

Let's Stay Together: Using Glucose Gel to Reduce Neonatal Hypoglycemia and Promote Breastfeeding

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Let's Stay Together: Using Glucose Gel to Reduce Neonatal Hypoglycemia and Promote Breastfeeding

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Background

- Transient neonatal hypoglycemia is one the most frequent newborn problems in the first 48 hours of life. At risk infants include:²
 - LGA, SGA, early gestation infants
 - Infants born to diabetic mothers
- Infant formula supplementation and/or IV dextrose = most frequent treatments for hypoglycemic infants
 - May disrupt maternal-infant bond
 - Transfer to higher level of care often needed
- In late 2019, nurse residents (NR) in an academic Magnet[®] hospital noted an increase in neonatal NICU transfers related to hypoglycemia
 - Prompted an evidenced-based practice project using IOWA model⁴ asking, "In neonates at risk for hypoglycemia, does the use of glucose gel, compared to no glucose gel, reduce the percentage of neonates admitted to the NICU for treatment of hypoglycemia?"

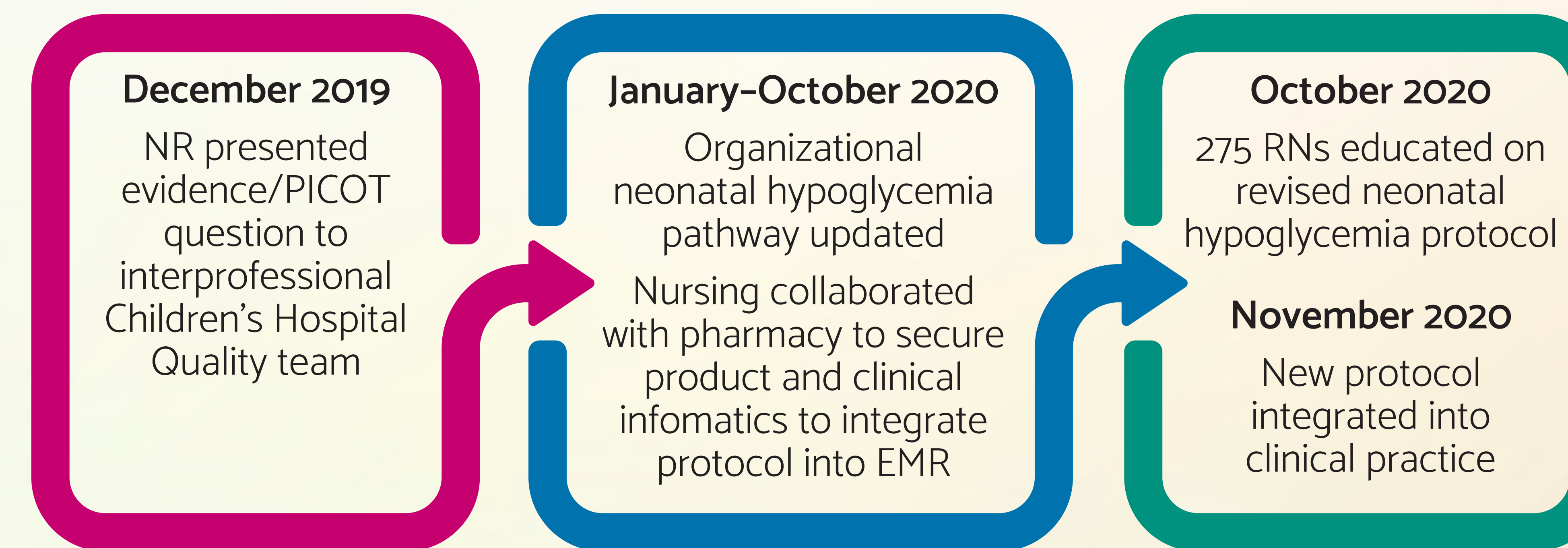
Evidence

Use of buccal glucose gel:

- Reduces:
 - Hospital LOS/cost⁶
 - NICU admissions for hypoglycemia⁶
 - Reduced recurrence rate of hypoglycemia⁶
- Supports:
 - Maternal/infant dynamic through reduced separation
 - Exclusive breastfeeding at discharge
 - Parental satisfaction⁶

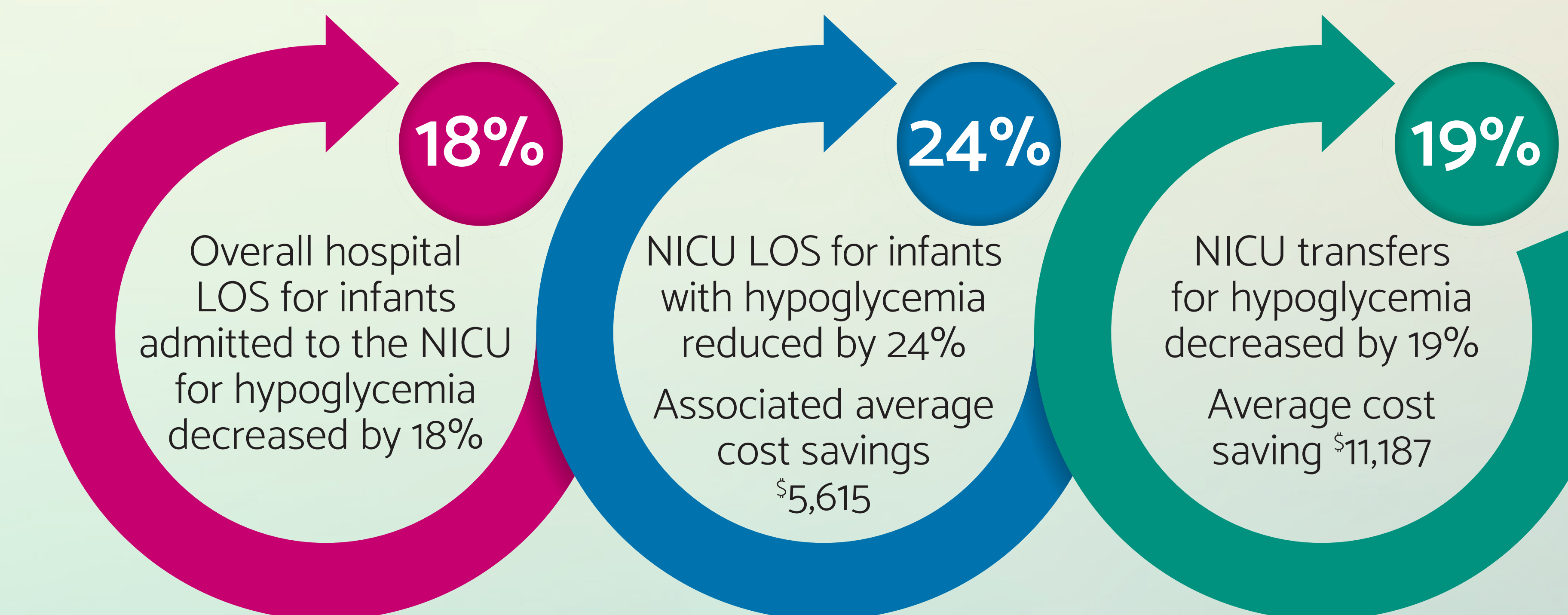
AWHONN identifies breastfeeding as one of the most important health behaviors affecting the morbidity and mortality among women and children.¹

Methods



Outcomes

A post-intervention (December 2020–December 2021) retrospective chart audit noted:

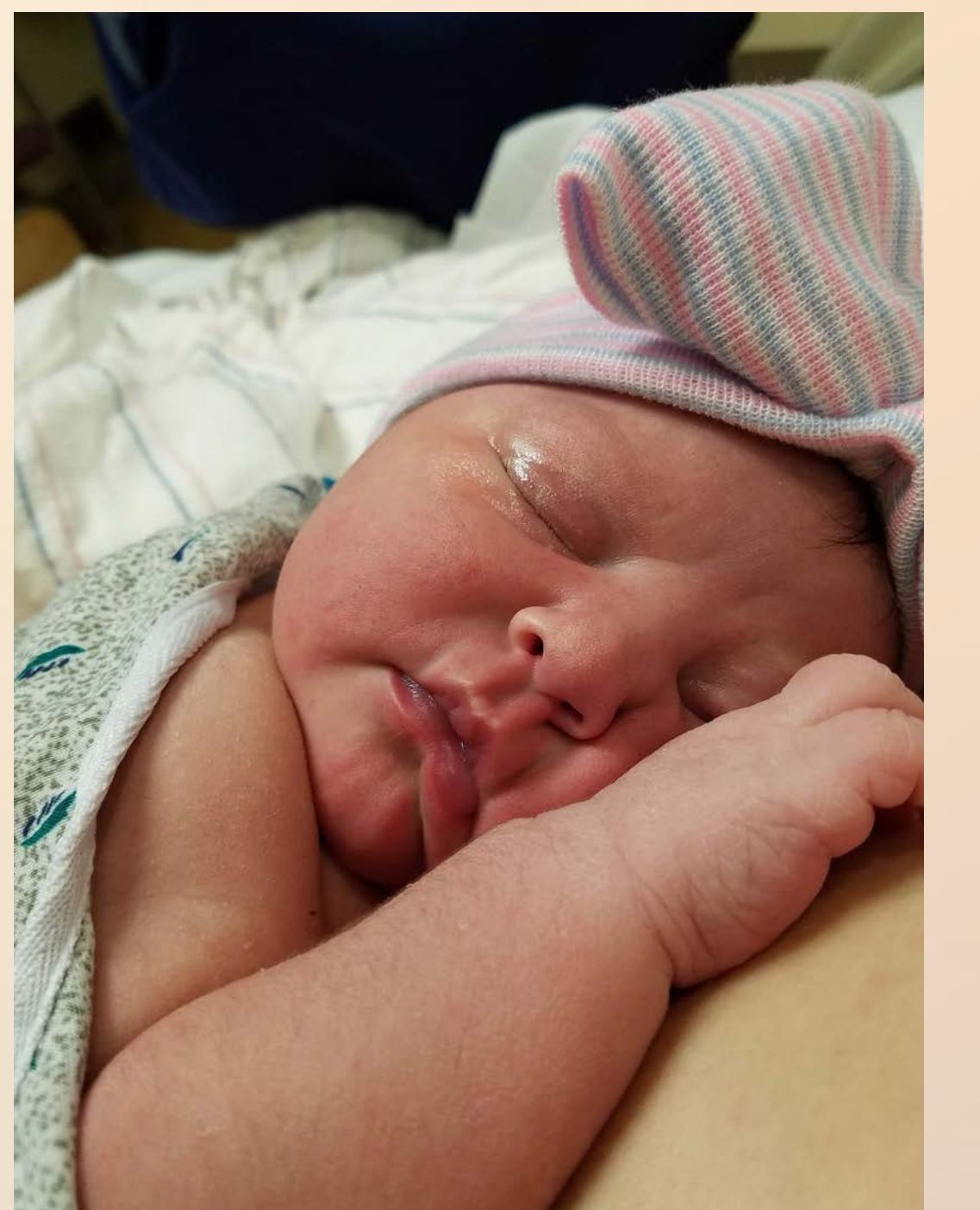


Conclusions

Dextrose gel is:

- Effective
- Well tolerated by infants
- Easy to administer
- Inexpensive

These efforts can be replicated within any organization to empower clinicians to positively contribute to the health of women and newborns worldwide.



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