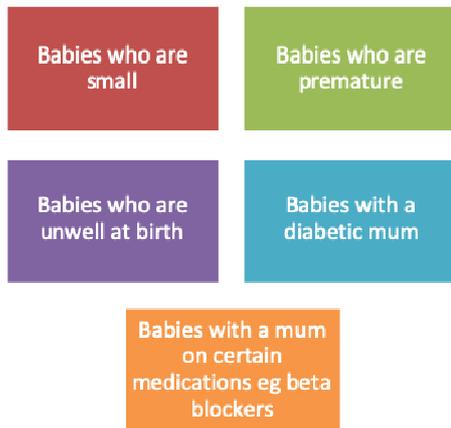


Protecting your baby from Low Blood Sugar

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

Who is at risk of low blood sugar?



What does this mean for my baby?

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.

How is my baby’s blood glucose tested?

Your baby’s blood glucose is tested by a heel-prick blood test. A very small amount of blood is needed and you will know the result of the test straight away.

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.



How to avoid low blood glucose

1. 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.

2. Keep your baby warm

Put a hat on your baby for the first few days while he/she is 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 in this position, or keep warm with blankets if left in a cot.

3. Feeding

- **Feed as soon as possible after birth**
- Feed as often as possible in the first few days
- Feed for as long, or as much, as your baby wants
- Feed as often as baby wants, but **do not leave your baby more than 3 hours between feeds**

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.

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

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.

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



What happens if my baby's blood glucose level is low?

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

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 your baby is clinically well, then you will be supported with expressing and giving expressed breast milk to your baby using an oral syringe or a cup. If you are unable to express any milk, you will be advised to offer formula. Donor breast milk may be an option to offer as a supplement rather than formula. If you are breastfeeding and advised to give formula or donor breast milk (if available) this is likely to be for a small number of feeds and you should continue to offer breastfeeds and try to express milk as often as possible to ensure your milk supply is stimulated.

If your baby has a low blood glucose level but is clinically well, the team may prescribe a dose of glucose (sugar) gel 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, your baby may need to go to the Neonatal Unit / Special Care Baby 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.

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

How do I know my baby is well?



Your baby should feed at least every 3 hours in the first few days then at least 8 times in 24 hours after that.

If you are worried about your baby, please do not hesitate to tell the staff on the ward, as your baby's blood sugar level may be low. The staff will review your baby.

Going Home

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 baby 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.

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.

If you are bottle feeding, make sure you are not overfeeding your baby. Offer the bottle when your baby shows feeding cues and observe for signs that he/she wants a break.

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 about your baby.

Once at home, if you are concerned your baby is unwell, call your community midwife, call NHS 111 or if you are really worried, take your baby to your nearest A&E or call 999