

Protecting your baby from low blood glucose

Information for Parents

Which babies are at risk of low blood glucose? Babies who are small, premature, unwell at birth or whose mothers are diabetic or have taken beta-blocker medication (for high blood pressure) are at risk of low blood glucose. This is sometimes called low blood sugar or hypoglycaemia. If your baby is in one of these at risk groups it is recommended they have blood tests to check their blood glucose level.

Before baby is born

You can express your breast milk before your baby is born from 37 weeks of pregnancy. Giving this milk in the early days may reduce the risk of low blood glucose. If you would like to try this speak to your midwife.

If you have diabetes, breastfeeding your baby reduces the risk of diabetes in you AND baby. For many mothers with diabetes, milk supply increases later than for mothers who don't have diabetes. Breastfeeding your baby in the first hour of life, regular effective breastfeeding, and expressing encourages the milk supply to increase. For information and support, contact the infant feeding team on 07816061633.

Video on
expressing your
milk before your
baby is born



If low blood glucose is identified quickly, it can be treated quickly to avoid harm to your baby. If extremely low blood glucose is not treated it can cause brain injury and developmental delay.

- Your baby's blood glucose is tested with a small heel prick blood test and you will know the result straight away.
- The first test should be done before baby's second feed (2-4 hours after birth), the test is repeated until the results are stable. The tests can be done while holding your baby in skin to skin contact to provide comfort and pain relief.
- You and baby will need to stay in hospital until the results are stable usually around 24-48 hours.

How to help avoid low blood glucose

1. **Keep baby warm** Skin-to-skin contact keeps baby warm and stable and helps baby establish breastfeeding. Keep baby chest-to-chest and cover exposed skin with a hat and blanket.
2. **Early and regular feeding** Feed as soon as possible after birth and at least once in the first hour after birth. Feed when baby shows "cues" but avoid going longer than 3 hours between feeds until the blood glucose is stable.

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What if my baby does not want to feed?

If your baby struggles to feed let staff know and they will support you to feed your baby.

If you are breastfeeding the midwifery care team will support you to express your breastmilk by hand and give it to your baby straight away using a special oral syringe or baby feeding cup.

Signs your baby is well

Is your baby feeding well?

Babies at risk of low blood glucose should feed effectively at least every 3 hours until blood glucose levels are stable. Ask a member of staff to check baby is attached effectively at the breast or if formula feeding how much formula they should be taking. If your baby becomes less interested in feeding than before this may be a sign they are unwell and you should speak to a member of staff.

Is your baby warm enough?

Your baby's body should feel warm, although their hands and feet may still feel a little cooler. If you use a thermometer baby's temperature should be 36.5°C-37.5°C.

Is your baby responding to you?

When your baby is awake they should look at you and pay attention and if you try and wake them they should rouse and respond.

Is baby's muscle tone normal?

A sleeping baby is very relaxed, but should still have muscle tone and respond to touch. If your baby feels completely floppy or is making strong, repeated jerky movements, this is a sign they maybe unwell. Light, brief 'startle' movements are normal. Ask a member of staff if you are unsure about baby's movements.

Is your baby's colour normal? Look at baby's lips and tongue - they should be pink.

Is your baby breathing easily?

A baby's tummy moves when they breathe and their breathing can be irregular with pauses followed by a few seconds of fast breathing. BUT if the breathing is faster than 60 breaths per minute or they seem to be struggling to breathe (making noises with each breath out, deep chest movements or flaring nostrils) this is not normal.

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What happens if baby's blood glucose is low?

- If the blood test shows the baby's blood sugar is low: We will assist you to feed your baby as soon as possible and encourage you to hold baby in skin-to-skin contact between feeds to keep baby warm and stable.
- Your baby may be prescribed a dose of dextrose (sugar) gel to be given as well as a feed to help improve the blood glucose.
- In some cases if the blood glucose is very low and it does not improve after feeding and treatment with dextrose gel or baby does not feed they may need to go to the neonatal unit for treatment. Parents have 24 hour access to their baby on neonatal unit and will be supported to continue feeding, expressing milk and having skin-to-skin contact while baby is on the unit.
- In most cases low blood glucose improves in 24- 48 hours.

Going home with baby

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

Your baby's feeding behaviours, nappies and weight gain will tell you if baby is feeding well. If you have any concerns about your baby's feeding speak to a midwife.

Reference: The British Association of Perinatal Medicine (BAPM) Identification and Management of Neonatal Hypoglycaemia in the Full Term Infant. Framework for Practice (April 2017) available at www.bapm.org

If you would like to suggest any amendments or improvements to this leaflet please contact SWB Library Services on ext 3587 or email swbh.library@nhs.net.



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