

Information for parents about babies with low blood sugars (page 1 of 3)

The following babies are more likely to have a low blood sugar in the first few days following birth. This is particularly the case if they do not feed frequently or effectively.

- babies born at less than 37 weeks
- birth weight is less than 2.5kg or thought to be underweight for the weeks of pregnancy
- birth Apgar score less than 7 at 5 minutes after birth
- temperature less than 36°C (two recordings taken one hour apart)
- ill babies – such as those who have an infection
- babies who appear larger than expected for the weeks of pregnancy
- the mother has diabetes – outside pregnancy or just while pregnant (gestational diabetes)
- the mother has been taking beta blocker drugs in pregnancy - such as Labetalol or Atenolol.

If your baby falls into one of the above categories they will be observed closely for at least the first 24 hours.

Low blood sugars in babies can over a period of time, result in damage to the body and the brain.

A baby's blood sugar should measure 2.6millimols per litre (mmols/L) or more. There is then no risk to the baby of damage to brain or body function.

Preparation in pregnancy

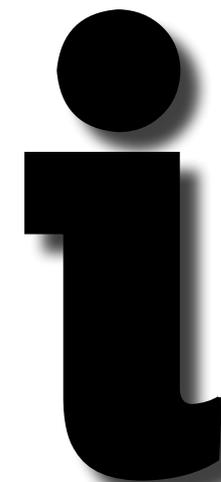
If you know that your baby will be more likely to drop their blood sugar in the first few days, you may be able to express colostrum from your breasts during the last few weeks of pregnancy. This can then be used to add to the expressed colostrum or milk feeds you give in the first hours after birth, especially if the baby is not feeding effectively.

Please ask your Midwife to show you how to hand express colostrum and how to store it before the baby's birth.

Immediately after birth

You will be encouraged to hold your baby in skin to skin contact at birth as this will stimulate the baby to look for food. If you are breastfeeding,

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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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you and your baby will be given help to achieve a successful first feed in the first 1 hour after birth. If your baby is unable to breastfeed, you will be shown how to express some colostrum by hand to give to the baby. If you are bottle feeding you will be given the milk of your choice to feed your baby during this hour.

The first blood sugar reading is taken at around 2-4 hours of age. Before this, the result would reflect the mother's blood sugar at birth.

You will be advised to prompt your baby to feed at least every 3 hours (counted from the beginning of one feed to the beginning of the next). Your baby may feed more frequently and this is perfectly all right.

Monitoring babies who are more likely to drop their blood sugars will include seeing how rousable they are, their temperature, pulse and respiratory rate, their muscle tone and their blood sugar. The blood sugar is tested by pricking the baby's heel with a tiny needle, the blood is caught on a testing strip and placed into a small machine which gives a reading.

Blood sugars will be taken before each feed to ensure they remain at 2.6mmols/L or above until your baby has had 3 results at this level or above.

The first few days

You should continue to feed your baby frequently day and night until feeding is well established even after blood sugar monitoring has been stopped. If you are breastfeeding this will usually be when the milk comes in between 48 and 72 hours and the baby is showing a desire to feed frequently without being prompted. If you are bottle feeding, this will be when the baby takes the amount he requires and also showing a desire to feed frequently without being prompted.

Low blood sugars

If your baby's blood sugar drops below 2.6mmols/L, you will be asked to feed your baby immediately, and the blood sugar will be re-checked after the feed to ensure it has risen to 2.6mmols/L or more. If you are breastfeeding and your baby is unable or unwilling to feed at the breast, you will be asked to express colostrum. If this is not successful, your baby will need to receive some artificial formula. Although this may effect the breastfeeding, there are less serious consequences from giving formula than there are from a persistently low blood sugar. You will be given ongoing support to establish breastfeeding.

In some circumstances, the blood sugar drops particularly low and the baby may need to receive a larger amount of feed straight away without waiting to recheck the blood sugar. If your baby is sleepy or unwilling to swallow the feed, a tube may need to be passed through the nose down into the stomach to give the feed or the baby may need to be transferred to the Neonatal Unit for intravenous glucose (into a vein).

No need for ongoing concern

Once the baby's blood sugar has stabilised and the baby is feeding well, you can start to feed the baby every time he shows signs of wanting to feed, instead of having to watch the clock and prompt him if he goes as long as 3 hours. There is no reason to be concerned about

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the baby's blood sugar levels once feeding is well established. If you have any questions, or there is something you don't understand or are worried about please speak to a midwife or doctor.

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