



# Protecting your baby from low blood sugar

---

**You have been given this leaflet because your baby is at increased risk of low blood sugar (other terms used are low blood glucose and hypoglycaemia).**

---

## Introduction

Babies who are small, have fewer fat stores, premature, unwell at birth, or whose mothers are diabetic or have taken certain medication (beta-blockers), may have low blood sugar 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 in order to maintain normal blood sugar levels. This is not usually an ongoing issue and once feeding is established babies can regulate their blood sugar levels without monitoring. Some women find collecting colostrum in advance of the birth useful, read the leaflet “Expressing colostrum in pregnancy” (see QR code below).

## Blood glucose testing

We will test your baby’s blood by taking a tiny sample by taking a tiny sample from their heel. You can comfort your baby in skin contact and offer a feed straight after. The first heel prick will be before the baby’s second feed which is usually around 2-4 hours after birth and we will stop testing once the level remains stable, which can sometimes take a few days. You will know the results straight away, and you and your baby can go home once the glucose levels are stable and your baby is feeding regularly.

## Things you can do to help prevent low blood sugar

- **Skin to skin contact / Keeping warm:** This should only be initiated when you feel alert enough to monitor baby’s condition or if you are supported by your partner or health professional. *It* should be done by lying back comfortably on your bed with your baby laid directly onto your chest, above your breasts in direct skin to skin contact. Ensure you can see your baby’s face and that his/her mouth and nose is uncovered. Skin to skin contact not only warms your baby, but it is also very calming for you both and will often encourage your baby to initiate feeding behaviours. If you are feeling cold and/or your skin is damp putting the baby against your skin may not warm them up. Get cosy with a blanket but ensure that it is clear from your baby’s face A hat will help to maintain your baby’s temperature in the few hours after birth, this is especially important if there is an increased risk of low blood sugar.
- **Feeding:** Feeding your baby within the first hour, or so, after birth, is ideal for the best start *and babies are often* most keen to feed when they are first born. Feeding as often as possible thereafter encourages milk production but **aim for every 3 hours or so as a minimum** in the first few days, which promotes early regulation of blood sugar. Look out for, and respond to baby’s early feeding cues, such as: wakefulness, this is often the first sign of

hunger, as well as, turning head, stretching, moving, making sounds and babies putting hands to their mouth, rather than waiting for crying. Ask staff for help with latching your baby and recognising effective feeding if breastfeeding. Learn how to offer and safely pace feeds if you are bottle feeding. See QR code below titled [Bottle feeding resources - Baby Friendly Initiative \(unicef.org.uk\)](#)

If your baby is struggling to feed effectively then we can show you how to express some of your milk and give this to your baby. Many women find watching this expressing video helpful: [Hand expression video - Baby Friendly Initiative \(unicef.org.uk\)](#) (see QR code below)

Once your baby is feeding effectively which is assessed by maternity staff and the baby's sugars are stable, you can go home.

### What happens if my baby's blood sugar is low?

We will advise you to feed your baby straight away, (which usually works). We may suggest offering a supplement to your baby in order to boost your baby's sugar level in addition to regularly breastfeeding. This is usually expressed breast milk (EBM), but we may offer a sugar gel (Dextrose) or formula. This is usually for a short time, and is offered using a finger, syringe, teaspoon or cup. Sometimes we will contact the paediatrician (doctor) for advice, if after feeding and supplementing, the sugar level remains low. We may need to monitor your baby more closely in the special baby care unit (Buscot) for a time.

### How to know if baby is well?

- **Feeding:** Baby is feeding regularly and effectively at least every 3 hours, is alert showing feeding cues, then appears content afterwards. Your breasts and nipples are comfortable. Your baby's nappy contains at least two £2 coin sized poos the correct colour for age, this will be the tarry meconium in the first day or so and increasing amounts of urine.
- **Warmth:** Baby feels slightly warm to touch, although their hands and feet can often be cooler, if using a thermometer, the range should be 36.5 - 37.5C.
- **Responsive:** When your baby is awake, he/she looks at you, pays attention to your voice and if you try to wake them, they respond to you.
- **Muscle tone:** Babies appear very relaxed when asleep but should have some muscle tone and respond to your touch. Call for help if your baby appears floppy and doesn't respond when you lift their legs and arms or appears to be making repeated trembling/ jerking movements. Often a newborn baby will make light jittery movements, so your midwife can help you decide what is normal.
- **Colour:** Your baby should have pink lips and tongue.
- **Breathing:** Your baby's breathing rate will vary and will sometimes pause for a few seconds followed by a rapid phase for a few seconds. If you notice rapid breathing >60 breathes/minute for a prolonged time or apparent struggling with breathing with deep chest movements, call for advice. Flaring nostrils or making noises with each outward breath, is a cause for concern so call for help immediately.

If you have any concerns about your baby’s wellbeing at any stage, then call for any of our clinical staff so we can monitor your baby more closely. If you are at home then contact the NHS 111 telephone service, or 999 if you feel there is something urgently wrong.

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

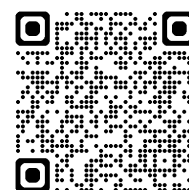
**Please ask if you need this information in another language or format.**

Infant Feeding Lead Midwife, September 2019

Reviewed: July 2024

Next review due: July 2026

[Expressing colostrum in pregnancy](#)



[Hand expressing – Baby friendly initiative](#) (Unicef.org video)



[Bottle feeding resources – Baby friendly initiative](#) (Unicef.org information)



## Our Maternity Strategy and Vision

*'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'*

You can read our maternity strategy here

