

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). Babies who are small, 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. Some women find collecting colostrum in advance of the birth useful, read the “Expressing during pregnancy” leaflet to find out how. Find this at www.royalberkshire.nhs.uk/infant_feeding.htm

Blood glucose testing

We will test your baby’s blood by taking a tiny sample by pricking 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 your baby is feeding regularly.

Things you can do to help prevent low blood sugar:

- **Skin to skin contact / Keeping warm:** This is usually done by lying back comfortably on your bed with your baby laid directly onto your chest in direct skin to skin contact. This not only warms your baby but is very calming for you both and will often encourage your baby to initiate feeding behaviours, such as rooting around getting fidgety. Get cosy with a blanket and use a hat to feel snug with your baby.
- **Feeding:** Feeding your baby within the first hour or so after birth is really important to get things off to a great start and feeding as often as possible thereafter, **but aim for every 3 hours or so as a minimum** in the first few days, which means baby can start to regulate his blood sugar. Look out for and respond to baby’s early feeding cues, such as: wakefulness, this is often the first sign a baby is hungry as well as, turning head, stretching, moving, making sounds and the baby putting its hands to its mouth, rather than waiting for your baby to cry. Ask your midwife for help with how to latch your baby and how you can recognise effective feeding if breastfeeding, and how to offer and safely pace feeds if bottle feeding. View www.babyfriendly.org.uk/resources for breastfeeding and bottle feeding advice and download “Me and My baby” iBook.

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 these expressing videos helpful: www.unicef.org.uk/babyfriendly/baby-friendly-resources/video/hand-expression/ and www.youtube.com/watch?v=axQi5PqRZ0M. Once your baby is feeding effectively

and this is assessed by your midwife, using the tool in your postnatal notes (pages 14-16), and the baby's sugar 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, as 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 with an alert baby showing feeding cues and 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 looks at you and pays attention to your voice and if you try and wake your baby they respond to you in some way.
- **Muscle tone:** Your baby will appear very relaxed when asleep but should have some muscle tone in their body and will 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 strong 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 seems to be struggling to breathe with deep chest movements or flaring nostrils or making a noise with each outward breath, then call for help immediately as this isn't normal.

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 your community midwife or GP, if out of hours NHS 111 or 999 if you feel there is something urgently wrong.

This document can be made available in other languages and formats upon request.

Author: Claire Carter, September 2019
Approved: Maternity Information Group & Patient Information Manager, October 2019
Amended: January 2020
Review due: October 2021