

Protecting your Baby from Low Blood Sugar

Parent Information Sheet

What is low blood sugar?

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

Babies who are small, premature, unwell at birth, or whose mothers are diabetic or have taken certain drugs, may have low blood sugars in the first few hours and days after birth, and it is especially important that they keep warm and feed as often as possible in order to maintain normal blood sugar 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 sugar level. Extremely low blood sugars, if not treated, can cause brain injury resulting in developmental problems. If low blood sugar is identified quickly, it can be treated.

Blood sugar testing

Your baby’s blood sugar 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 (no later than 4 hours of age), and repeated until the blood sugar levels are stable.

You and your baby will need to stay in hospital for the blood tests.

The blood test result is available immediately.

How to avoid low blood sugars

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

Keep baby warm. Put a hat on your baby for the first few days. Keep your baby in skin contact on your chest, covered with a blanket, 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 and make sure you understand how to tell if breastfeeding is going well, or how much formula to give.

Feed as often as possible in the first few days. Whenever you notice “feeding cues” which include moving lips, tongue, hands and sucking fingers, offer your baby a feed.

Feed for as long, or as much, as your baby wants. To ensure your baby gets as much milk as possible.

Feed as often as baby wants, but do not let your baby go for 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 does not feed well, try to give some expressed breast milk. A member of staff will show you how to hand express your milk, or see the hand expressing video on

<http://www.unicef.org.uk/BabyFriendly/Resources/AudioVideo/Hand-expression/>

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.

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 low blood sugar. As well as doing blood tests, staff will observe your baby to check he/she is well, but your observations of your baby 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.

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 sugars are normal 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 degrees C and 37.5 degrees C.

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 will still have some muscle tone in their body, arms and legs and will 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 the team if you are not sure.

Is your baby's colour normal? Look at the colour of the lips and tongue – they should be pink. Bluish or pale colour is not normal.

Is your baby's breathing normal? 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

In hospital, inform any member of the clinical staff.

At home, call your community midwife and ask for an urgent visit or advice.

Out of hours, call NHS 111 or:

If you are really worried, take your baby to your nearest Paediatric A&E or dial 999.

Low blood sugar test result

If the blood sugar test result is low (below 2.0mmol/l), your baby should feed as soon as possible.

Hold your baby in skin to skin contact.

Another blood sugar test will be done before the next feed.

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 by syringe/finger/cup.

If baby has not breastfed, and you have been unable to express any of your milk, you will be advised to offer infant formula. This can be given by cup or by bottle.

In some hospitals the team may prescribe a dose of sugar gel as part of the feeding plan.

This can be an effective way to bring your baby's sugar 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 to ensure your milk supply is stimulated.

Very occasionally, if babies are too sleepy or unwell to feed, or if the blood sugar is still low after feeding, he/she may need to go to the Neonatal Unit / Special Care Baby Unit. The doctors and nurses will explain any treatment that might be needed. In most cases, low blood sugars quickly improve within 24-48 hours and that is usually the end of the problem.

Going home with baby

Once your baby's blood sugars are normal, and he/she is feeding well, you will be able to go home.

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 normal pattern of changes in the colour of dirty nappies and number of wet/dirty nappies. For further information, see the Baby Friendly chart or local chart *How Do I Know My Baby is Getting Enough Milk?*

It is important to make sure that your baby feeds effectively **at least 8 times in 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, unless this has been recommended for a particular reason. You can now start to feed your baby responsively. Your midwife will explain what this means.

If you are bottle feeding, make sure you are not 'overfeeding' your baby – you should wait for feeding cues and allow the baby to 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 observe for signs that your baby is well, and seek medical advice if you are worried at all about your baby.