Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Protecting your Baby from Low Blood Glucose

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Patient Information

Maternity Department

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What Is Low Blood Glucose?

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

Those babies who are small, premature, unwell at birth or whose mothers are diabetic or have taken certain medication (beta-blockers), may have low blood glucose in the first few hours and days after birth, and it is especially important for these babies to keep warm and feed as often as possible to maintain normal blood glucose levels.

If your baby is in one of these “at risk” groups, it is recommended that they have some blood tests to check their blood glucose level. Extremely low blood glucose, if not treated, can cause brain injury, resulting in developmental problems. If low blood sugar is identified quickly, it can be treated, so as to avoid harm to your baby.

What Is Blood Glucose Testing?

Your baby’s blood glucose is tested by a heel-prick blood test. A very small amount of blood is needed, and it can be done while you are holding your baby in skin-toskin contact. The first blood glucose should be done before the start of the second feed (2 - 4 hours) after birth, and repeated until the blood glucose levels are stable. You and your baby will need to stay in hospital for the blood tests.

You will know the result of the test straight away.

How Can I Avoid Low Blood Glucose?

Skin-to-skin contact

Skin to skin contact with your baby on your chest helps keep your baby calm and warm and helps establish breastfeeding. During skin-to-skin contact, your baby should wear a hat and be kept warm with a blanket or towel.

Keep your baby warm

Put a hat on your baby for the first few days in hospital. Keep your baby in skin contact on your chest covered with a blanket and look into your baby’s eyes to check his/her well-being; or keep baby warm with blankets if he/she is left in a cot.

Feed as soon as possible after birth

Ask a member of staff to support you with feeding until you are confident, and make sure you know how to tell if breastfeeding is going well, or how much formula to give your baby.

Feed as often as your baby wants, but do not leave them more than three hours between feeds, if possible, in the first few days

Feed your baby whenever you notice ‘feeding cues,’ which include rapid eye movements under the eyelids, mouth and tongue movements, body movements and sounds or sucking on a fist, and then offer your baby a feed. Do not wait for your baby to cry – this can be a late sign of hunger. Let your baby feed for as long as they want and offer both breasts if you are breastfeeding. If your baby is not showing any feeding cues yet, hold baby in skin-to-skin and offer a feed. To reduce the risk of low blood glucose, your baby should have a feed within three hours of the beginning of the last feed. Your midwife will talk to you about when you can move to responsive feeding.

Express your milk (colostrum)

If you are reading this leaflet whilst you are pregnant, you may wish to hand express some colostrum before your baby is born. We suggest you talk to your midwife to discuss if this is the right thing for you, and they can talk to you about how to express milk antenatally.

If you are breastfeeding and your baby struggles to feed, try to give some expressed breast milk. A member of staff will show you how to hand express your milk, or you can watch the UNICEF hand expression video (search “UNICEF hand expression”). If possible, it is good to have a small amount of expressed breast milk saved in case you need it later, so try to express a little breast milk in between feeds. Ask your midwife how to store your expressed milk, and for support with using a breast pump if you still need to express milk after the first couple of days.

Don’t Hesitate to Tell Staff if You Are Worried About Your Baby

If your baby appears to be unwell, this could be a sign that they have a low blood glucose. As well as doing a blood test, staff will observe your baby to check he/she is well; but your observations are also important, as you are with your baby all the time, so know your baby best. It is important that you tell staff if you are worried that there is something wrong with

your baby, as parents' instincts are often correct.

Signs that Your Baby May Be Unwell

Is your baby feeding well?

In the first few days, your baby should feed effectively at least every 3 hours, until blood glucose is stable, and then at least 8 times in 24 hours. Ask a member of staff how to tell if your baby is attached and feeding effectively at the breast, or how much formula he/she needs. If your baby becomes less interested in feeding than before, this may be a sign they are unwell, and you should raise this with a member of staff.

Is your baby warm enough?

Your baby should feel slightly warm to touch, although hands and feet can sometimes feel a little cooler. If you use a thermometer, the temperature should be between 36.5°C and 37.5°C inclusive.

Is your baby alert and responding to you?

When your baby is awake, he/she will look at you and pay attention to your voice and gestures. If you try to wake your baby, they should respond to you in the same way,

Is your baby's muscle tone normal?

A sleeping baby is very relaxed but should still have some muscle tone in their body, arms and legs, and they should respond to your touch. If your baby feels completely floppy, with no muscle tone when you lift their arms or legs, or if your baby is making strong repeated jerky movements, this is a sign they may be unwell. It can be normal to make brief, light jerky movements. Ask a member of staff if you are not sure about your baby's movements.

Is your baby's colour normal?

Look at the colour of the lips and tongue – they should be pink.

- Is your baby breathing easily?

A baby's breathing can be quite irregular, sometimes pausing for a few seconds and then breathing very fast for a few seconds. If you notice your baby is breathing very fast for a

continuous period (more than 60 breaths per minute), or seems to be struggling to breathe - with very deep chest movements, nostril flaring or making noises with each breath out – this is not normal.

Who to Call if You Are Worried

- In hospital, inform any member of the clinical staff.
- At home, call the emergency number given to you by your midwife.
- Out of hours, call NHS 111
- If you are really worried, take your baby to your nearest Paediatric A&E or dial 999.

What Happens if My Baby's Blood Glucose Is Low?

If the blood glucose test is low, your baby should feed as soon as possible and have skin to skin contact with you. If the level is very low, the neonatal team may advise urgent treatment to raise the blood glucose, and this could require immediate transfer to the Neonatal Unit.

Another blood glucose test will be done before the next feed or within 2 - 4 hours.

If you are breastfeeding and your baby does not breastfeed straight away, a member of staff will review your baby to work out why. If they are happy that your baby is well, they will support you to hand express your milk and give it by oral syringe or cup. If your baby has not breastfed, and you are unable to express any milk, you will be advised to offer formula.

In some hospitals, the team may prescribe a dose of dextrose gel (sugar) as part of the feeding plan, because this can be an effective way to bring your baby's glucose level up.

If you are breastfeeding and advised to give some infant formula, this is most likely to be for one or a few feeds only. You should continue to offer breastfeeds and try to express milk as often as possible, so as to ensure your milk supply is stimulated.

Very occasionally, if a baby is too sleepy or unwell to feed, or if the blood glucose is still too low after feeding, he/she may need to go to the Neonatal Unit. Staff will explain any treatment that might be needed. In most cases, low blood glucose quickly improves within

24-48 hours, and your baby will have no further problems.

When Can I Go Home with My Baby?

It is recommended that your baby stays in hospital for 24 hours after birth. After that, if your baby's blood glucose is stable and he/she is feeding well, you will be able to go home.

Before you go home, make sure you know how to tell if your baby is getting enough milk. A member of staff will explain the normal pattern of changes in the colour of dirty nappies and the number of wet nappies/dirty nappies. For further information, if you are breastfeeding, see 'How you and your midwife can recognise that your baby is feeding well' (Search 'UNICEF Baby Friendly assessment tool')

It is important to make sure that your baby feeds well at least 8 times every 24 hours and most babies feed more often than this.

There is no need to continue waking your baby to feed every 2-3 hours, as long as he/she has had at least 8 feeds over 24 hours (unless waking your baby has been recommended for a particular reason). You can now start to feed your baby responsively. Your midwife will explain this.

If you are bottle feeding, make sure you are not overfeeding your baby. Offer the bottle when he/she shows feeding cues, and observe for signs that he/she wants a break. Don't necessarily expect your baby to finish a bottle – let him/her take as much milk as he/she wants.

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

Further Information and References

British Association of Perinatal Medicine Identification and Management of Neonatal Hypoglycaemia in the Full-Term Infant – A Framework for Practice 2024.

UNICEF: www.unicef.org.uk/BabyFriendly

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