

# Protecting Your Baby from Low Blood Sugar (Hypoglycaemia)

Information for patients, relatives and carers

## **Maternity Services**

① For more information, please contact:

The Infant Feeding Co-ordinator

Telephone: 07766 498290

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## **What is low blood sugar?**

You have been given this leaflet because your baby is, or might be, at increased risk of having low blood sugar (also called low blood glucose or hypoglycaemia).

This applies to babies who are small, premature, unwell at birth, or whose mothers are diabetic or have taken certain medications. These babies may have low blood sugars in the first few hours and days after birth. As a result, it is especially important that they are kept warm and fed as often as possible, in order to maintain normal blood sugar levels.

If you are receiving this leaflet whilst you are pregnant, please talk to your midwife about colostrum harvesting from 36-37 weeks gestation. This is simply hand expressing your breastmilk whilst you are pregnant and storing it safely until after the birth. The harvested colostrum can be given to baby at any time. It is easily absorbed by the baby's gut to give him or her energy and prevent low blood sugar levels.

If your baby is at increased risk of low blood sugar, it is recommended that they have a series of blood tests to check their blood sugar level. Extremely low blood sugar, if not treated, can cause brain injury resulting in developmental problems. If low blood sugar is identified quickly, it can be treated to avoid harm to your baby.

# **Blood sugar testing**

Your baby's blood glucose is tested by a midwife or doctor using a heel-prick blood test. A verysmall amount of blood is needed, and it can be done while you are holding your baby in skin to skin contact. The first blood test should be done before the second feed (when your baby is no more than four hours of age), and repeated until the blood sugar levels are stable.

You and your baby will need to stay in hospital for the blood tests and to monitor your baby's wellbeing for a minimum 24hours.

The blood test result is available immediately.

If your baby's blood sugars are low, your baby needs to feed as soon as possible and have skin to skin contact. Some dextrose (sugar) gel might also be administered.

If your baby's blood sugars are very low, the neonatal team may advise urgent treatment to raise the blood sugar levels. This may include transfer to the neonatal unit.

If your baby has not breastfed and you are unable to express any of your milk you will be advised to offer infant formula. This is likely to be necessary for just 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 is stimulated.

# **Ways to avoid low blood sugar**

## **Skin to skin contact with your baby**

Skin to skin contact with your baby on your chest helps keep your baby calm, warm and helps establish breast feeding. During skin to skin contact, the baby should wear a hat and be kept warm with a blanket or towel.

## **Keep your baby warm**

Put a hat on your baby whilst in hospital. Skin to skin contact is the best way to keep your baby warm. If this is not possible, keep warm with blankets in a cot.

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

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**

Whenever you notice “feeding cues” (include moving lips, tongue, hands and sucking fingers) offer your baby a feed. Do not wait for your baby to cry as this is a late sign of hunger.

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

Ensure your baby gets as much milk as possible.

## **Feed as often as your baby wants, but do not let your baby go for more than three hours between feeds until baby is 24 hours old**

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

## **Express your milk**

If you are breastfeeding and your baby does not feed well, try to give some expressed breast milk.

A member of staff will show you how to hand express your milk, or see the hand expressing video on:  
<http://www.unicef.org.uk/BabyFriendly/Resources/AudioVideo/Hand-expression/>

It is good to have a small amount of expressed milk saved in case you need it later, so try to express a little extra breast milk in between feeds. Ask your midwife how to store your expressed milk.

## **Do not 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 or she is well. Your observations are also important, as you are with your baby all the time, so know your baby best; **it is important that you tell staff if you are worried** that there is something wrong with your baby, as parents' instincts are often correct.

### **Signs that your baby is well:**

#### **Is your baby feeding well?**

Your baby should feed effectively at least every three hours in the first 24 hours and until blood sugars are normal, then onwards at least eight times in 24 hours. Ask a member of staff how to tell if your baby is attached and feeding effectively at the breast, or how much formula he or she needs. If your baby becomes less interested in feeding than before, this may be a sign s/he is unwell, and you should raise this with a member of staff.

#### **Is your baby warm enough?**

Your baby should feel slightly warm to touch, although hands and feet can sometimes feel a little cooler. If you use a thermometer the temperature should be between 36.5°C and 37.5°C.

## **Is your baby alert and responding to you?**

When your baby is awake, s/he will look at you and pay attention to your voice and gestures. If you try to wake your baby, he or she should respond to you in some way.

## **Is your baby's muscle tone normal?**

A sleeping baby is very relaxed but will still have some muscle tone in their body, arms and legs and will respond to your touch. If your baby feels completely floppy, with no muscle tone when you lift their arms or legs, or if your baby is making strong repeated jerky movements, this is a sign they may be unwell. It can be normal to make brief, light, jerky movements. Ask a member of the team if you are not sure.

## **Is your baby's colour normal?**

Look at the colour of the lips and tongue; they should be pink. Bluish or pale colour is not normal.

## **Is your baby's breathing 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.



## **Who to call if you are worried**

In hospital, inform any member of the clinical staff.

At home, call your community midwife and ask for an urgent visit or advice.

Out of hours, call NHS 111 or Postnatal Ward York: 01904 726869.

If you are really worried, take your baby to your nearest Paediatric A&E or dial 999.

## **Going home with Baby**

It is recommended that your baby stays in hospital for 24 hours after the birth. After that, if your baby's blood glucose is stable and s/he is feeding well, you will be able to go home.

It is important to make sure that your baby feeds well at least eight times every 24 hours and most babies feed more often than this.

There is no need to continue waking your baby to feed every two to three hours as long as s/he has had at least eight feeds over 24 hours, unless this has been recommended for a particular reason. You can now feed your baby responsively. Your midwife will explain this.

If you are bottle feeding, make sure that you are not overfeeding your baby. Offer the bottle when s/he shows feeding cues and observe for signs that s/he wants a break. Do not necessarily expect your baby to finish a bottle – let him / her take as much milk as s/he wants.

Once you are home, no special care is needed. As with all newborn babies, you should continue to look for signs that your baby is well and seek medical advice if you are worried at all about your baby.

## **Tell us what you think of this leaflet**

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact: The Infant Feeding Coordinator, Maternity Services, York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 721917 or 01723 236169.

## **Teaching, training and research**

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

## **Patient Advice and Liaison Service (PALS)**

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email [yhs-tr.patientexperienceteam@nhs.net](mailto:yhs-tr.patientexperienceteam@nhs.net).

An answer phone is available out of hours.

# Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:

[www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/](http://www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/)

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