Chelsea and Westminster Hospital
NHS Foundation Trust

Protecting your baby from low blood sugar

Information for parents

Protecting your baby from low blood sugar

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). 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 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.

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 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 his/her arms or legs, or if your baby is making strong, repeated, jerky movements, this is a sign he/she may be unwell. It can be normal to make brief, light, jerky movements. Ask a member of the team 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?

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.

How to 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 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 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 wellbeing in this position, or keep warm with blankets if 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 possible in the first few days

Whenever you notice 'feeding cues'—which include rapid eye movements under the eyelids, mouth and tongue movements, body movements and sounds, and 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.

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

This ensures 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 2 hours after the start of the previous feed.

Express your milk

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 find videos if you search 'UNICEF hand expression'. If possible, try to express a little extra breast milk in between feeds to save in case your baby needs it. You can also practice expressing your milk during pregnancy from 37 weeks—ask your midwife to show you and explain how to store your expressed milk.

Check your baby seems well

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, and 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.

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 have 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 (NICU).

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. If he/she is happy that your baby is well, you will be supported to hand express your milk and give it to your baby. If your baby has not breastfed, and you have been unable to express any of your milk, you may be advised to offer infant formula.

Your baby will be prescribed a dose of dextrose (sugar) gel as part of the feeding plan because this can be an effective way to increase your baby's glucose.

If you are breastfeeding and have been 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 to ensure your milk supply is stimulated.

Very occasionally, if babies are too sleepy or unwell to feed, or if the blood glucose is still 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.

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.

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 if he/she has had at least 8 feeds over 24 hours, unless this has been recommended for a 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.

Who to call if you are worried

- In hospital, inform any member of clinical staff
- At home, call your community midwife and ask for an urgent visit or advice
- For urgent review out-of-hours at Chelsea and Westminster call 020 3315 6000 and select option 1
- For urgent review out-of-hours at West Middlesex call 020 8321 5608
- If you are worried, take your baby to your nearest Children's A&E or dial 999

Patient Advice & Liaison Service (PALS)

If you have concerns or wish to give feedback about services, your care or treatment, you can contact the PALS office on the Ground Floor of the hospital just behind the main reception.

Alternatively, you can send us your comments or suggestions on one of our comment cards, available at the PALS office, or on a feedback form on our website www.chelwest.nhs.uk/pals.

We value your opinion and invite you to provide us with feedback.

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