

MDPQC Newborn Hypoglycemia Office Hours 3/12/2024

Adventist Shady Grove
Adventist White Oak
Ascension St. Agnes
Carroll Hospital
Christiana Care Union Hospital
Frederick Health
Garrett Medical Center
Greater Baltimore Medical Center
Holy Cross Germantown
Holy Cross Hospital
Howard County General Hospital
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Luminis Health
MedStar Franklin Square
MedStar Harbor
Medstar Montgomery Medical Center
MedStar St. Mary's Hospital
Mercy Medical Center
Meritus Medical Center
Sinai Hospital
TidalHealth PRMC
UM BWMC
UM St. Joseph Medical Center
UMCRMC
UMMC
UMMS- Shore Regional
University of Maryland Capital Region Medical Center
UM Upper Chesapeake
UPMC Western MD

Recruitment Update

30 (94%) birthing hospitals have completed Participation Agreements!

Still missing:

Calvert Health

MedStar Southern MD



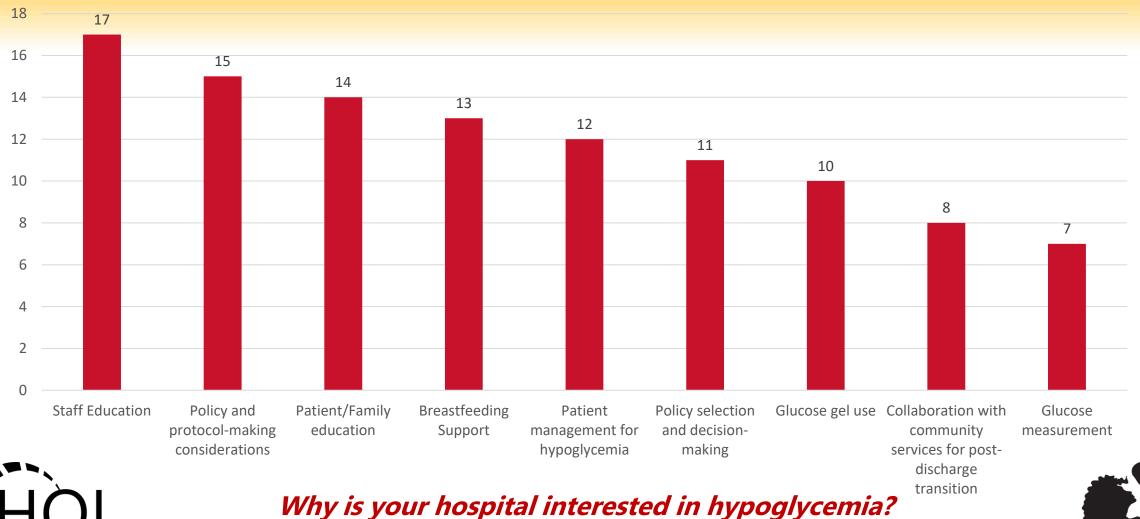
What is MDPQC trying to accomplish?

The goals of the initiative are to:

- Support the development and implementation of a protocol for management and care of symptomatic newborns with signs and symptoms of hypoglycemia and asymptomatic newborns at risk for hypoglycemia
- Decrease the number of newborn transfers to a higher level of care
- Decrease the number of IV infusions for hypoglycemia
- Support breastfeeding
- Decrease non-breastmilk supplementation for hypoglycemia
- Increase education among staff and families about best practices



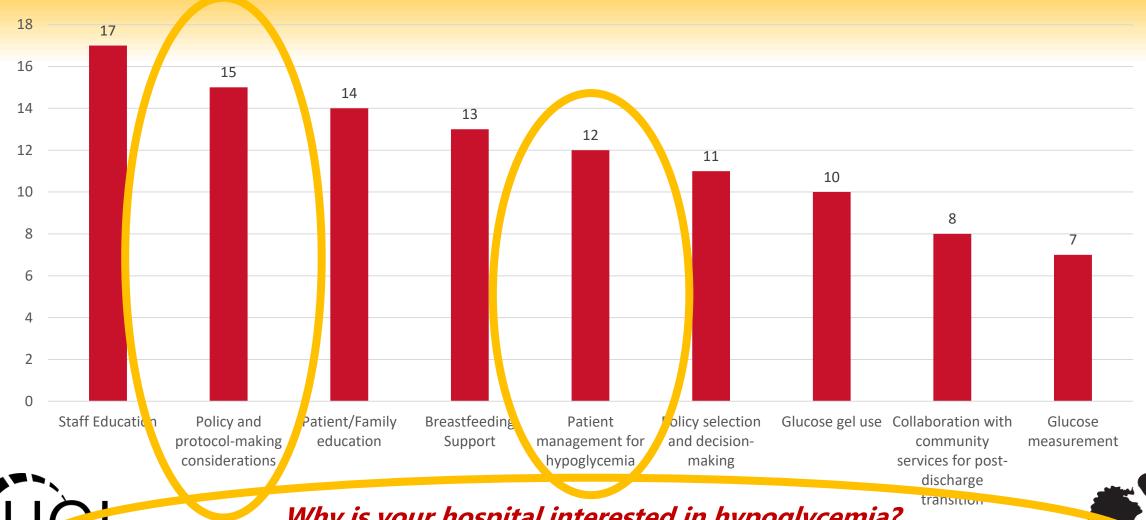
What kind of support would you be interested in receiving from the MDPQC for a hypoglycemia initiative?



8 responses: Looking for guidance on policy / national guidelines / management of patients

HEALTH QUALITY INNOVATORS

What kind of support would you be interested in receiving from the MDPQC for a hypoglycemia initiative?



Why is your hospital interested in hypoglycemia?

HEALTH QUALITY INNOVATOR

8 responses: Looking for guidance on policy / national guidelines / management of patients

MDPQC Newborn Hypoglycemia Policy Guidelines

Maryland hospitals should have a newborn hypoglycemia policy (reviewed and updated in the last 2 years) that contains a standardized plan for screening infants for hypoglycemia, as well as a management plan for treatment of infants with hypoglycemia.

Screening should include, at a minimum, the following components in alignment with both AAP and PES recommendations:

If	Then
Infant is symptomatic	Screen, regardless of risk
Late preterm infant (34 weeks to 36 weeks	
and 6 days)	Test before each feed for the first 24 hours of
Small for gestational age infant (based on	life
being less than the 10 th percentile for sex and	ille
gestation)	
Infant of diabetic mother	
Large for gestational age infant (based on	Test before each feed for the first 12 hours of
being greater than the 90 th percentile for sex	life
and gestation)	

Institutions can consider expanded inclusion criteria based on PES recommendations, but must carefully consider these criteria in light of their patient populations:

- Postmature delivery
- Family history of genetic forms of hypoglycemia (such as congenital hyperinsulinism or hypopituitarism)
- Congenital syndromes (such as Beckwith-Wiedemann)
- · Abnormal physical features (such as midline facial deformations, microphallus)
- Perinatal stress (birth asphyxia/ischemia, cesarean delivery, maternal preeclampsia/eclampsia
 or hypertension, meconium aspiration syndrome, erythroblastosis fetalis, polycythemia,
 hypothermia)





Newborn Management Best Practices Guide

In Planning:

- "Quick Start"
 protocols for
 identifying and
 supporting infants
 with hypoglycemia
- Bare-bones minimum recommendations

Topics to include:

- Checking Blood Glucose
 - ➤ Who/When/How
- Use of donor breastmilk
- Use of glucose gel
 - When/How long
- Skin-to-skin
- Early breastfeeding

Questions for you:

- What are your protocols?
- What best practices have you identified?
- Are you doing anything "unique" in your facility?
- What's missing from our list?
- Are you willing to share your protocols, for posting on the secure customer portal?

Reminder: Data Reporting

- Monthly data is due by the end of the following month
 - ➤ January AND February data due by March 31st
 - ➤ March data due by April 30th
 - >Do NOT report sampled measures tab at this time
- Uploaded to HQI's Customer Portal





Open Discussion

Next Office Hours:

 Tuesday, April 9th
 12pm-1pm





Register here: https://hqin-org.zoom.us/meeting/register/tZYscum orT0sGdJ70eSQ2rC2G2rEyF52T0FP







DEPARTMENT OF HEALTH

Contact Us

For more information

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