Management of the well at risk baby in first 48 hours of life

Risk factors for hypoglycaemia

- Preterm (< 37 weeks)
- Post-term (> 42 weeks)
- SGA < 10th percentile
- LGA > 90th percentile
- LBW < 2500 g
- Macrosomia
- Fetal growth restriction
- Resuscitation at birth
- Temp < 36.5 °C or labile
- Inadequate feeding
- Polyhydramnios
- Meconium aspiration syndrome
- Syndromes associated with hypoglycaemia or hyperinsulinism suspected
- Maternal diabetes (any type)
- Maternal medications
  - Beta blockers (e.g. labelol)
  - Beta agonists (e.g. terbutaline)
  - Betamethasone
  - Oral hypoglycaemics
- Family history of metabolic and/or endocrine disorders

At birth

- Dry and keep warm (Temp 36.5–37.5 °C)
- Early skin-to-skin contact
- Initiate feeds by 30–60 min of age
- Keep mother and baby together
- Discuss preventative care and feeding cues with parents
- Assess for risk factors

Initial care

- Consider prophylactic glucose gel 40%
  0.5 mL/kg (200 mg/kg) buccal at 1 hour of age
- Feed at least 3 hourly
- Maintain temperature/skin to skin contact
- Clinical surveillance
- Routine observations

Commence BGL screening

- 1st BGL before second feed (before 3 hours of age)
- 2nd BGL before third feed (before 6 hours of age)

Cease BGL if:

- BGL ≥ 2.6 mmol/L for 24 hours
- Baby well and feeding effectively

If BGL < 2.6 mmol/L

Validate* any BGL < 2.6 mmol/L (but do not delay treatment)

Criteria for glucose gel 40% dose (all of)

- ≥ 35 weeks
- < 48 hours old
- Able to feed orally
- Asymptomatic
- Otherwise well
- Glucose gel 40% use is:
  - ≤ 2 doses in last 24 hours
  - ≤ 5 total doses given
  - ≤ 2 consecutive doses
- *exclude prophylactic dose

BGL: blood glucose level, EBM: expressed breast milk, Hx: history IV: intravenous, LBW: low birth weight, LGA: large for gestational age, MO: medical officer, NNP: neonatal nurse practitioner, PoC: point of care, RSQ: Retrieval Services Queensland, SGA: small for gestational age, <: less than, >: greater than, ≥: greater than or equal to