



## Parent Information Sheet: Newborn Hypoglycemia

### What is newborn hypoglycemia?

“Newborn hypoglycemia” is the medical term for low blood sugar in a baby.

### Why do babies get hypoglycemia?

Some infants are at greater risk of having low blood sugar because of certain medical conditions in the baby or the mother. Some examples are:

- Babies with low or high birth weights
- Babies born to mothers with diabetes
- Babies born to mothers on certain medicines
- Preterm babies (born before 37 weeks gestation)
- Post-term babies (born after 42 weeks gestation)

### What are the symptoms of newborn hypoglycemia?

Some babies have **no** symptoms with low blood sugar levels.

Other babies do have symptoms that include:

- Shaking or trembling
- Weak or floppy muscles
- Acting irritable or cranky
- Acting sleepy
- Breathing problems, such as fast breathing or stopping breathing at times
- Skin that looks blue, feels cold, or both
- Trouble feeding
- Seizures

### What is the test for newborn hypoglycemia?

A blood test, usually taken from a baby's heel, measures the blood sugar level. This test is done on any infant at risk of low blood sugar or with symptoms of hypoglycemia. The first check is done within the first hour of life and then repeated as necessary.

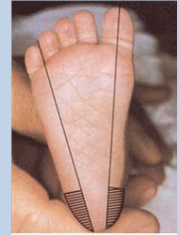
### How is newborn hypoglycemia treated?

If your baby has a low blood sugar, your baby's nurse will massage a sugar gel inside your baby's cheek. Then, you will feed your son/daughter. For **many** babies, this will treat the low blood sugar. If the blood sugar stays low after sugar gel and feeding, then your baby will need intravenous (or IV) sugar. IV sugar is also called IV dextrose/fluids. If your son/daughter needs IV dextrose, he/she will need to be admitted to the Newborn Intensive Care Unit (NICU).

### What if I have questions?

Ask!! Your baby's medical team will happily answer any questions you have.

### The Steps for Checking Your Baby's Blood Sugar:



Hatched area ( ) indicates safe areas for puncture site.

1.



2.



3.



4.



5.

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