

Protecting your baby from low blood glucose

(Eastern services)

Other formats

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- 01392 402093 (for Mid Devon, East Devon and Exeter services)
- 01271 314090 (for North Devon services)
- rduh.pals@nhs.net

What is low blood glucose?

You have been given this leaflet because your baby is at increased risk of having low blood sugars (also called low blood glucose or hypoglycemia). Babies who are small, premature, unwell at birth, or whose mothers have diabetes, or have taken certain medication (beta-blockers), may develop low blood sugars in the first few hours and days after birth.

These babies need to keep warm and feed as often as possible to keep their blood sugar at a healthy level.

If your baby falls into one of these “at risk” groups, healthcare staff may recommend blood tests to check their blood sugar levels. Extremely low blood sugars, if not treated, can cause brain injury and may lead to developmental problems.

If low blood sugar levels are identified early, they can be treated quickly to prevent harm to your baby.

Blood sugar testing

Healthcare staff will test your baby’s blood sugar with a quick heel-prick blood test that gives an instant result. They only need a very small amount of blood, and they can take it while you hold your baby skin-to-skin. They will do the first blood test before the second feed (around 2–4 hours after birth). If the result is low, they will repeat the test until your baby’s blood sugar levels stay stable. You and your baby will need to remain in the hospital during these tests.

What happens if your baby's blood sugar is low?

If your baby's blood sugar test shows a low result, your baby should feed as soon as possible. If the level is very low, the neonatal team may recommend urgent treatment to raise it, and your baby may need to transfer immediately to the Neonatal Unit.

A member of staff will check your baby's blood sugar again before the next feed or within 2–4 hours. If you are breastfeeding and your baby does not breastfeed straight away, a staff member will assess your baby to find out why. If they are confident your baby is well, they will support you to hand express milk, that you can give to your baby by oral syringe, finger, cup, or spoon.

If your baby has not breastfed and you haven't been able to express any milk, staff may suggest offering infant formula. The team may also prescribe a dose of dextrose (sugar) gel as part of the feeding plan to increase your baby's blood sugar level.

If you are breastfeeding and the team advises giving some infant formula, this will usually be only for one or a few feeds. You should continue offering breastfeeds and try to express your milk as often as possible to help stimulate your milk supply.

On rare occasions, if a baby is too sleepy or unwell to feed, or if blood sugar level remains low after feeding, the baby may need to go to the Neonatal Unit or Special Care Baby Unit. Staff will explain any treatment your baby might need. In most cases, blood sugar levels improve quickly within 24–48 hours, and babies make a full recovery without further problems.

How to avoid low blood sugar?

Skin-to-skin contact. Skin-to-skin contact with your baby on your chest helps keep your baby calm and warm, which supports the establishment of breastfeeding. During skin-to-skin, put a hat on your baby and cover both of you with a blanket or towel to keep warm.

Keep your baby warm. In the first few days in hospital, consider putting a hat on your baby, depending on the weather. Hold your baby in skin-to-skin contact on your chest under a blanket and look into their eyes to check that they are well in this position. If your baby is in a cot, keep them warm with blankets.

Feed as soon as possible after birth. Ask a member of staff to support you with feeding until you feel confident. Make sure you know how to recognise when breastfeeding is going well or, if you are giving formula, how much to give.

Feed as often as possible in the first few days. Offer a feed whenever you notice "feeding cues," such as rapid eye movements under the eyelids, mouth or tongue movements, body movements or sounds, or sucking on a fist. Don't wait for your baby to cry, as this can be a late sign of hunger. Feed for as long or as much as your baby wants to ensure they get as much milk as they need.

Feed as often as baby wants, but do not leave your baby more than 3 hours between feeds. If your baby has not shown any feeding cues, hold them skin-to-skin and start offering a feed about 3 hours after the beginning of the previous feed.

Express your milk (colostrum). If you are breastfeeding and your baby struggles to feed, try giving expressed breast milk. A member of staff can show you how to hand express, or you can watch the UNICEF hand-expression video (search “UNICEF hand expression”). If you can, express a little extra between feeds so you have some milk ready in case you need it later. Ask your midwife how to store your expressed milk safely.

Tell the staff straight away if you feel worried about your baby. If your baby seems unwell, they may have a low blood sugar. Staff will check your baby with blood tests and by observing them, but your observations matter too because you know your baby best.

It is important that you tell someone if you are worried something is wrong with your baby, as parent’s 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 their blood sugar is stable, and then at least 8 times in 24 hours. Ask a member of staff to show you how to recognise effective attachment and feeding at the breast, or how much formula your baby needs. If your baby shows less interest in feeding than before, this may be a sign that they are unwell, so tell a member of staff straight away.

Is your baby warm enough? Your baby should feel slightly warm to the touch, although their hands and feet may feel a little cooler. If you check with a thermometer, their temperature should read between 36.5°C and 37.5°C.

Is your baby alert and responding to you? When your baby is awake, they should look at you and react to your voice and movements. If you try to wake your baby, they should respond in some way.

Is your baby’s muscle tone normal? A sleeping baby is relaxed but should still hold some tension in their body, arms, and legs, and should react to your touch. If your baby feels completely floppy—showing no movement or resistance when you lift their arms or legs—or if they make strong, repeated jerky movements, they may be unwell. Brief, light, jerky movements can be normal. If you’re unsure about their movements, ask a member of the team.

Check your baby’s lips and tongue - they should not appear blue in colour.

Is your baby breathing easily? Babies often breathe irregularly, sometimes pausing for a few seconds and then breathing quickly. If your baby breathes very fast continuously (more than 60 breaths per minute) or seems to struggle—showing deep chest movements, flaring nostrils, or making noises with each breath out—this is not normal.

Going home with baby

It is recommended that your baby stays in hospital for 24 hours after birth. After that, if your baby’s blood sugar is stable and they are feeding well, you can go home.

Before you go home, make sure you know how to recognise that your baby is getting enough milk. A member of staff will explain the normal pattern of nappy changes, including how the colour of dirty nappies changes and how many wet or dirty nappies to expect. If

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern, please contact PALS:

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