

Women's and Children's

Protecting your baby from low blood glucose

Patients and Relatives Information



You have been given this leaflet because your baby is at risk of having low blood glucose (also called low blood sugar or hypoglycaemia).

Which babies are at risk?

Babies who are small, premature, unwell at birth, or whose mothers are diabetic or have taken certain medications, may have low blood glucose in the first few hours and days after birth.

What extra care does my baby need?

If your baby is in one of the at risk groups, your midwife or paediatrician should identify that your baby should follow the Hypoglycaemia Pathway. This involves a series of blood tests to check the blood glucose level. If low blood glucose is identified quickly, it is easily treated. This is important as extremely low blood glucose can cause brain injury, resulting in developmental problems.

Alongside doing blood glucose tests, we will perform regular checks on your baby (e.g. heart rate, temperature) every 4 hours to make sure your baby is well, including support to ensure your baby is feeding well.

Blood glucose testing

Your baby's blood glucose is tested using a heel-prick test and a handheld monitor. A very small amount of blood is needed and the result is obtained within 6 seconds. The first blood test should be done before the second feed (no later than 4 hours of age) and repeated until 2 blood glucose readings in a row are normal (≥ 2.0 mmol/L).

How to avoid low blood glucose

Skin-to-skin contact and keep your baby warm

Your baby is more likely to have a low glucose level if he/she is cold. Your baby's temperature should be between 36.6°C and 37.5 °C. The temperature in between your breasts is 2°C higher than the rest of your body - it is where your baby is meant to be. Keep your baby in skin-to-skin contact on your chest, covered with a blanket and a hat on.

If your baby is in a cot, make sure he/she is covered with a sheet and 1 or 2 cellular blankets (blankets with small holes that allow air to circulate). Your midwife can advise on how many blankets you should use. Some small and premature babies need to be cared for on a special warming mattress to help maintain their temperature. Babies who have used these mattresses will need to be monitored for a further 12 hours once the heat is turned off. If your baby is on NNU they may be for monitored 48 hours.

Feed as soon as possible after birth and at least 8 times in 24 hours

Your baby should feed within 1 hour of birth and should feed at least every 3 hours until the blood glucose level is normal. It is advised to stay in hospital until feeding is established.

Feed as often and for as long as your baby wants

Feed your baby whenever you notice feeding cues. These include rapid eye movements under the eyelids, mouth and tongue movements and sucking on a fist. **Don't wait for your baby to cry – this can be a late sign of hunger.** Responding to your baby's cues will ensure your baby gets as much milk as possible. Remember, you cannot over feed a breastfed baby.

If you are bottle feeding, make sure you are not over feeding your baby. You should wait for feeding cues and allow the baby to take as much milk as he/she wants. Ask a member of staff to explain paced bottle feeding.

Express your milk at least 8 times in 24 hours (at least once at night)

If you are breastfeeding and your baby does not feed well, try to give some expressed milk. Ask a member of staff to show you how to hand express your milk. It is good to have some expressed breast milk saved in case you need it later. Try to express a little extra breast milk in between feeds. Your midwife will be able to show you how to store expressed milk.

What happens if my baby's blood sugar is low?

If the blood glucose is low (below 2.0mmol/L), your baby will require glycoGel (a food source) via syringe. This helps to correct the low blood sugar.

Following glycoGel, you should continue to offer breastfeeds and to express your milk. This will ensure your milk supply is stimulated and your baby receives as much of your milk as possible.

If you are breastfeeding and your baby does not breastfeed straight away, a member of staff will support you to hand express your milk and give it to your baby by syringe.

The Hypoglycaemia Pathway is not an indication for women who want to breastfeed to give formula. Breast milk can be provided through hand expressed colostrum and is more effective than introducing formula.

If the mother has chosen to formula feed her baby, you will be encouraged to offer feeds with no longer than 3 hours gap between feeds until blood sugar is stabilised.

Very occasionally, if babies are too sleepy or unwell to feed or if the blood glucose is still low after feeding, babies may need to go to the Neonatal Unit. The doctors and nurses will explain any extra care that might be needed. In most cases, this extra treatment will only be needed for 24-48 hours.

Don't hesitate to tell staff if you are worried about your baby

If your baby seems unwell, this could be a sign of low blood glucose. As you are with your baby all the time, you know your baby best so it is important you tell staff if you are worried.

Taking your baby home

You and your baby will need to stay in hospital for the blood glucose tests and for at least 24 hours after completing the Hypoglycaemia Pathway, to ensure your baby is able to feed well and maintain their blood glucose without help.

If your baby was premature or was very small, your baby may need to stay in hospital until your baby has gained weight on Days 3 and 4 and is able to maintain their temperature.

There is no need to continue waking your baby to feed every 3 hours after your baby has finished the “Hypoglycaemia Pathway” unless this has been recommended for a particular reason. You may now feed by responding to your baby’s feeding cues. However, it is important to make sure your baby feeds well at least 8 times in 24 hours. Most babies wake to feed more often than this.

Before you go home make sure you understand how to tell if your baby is getting enough milk. A member of staff will explain the number of wet/dirty nappies you should expect and the normal changes to the colour of your baby’s stools.

Once you go home, no special care is needed. As with all newborn babies, you should continue to observe for signs that your baby is well and seek medical advice if you are at all worried about your baby.

References

British Association of Perinatal Medicine (2017). Identification and Management of Neonatal Hypoglycaemia in the Full Term Infant – A Framework for Practice.

We ask for information about you so that you can receive proper care and treatment. This information remains confidential and is stored securely by the Trust in accordance with the provisions of the Data Protection Act 2018/GDPR. Further guidance can be found within our privacy notice found on our Trust website: www.mkuh.nhs.uk

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