



Medical care & clinical practice

Hypoglycaemia in at risk term infants

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Statement of the standard

Measures are taken to identify, prevent, and manage **hypoglycaemia** in newborn infants who are at risk for impaired metabolic adaptation within the first 72 hours of life, including those with prolonged fetal distress, growth restriction, maternal diabetes, asphyxia, maternal beta-blocker medication.



For parents and family

- Parents are informed by healthcare professionals about the importance of early energy provision and blood glucose monitoring.



For neonatal unit

- A unit guideline based on an operational threshold approach using values advocated by professional bodies is available and regularly updated in all maternity and neonatal units.



For hospital

- Training on identification, prevention, and management of hypoglycaemia is ensured.
- Equipment suitable for immediate and reliable blood glucose measurements is provided.
- Training in awareness of the limitations of the devices used for blood glucose monitoring is ensured.



For health service

- A national guideline based on an operational threshold approach using values advocated by professional bodies is available and regularly updated.

Benefits

Short-term benefits:

- Reduced exposure to potentially harmful hypoglycaemia in at risk infants
- Reduced unnecessary investigations and interventions
- Minimised separation of mother and infant
- Increased rate of diagnoses of infants with hypoglycaemic disorders before discharge

Long-term benefits:

- Improved neurologic outcome



For healthcare professionals

- A unit guideline on identification, prevention, and management of hypoglycaemia is adhered to by all healthcare professionals.
- Training on identification, prevention, and management of hypoglycaemia is attended by all responsible healthcare professionals.
- Risk factors for hypoglycaemia are identified at birth, and within the first days of life according to the clinical situation.
- An early feed, within one hour, is provided.
- Thermal care, ideally given by skin-to-skin positioning, is provided.
- Blood glucose is measured at predetermined times.
- Observation of well-being and feeding documentation is conducted.
- Interventions are administered according to operational thresholds approach.

