



46. Neonatal hypoglycemia in an infant of a diabetic mother

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Mother (M): María Camacho Gil. Residente de Pediatría del Hospital Universitario La Paz. Madrid

R: Hello, I'm Dr. Brown, one of the paediatric residents. I'd like to talk to you about your baby. How are things going so far?

M: Hello, doctor. I'm a bit worried. My baby is shaking and seems very restless.

R: I understand your concern. Your baby is 10 hours old, correct?

M: Yes, he was born early this morning.

R: Your baby was born full term, but because you had diabetes during pregnancy, we are closely monitoring his blood sugar levels. Babies of diabetic mothers have a higher risk of low blood sugar during the first hours of life. This usually happens because their bodies produce extra insulin after birth. In most cases, this condition is temporary and resolves within the first couple of days. We've noticed some tremors, which can be a sign of low blood glucose.

M: Is that dangerous?

R: It can be if it's not treated promptly. We just checked his capillary blood glucose, and it is 40 mg/dL, which is lower than we would like at this age.

M: What are you going to do now?

R: Since he is stable and well feeding, we will start breastfeeding him right away and recheck his blood glucose in about 30 minutes.

(Thirty minutes later)

R: I'm afraid his blood glucose has dropped further. It's now 11 mg/dL.

M: Oh no... what does that mean?

R: This means that feeding alone is not enough. Because the hypoglycemia is persistent and he has symptoms, we need to admit him to the neonatal unit and start intravenous glucose. We're going to give your baby a glucose bolus through a vein to raise his blood sugar quickly, followed by a continuous glucose infusion to keep his levels stable.

M: Will he be okay?

R: Yes. We're treating this early, which is very important. We'll monitor his blood glucose closely and adjust the treatment as needed. Most cases like this are transient, especially in infants of diabetic mothers.

M: Will I be able to breastfeed him?

R: Absolutely. As soon as his blood glucose is stable, we will encourage breastfeeding and keep mother and baby together as much as possible. We'll keep you informed at every step. If you notice increased sleepiness, feeding difficulties, or any abnormal movements, please let us know immediately.

M: Doctor, what will happen if the hypoglycaemia persists despite intravenous glucose administration?

R: In that case, at the time of the hypoglycaemic episode, an aetiological work-up would be performed to assess insulin levels as well as the function of the hormones involved in glucose regulation. We will keep you informed about the response to glucose supplementation and whether it is necessary to carry out this investigation.

KEY WORDS AND EXPRESSIONS

Born full-term: recién nacido a término.

Neonatal hypoglycaemia: hipoglucemia neonatal.

Infant of a diabetic mother: hijo de madre diabética.

Capillary blood glucose: glucemia capilar.

Tremors: temblores.

Breastfeeding: lactancia materna.

Feeding difficulties: dificultad para alimentarse

Persistent hypoglycaemia: hipoglucemia persistente.

Glucose bolus: bolo de glucosa.

Intravenous glucose infusion: perfusión intravenosa de glucosa.

Neonatal unit / NICU: Unidad neonatal / UCIN.

Transient condition: proceso transitorio.

TEACHING POINTS

- Neonatal hypoglycemia is common, particularly in infants of diabetic mothers.
- Clinical signs are often nonspecific and require a high index of suspicion.
- Initial management in stable infants includes early and frequent feeding.
- Symptomatic or persistent hypoglycemia requires intravenous glucose.
- Early recognition and protocolized management are essential to prevent neurological injury.



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