Hypoglycaemia Fact Sheet

Hypoglycaemia, or low blood sugar level (BSL), is a common reason for separating mother and baby and formula feeding, despite a significant body of evidence suggesting there is no reason to test healthy newborns.

What you need to know

- Almost all mammals experience transient drop in BSL after birth
- It is self-limiting and even if there is no feeding the BSL with rise spontaneously within around 24hours, sometimes longer
- This is considered normal transition to life and the infant is able to mobilise fuel and "counter-regulate"
- Infants have the ability to protect the brain during this time to accommodate establishment of breastfeeding
- No evidence exists that shows any benefit, in the short or long term, in treating infants with no signs or symptoms of hypoglycaemia
- Unnecessary monitoring may interfere with parental wellbeing and establishment of breastfeeding
- BSL levels follow the same patterns regardless of feeding method
- BSL levels vary enormously depending on the source of the collection samples
- Low BSL without symptoms does not require any intervention

Which infants may be at increased risk of symptomatic low BSL?

- Babies born to mothers with diagnosed diabetes (gestational, Type1 or 2)
- Low Birth weight babies – under 2500gm
- Premature babies
- Other – please read the ABM Protocol 1 here for a full list

General recommendations for ALL infants

AVOID ANY INTERRUPTION OF THE MOTHER BABY DYAD AND BREASTFEEDING

- Initiate breastfeeding within the first hour of birth
- Keep baby and mother skin-to-skin (cold and separation increase stress and energy use so maintain body temperature and physical contact aids BSL maintenance)
- Frequent feeding, unrestricted access, around 10-12 feeds in 24 hours

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CONT.

If you are in a high risk category

We encourage mothers who are at a greater risk of intervention to express their colostrum ante-natally and bring the colostrum to hospital so any supplementation that is needed can be done with your expressed breastmilk. Please see our Ante-natal Expressing Fact Sheet.

Clinically diagnosed Hypoglycaemia

If your baby has been diagnosed with hypoglycaemia and is showing clinical signs (this will require careful clinical observation, not just a random BSL measurement) Please see the full protocol for the discussion about clinical symptoms, as variations exist. The protocol suggests:

Monitoring

- Bedside tests need to be confirmed by formal laboratory findings
- Continue monitoring until acceptable prefeed levels have been achieved on two consecutive occasions

Additional Management (all general guidelines still apply)

- Continue breastfeeding, increase to every one –two hourly
- Offer expressed breastmilk first up to 1-3ml/kg (no more than 5ml/kg) – the hierarchy of supplements is described in the protocol on page 176

Antenatal expressing

Since the writing of this ABM Protocol in 2014, a significant study of antenatal expressing has found the practice to be safe. Please see our Ante-natal Expressing Fact Sheet to accompany this guide.

Things to consider:

- Hospital Policy is not the law
- You are the best person to advocate for your baby

Your informed decision to breastfeed need not be taken away from you by misinformation and a system that is not supportive or educated about breastfeeding. Health workers will want what is best for you and your baby but will not have breastfeeding friendly strategies because of systemic, not individual, failures. This does not excuse or expunge your right for evidence based care to support your decision to breastfeed. Exerting these rights may be uncomfortable and unnecessarily stressful, however each mother who insists will expose the systemic flaws and begin a movement for better care for all.