95% CI ranges from a moderate to a very slight reduction. Certainty of the evidence was downgraded by one level.

b: There is a very large degree of heterogeneity as indicated by an I square value of 96%. Certainty of the evidence downgraded by two levels

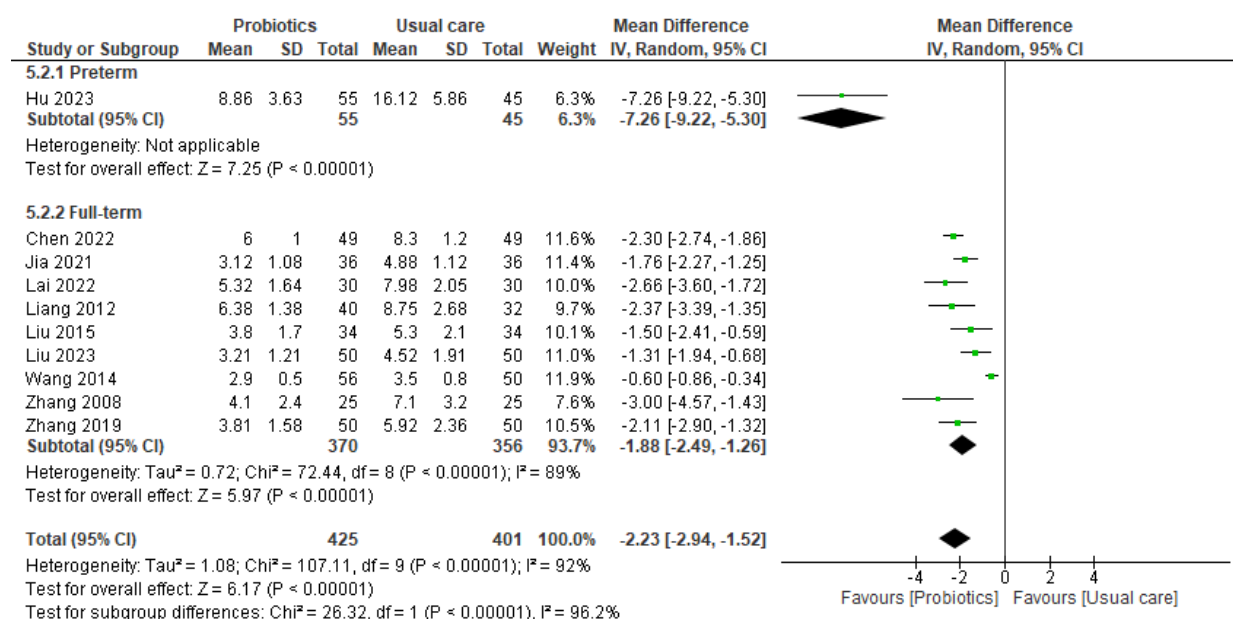
c: For the target estimate of a moderately large reduction in serum bilirubin, the 95% CI ranges from a large to a moderate reduction. Certainty of the evidence was downgraded by one level.

d: There is a large degree of heterogeneity, as indicated by an I square value of 81%.

e: There is a large degree of heterogeneity, as indicated by an I square value of 89%.

RCT: randomized controlled trial, MD: mean difference.

## Supplementary Fig. S1 Forest plots of days to jaundice resolution in preterm and full-term infants



## Supplementary Fig. S2 Forest plots of efficacy rates in preterm and full-term infants

