



**We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.**

**To use the Text Relay service, prefix all numbers with 18001.**

اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید۔

ने उगाठुं उरनमे दी लेंड वै तं विरथा वरवे एिस नंघर ते बेन वरवे: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की जरूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

**Ashford Hospital**  
London Road  
Ashford, Middlesex  
TW15 3AA  
Tel: **01784 884488**

**St. Peter's Hospital**  
Guildford Road  
Chertsey, Surrey  
KT16 0PZ.  
Tel: **01932 872000**

Website: [www.ashfordstpeters.nhs.uk](http://www.ashfordstpeters.nhs.uk)

# Low Blood Sugars in Newborn Babies

## Information for parents



# Low Blood Sugars in Newborn Babies

You have been given this leaflet because your baby is—or may be—at increased risk of having low blood sugar (also called low blood glucose or hypoglycaemia). This leaflet is to explain why, what it might mean and what we need to do for your baby.

## Why might my baby be at risk of a low blood sugar?

Some newborn babies are at more risk of low blood sugars, particularly those:

### Babies with lower energy stores:

- Low birth weight (<2.5kg)
- Premature babies (<37 weeks)

### Babies who need more energy:

- Large babies (>4.5kg)
- Babies born with high blood cell counts

### Babies who aren't getting enough energy:

- Poor feeding
- Cold babies (temperature <36.5°C)

### Babies of mothers with diabetes (any type)

There are other risk factors for hypoglycaemia which your midwife will be aware of if they apply to your baby.

## When does monitoring of blood sugars stop?

In most babies, low blood sugars resolve in the first 24-48 hours and that is usually the end of the problem. Most babies do not need to be admitted to the Neonatal Unit and can go home once the blood sugars are normal and feeding is established.

## Who should I ask if I have any queries?

The staff on the Delivery Suite and Wards should be able to answer any questions you might have about blood sugars. We have guidelines that we follow for the management of babies with low blood sugars, and we will be happy to explain why we need to check further blood sugars or change treatments, for example. Your feedback on our coloured hats/monitoring guideline is also very welcome.

## About this leaflet

We hope that the information in this leaflet has been useful and clear. If you think that the leaflet could be improved in any way, then please do tell us. Thank you.

---

## Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email [pals@asph.nhs.uk](mailto:pals@asph.nhs.uk). If you remain concerned, PALS can also advise upon how to make a formal complaint.

**Contact Author:** Dr Peter Reynolds **Department:** Neonatal Unit, Paediatrics, St. Peter's Hospital

**Version:** 3

**Published:** Sept 2016

**Review:** Sept 2021

Front page image released under CC0 license.

**Print settings** - Landscape, Short Edge

## What about **measuring** blood sugars?

We measure blood sugar by taking a small drop of blood from your baby's heel. Sometimes this has to be repeated to double-check if a result is not normal, to ensure that we give the right treatment. Then we have to repeat the tests until the sugars are normal.

## What is the **treatment** for a low blood sugar?

In most cases, frequent feeding and ensuring warmth is enough to prevent hypoglycaemia, but sometimes we need to give extra energy if the sugar is low. We may use a dextrose (sugar) gel given directly into the mouth to provide additional energy. If you are breastfeeding and advised to give some infant formula, this is most likely to be for one or a few feeds only. You should continue to offer breastfeeds and try to express milk as often as possible to ensure your milk supply increases.

Some babies with severe or prolonged low sugars do require admission to the Neonatal Unit. The doctors and nurses will explain the details to you and any additional treatment(s) that might be needed (for example intravenous glucose.)

## What can I do to help?

You may know if your baby is at-risk of hypoglycaemia before they are born, so you can expect your midwife to give you help to ensure your baby is kept warm and gets a breastfeed within 30-60 minutes of birth. Babies can get cold very easily, so we would like you to help ensure they have adequate clothes, blankets, and a hat – we use amber and red hats which we provide. You may try to express breastmilk (after 37 weeks) before your baby is born.

## What does it mean if my baby has a low blood sugar?

When the umbilical cord is cut, your baby stops getting a constant flow of energy into the blood, and therefore blood sugar levels normally fall. This is temporary and harmless in the vast majority of healthy, well grown babies.

In babies known to be at risk of hypoglycaemia, we need to try to **prevent, measure** and, if necessary, **treat** low blood sugars.

## How can we try to **prevent** hypoglycaemia?

Babies need **milk** and **warmth**, and you need to **know when your baby is well** so that you can tell staff if you are concerned

## **Milk**

### **Feed as soon as possible after birth**

If your baby has known risk factors, they should have a breastfeed within an hour of birth – the sooner the better. Some mothers even express a little breastmilk before birth, so that babies at risk can be guaranteed some early breast milk. If there are no risk factors or symptoms, then a feed within 3 hours of birth is usually sufficient. Ask a member of staff to support you with feeding and make sure you understand how to tell if breastfeeding is going well, or how much formula to give.

### **Feed as often as possible in the first few days**

Do this whenever you notice “feeding cues” which show your baby is interested in feeding—moving lips, tongue, hands, sucking fingers, turning head.

### **Feed for as long, or as much, as your baby wants**

This will ensure your baby gets as much milk as possible.

### **Feed at least every 3 hours**

If your baby is not showing any feeding cues yet, hold him/her skin to skin and start to offer a feed about 2 hours after the start of the previous feed.

### **Express your milk**

If you are breastfeeding and your baby does not feed well, you can give expressed breastmilk. Our staff will help show you what to do.

## **Warmth**

### **Skin-to-skin contact**

Naked skin contact on your chest helps keep your baby calm and warm, increases their blood sugar level and stimulates your baby to feed. Baby should wear a hat and be covered with a blanket or towel.

### **Keep baby warm**

We may ask you to put a hat on your baby for the first few days. Keep your baby in skin contact on your chest, covered with a blanket, or wrap warmly with blankets if left in a cot.

## **Knowing your baby is well**

### **Baby is feeding normally**

In the first few days your baby should feed well at least every 3 hours, then at least 8 times in 24 hours. Ask a member of staff how to tell if your baby is sucking effectively at the breast, or how much formula he/she needs. If your baby becomes less interested in feeding than they were before, this may be a sign they are unwell.

**Baby is warm enough.** Your baby should feel slightly warm to touch, except for hands & feet which may feel quite cool. (If you use a thermometer the temperature should be between 36.5°C and 37.5°C)

**Baby is alert and responding to you.** When your baby is awake, he/she will look at you and pay attention to your voice and gestures. If you try to wake your baby after 3 hours' sleep, they should respond to you in some way.

**Baby's muscle tone is normal.** A sleeping baby is very relaxed, but will still have some muscle tone in their body, arms and legs. If your baby feels completely floppy, with no muscle tone when you lift their arms or legs, or if your baby is making repeated jerky movements, this is a sign they may be unwell. (Sometimes babies make normal reflex movements which are brief, light, jerky movements.)

**Baby's colour is normal.** Look at the colour of the lips and tongue – they should be pink. Bluish or pale colour is not normal.

**Baby's breathing is normal.** Babies' breathing can be quite irregular, sometimes pausing for a few seconds and then breathing very fast for a few seconds. If you notice your baby is breathing very fast for a continuous period (more than 60 breaths per minute), or seems to be struggling to breathe with very deep chest movements, nostrils flaring or making noises with each breath out – this is not normal.

### **Don't hesitate to tell staff if you are worried about your baby**

If your baby appears to be unwell, this could be a sign that they have low blood sugar. As well as doing blood tests, staff will observe your baby to check he/she is well. Your observations of your baby are also important, as you are with your baby all the time – please make sure you speak up if you are worried - a parent's "gut feeling" that something is wrong is usually correct and should be acted upon. You know your baby best, and even if it turns out that nothing is wrong, at least you will know.