

Parent Information

Protecting your baby from low blood glucose

Women's Services



Introduction

You have been given this leaflet because your baby has an increased risk of having low blood glucose (also called low blood sugar or hypoglycemia). The purpose of this leaflet is to provide you with information about low blood glucose. Please let your midwife know if you have any questions.

What is low blood glucose?

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. It is especially important for these babies to keep warm and feed as often as possible in order 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 glucose is identified quickly, it can be treated to avoid harm to your baby.

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-to-skin contact. The first blood test should be done before 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 to avoid low blood glucose

Keeping your baby warm and skin-to-skin contact

Put a hat on your baby for the first few days while he/she is in hospital, and when in their cot, keep him/her warm with blankets. Skin-to-skin contact with your baby on your chest helps to keep them 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. Look into your baby’s eyes to check his/her well-being in this position.

Feed as soon as possible after birth

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

Feed as often as possible in the first few days

Whenever you notice 'feeding cues', offer your baby a feed. Feeding cues include rapid eye movements under the eyelids, mouth and tongue movements, body movements and sounds, sucking on a fist. Don't wait for your baby to cry as this can be a late sign of hunger.

Feed for as long, or as much, as your baby wants

This will ensure your baby gets as much milk as possible.

Feed as often as baby wants, but do not leave your baby more than 3 hours between feeds.

If your baby is not showing any feeding cues yet, hold him/her skin-to-skin and start to offer a feed about 3 hours after the start of the previous feed.

Express your milk (colostrum)

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 watch the online UNICEF hand expression video (the web address is on the back cover of this leaflet).

If possible, it is good to have a small amount of expressed milk saved in case you need it later, so try to express a little extra breast milk in between feeds. Ask your midwife how to store your expressed milk.

Please do tell the midwife if you are worried about your baby

If your baby appears to be unwell, this could be a sign that he/she has low blood glucose. As well as doing blood tests, 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 the midwife if you are worried that there is something wrong with your baby, as parents' instincts are often correct.

The following are signs that your baby is well:

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 the 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 some 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 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 the midwife if you are not sure about your baby's movements.

Is your baby's colour normal?

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

Is your baby breathing easily?

Babies' 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, nostrils flaring or making noises with each breath out – this is **not** normal.

Who to call if you are worried:

- Whilst in hospital, inform any member of the clinical staff
- At home, call the hospital and ask for an urgent visit or advice
- Out of hours, call NHS 111
- If you are really worried, take your baby to your nearest paediatric (children's) Emergency Department or dial 999.

What happens if your baby's blood glucose is low?

If the blood glucose test result is low, your baby should feed as soon as possible and be given skin-to-skin contact. 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 then be done before the next feed or within 2-4 hours.

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

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

Very occasionally, if babies are too sleepy or unwell to feed, or if the blood glucose is still low after feeding, they may need to go to the Neonatal Unit / Special Care Baby Unit (SCBU). 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.

Going home with 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 number of wet/dirty nappies. For further information, if you are breastfeeding, visit the UNICEF website to read 'How you and your midwife can recognise that your baby is feeding well' (the web address is on the back cover of this leaflet - see '**Breastfeeding assessment tools**').

It is important to make sure that your baby feeds well at least 8 times every 24 hours. 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 this 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 newborn 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.

Please use this space to write down any questions you may like to ask:

Contact telephone numbers

Infant Feeding Specialist Midwife, Lister Hospital ☎ 01438 284071
Children's Emergency Department, Lister Hospital ☎ 01438 284333

Further information

- **Unicef hand expression video:**
<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/hand-expression-video/>
- **Breastfeeding assessment tools:** <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/breastfeeding-assessment-tools/>

**You and your baby are important to us –
Thank you for choosing East and North Herts NHS Trust**

Acknowledgement

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