

# Hypoglycemia Data Review + Preparing for Substance Exposed Newborns

MDPQC Neonatal Health Office Hours

June 9, 2026



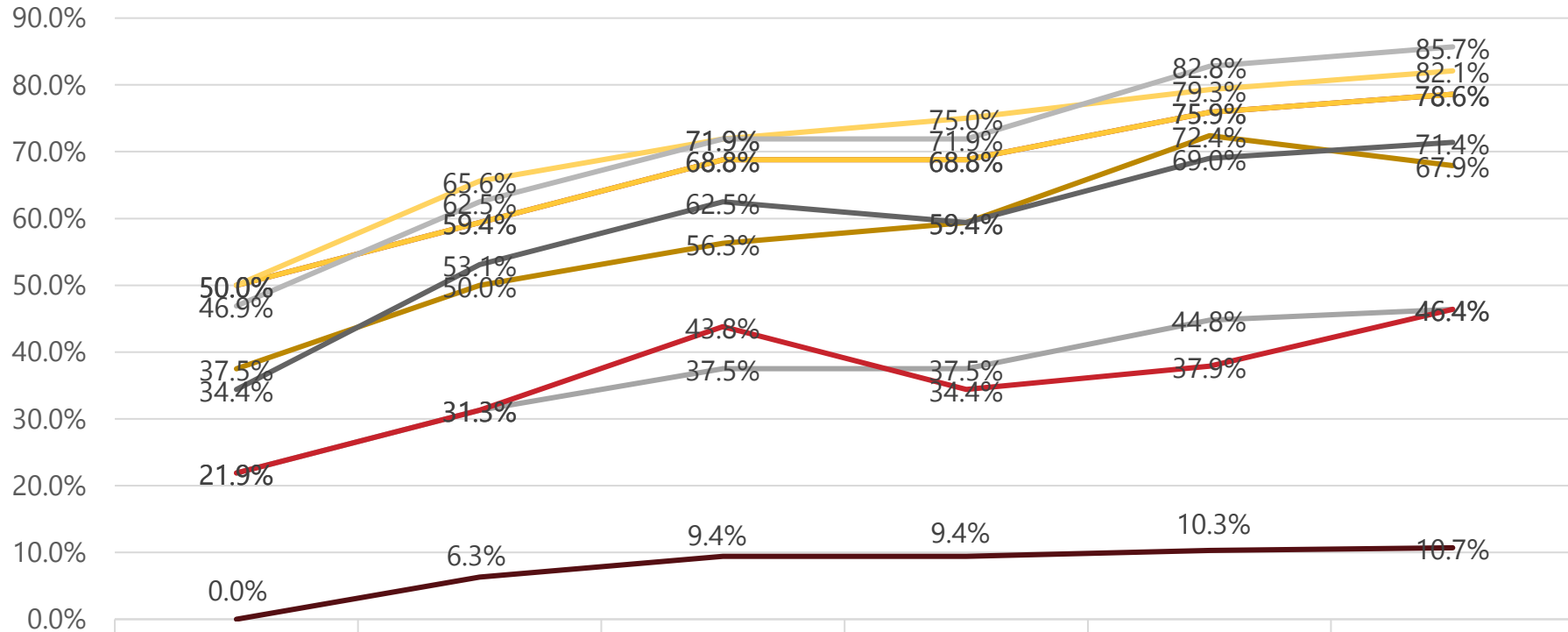
# Agenda

- 1 Hypoglycemia Initiative/Data Review
- 2 SEN Initiative Planning
- 3 Next Steps
- 4 Open Discussion

# Hypoglycemia Initiative Goals

- 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

# Structure Measure Implementation Over Time

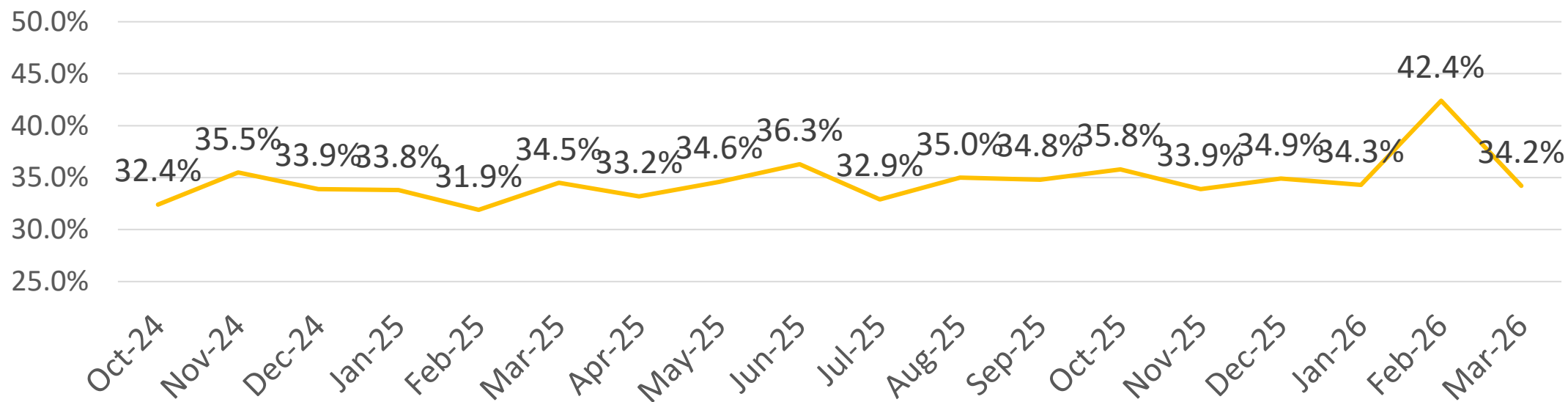


	Q4-2024	Q1-2025	Q2-2025	Q3-2025	Q4-2025	Q1-2026
HG protocol	0.0%	6.3%	9.4%	9.4%	10.3%	10.7%
feeding policy	50.0%	59.4%	68.8%	68.8%	75.9%	78.6%
donor bm in NICU	21.9%	31.3%	37.5%	37.5%	44.8%	46.4%
donor bm in well-baby	0.0%	6.3%	9.4%	9.4%	10.3%	10.7%
family ed	37.5%	50.0%	56.3%	59.4%	72.4%	67.9%
race/ethnicity in newborn	34.4%	53.1%	62.5%	59.4%	69.0%	71.4%
race/ethnicity in nicu	21.9%	31.3%	43.8%	34.4%	37.9%	46.4%
LGA/SGA	50.0%	65.6%	71.9%	75.0%	79.3%	82.1%
glucose gel	46.9%	62.5%	71.9%	71.9%	82.8%	85.7%

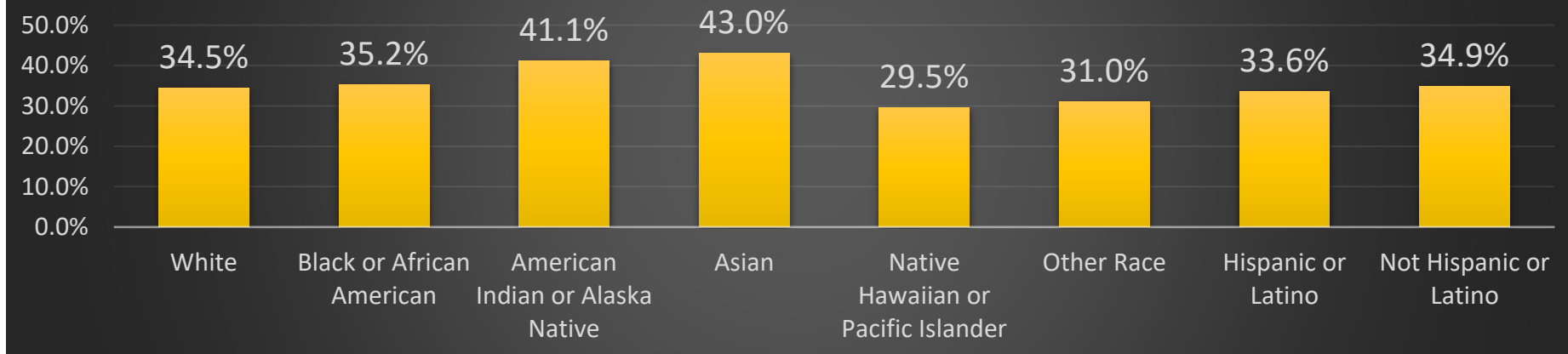


# Babies At-Risk for Hypoglycemia

## Percent of Births At Risk for Hypoglycemia

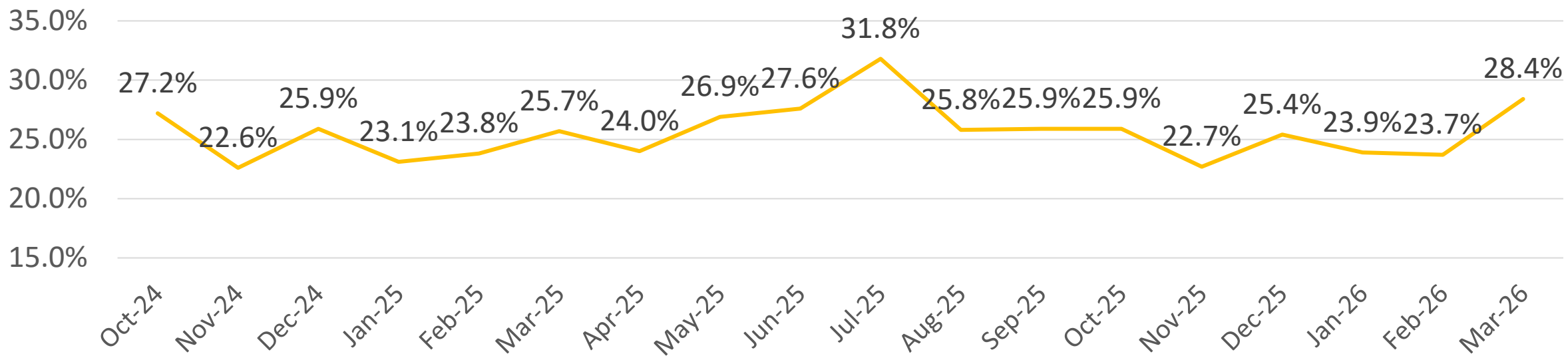


## Babies at Risk for Hypoglycemia By Race/Ethnicity

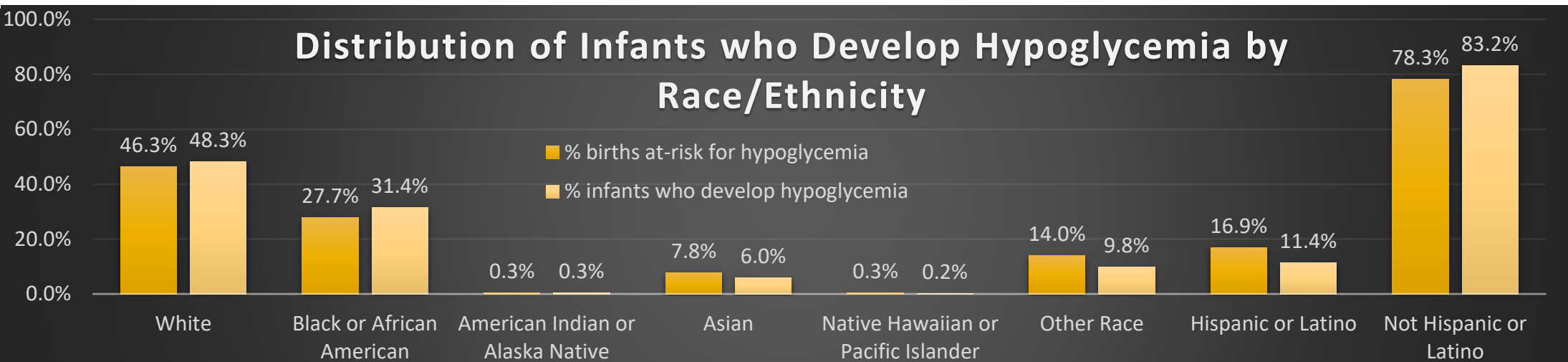


# Babies that Develop Hypoglycemia

Rate of At-Risk Infants who Develop Hypoglycemia

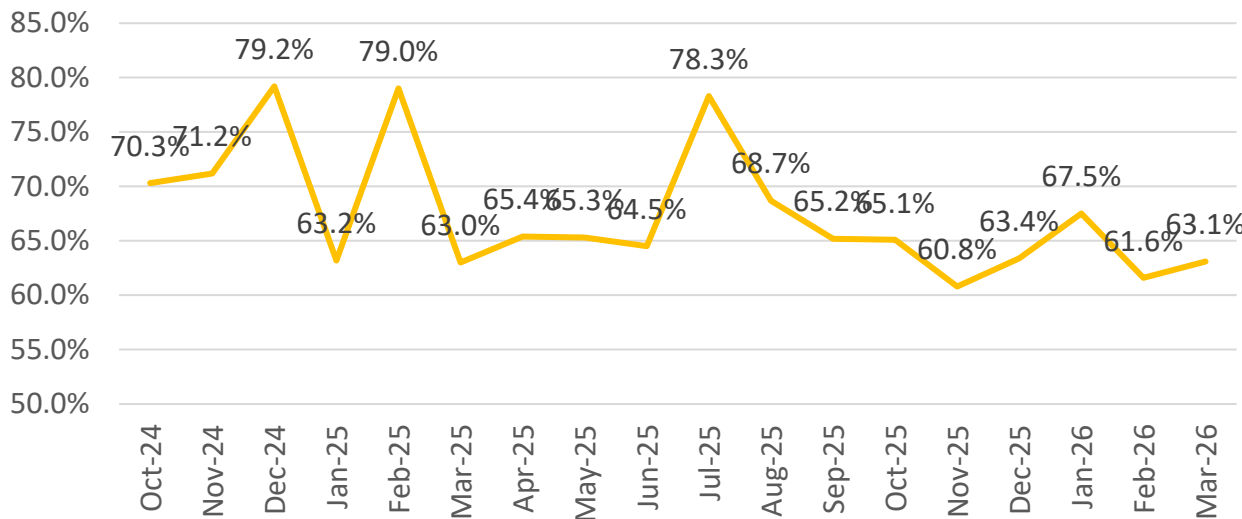


Distribution of Infants who Develop Hypoglycemia by Race/Ethnicity

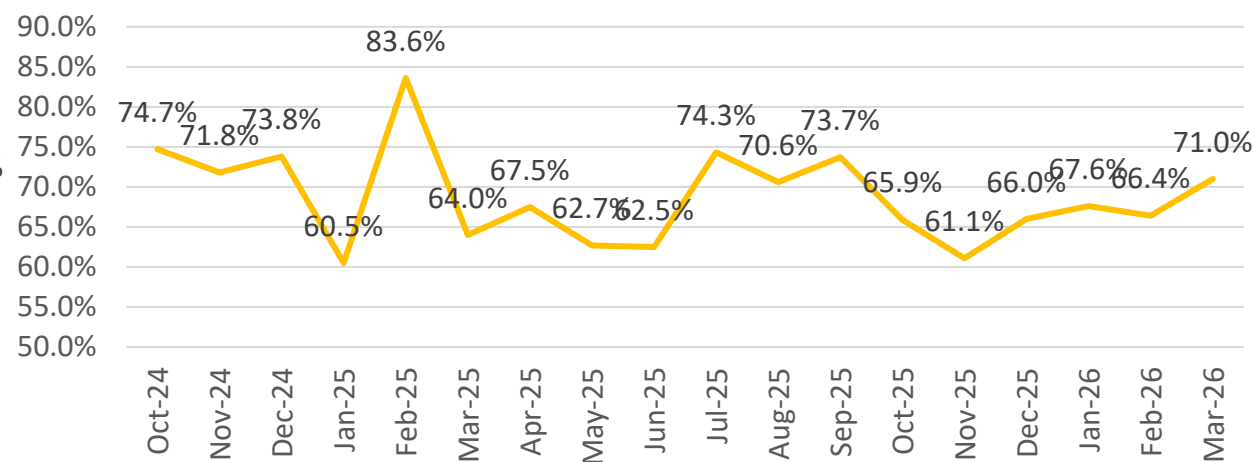


# Intervention Trend Lines

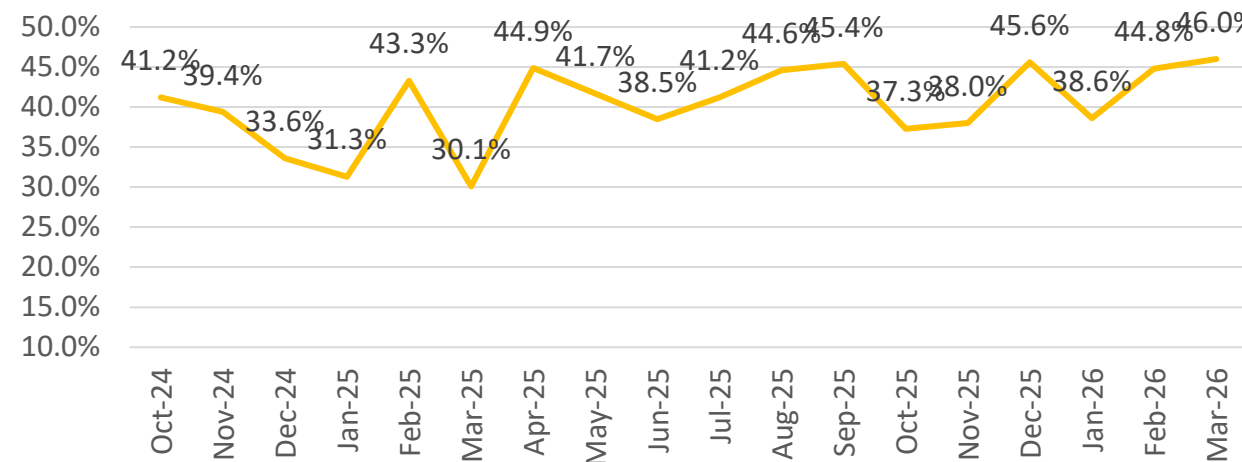
## Rate of At-Risk Infants Receiving Formula



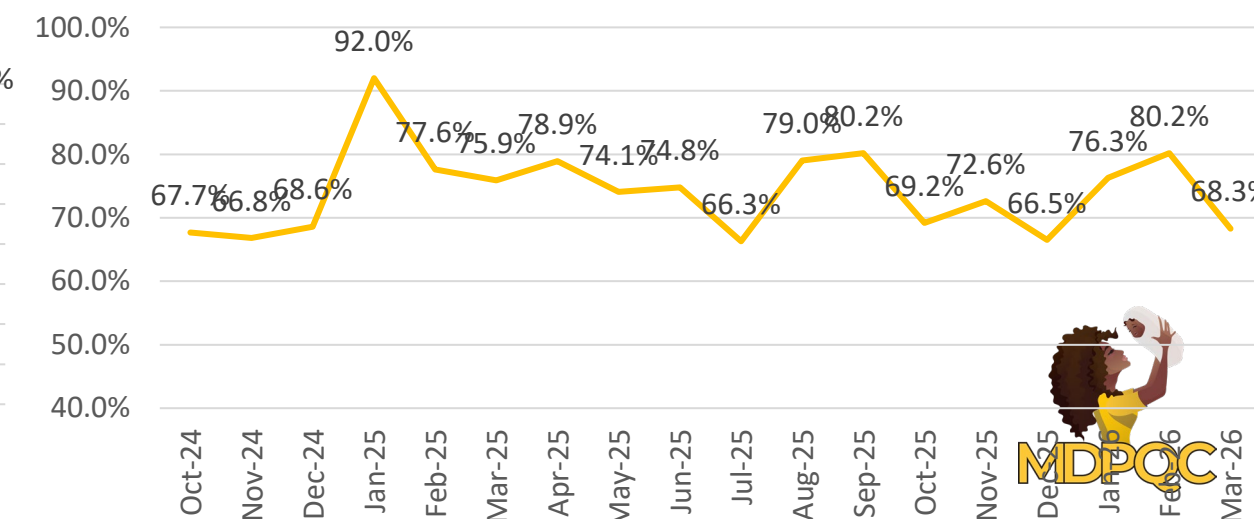
## Rate of At-Risk Infants Receiving Skin-to-Skin Within First 4 Hours of Life



## Rate of At-Risk Infants With Attempted Breastfeed Within First 60 Minutes of Life



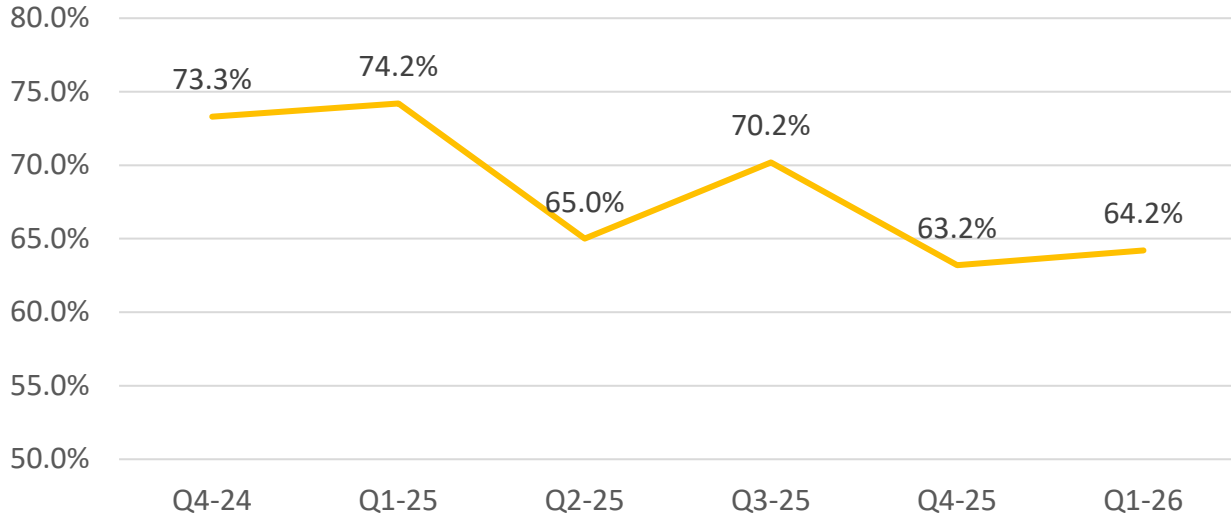
## Rate of Hypoglycemic Infants Given Glucose Gel



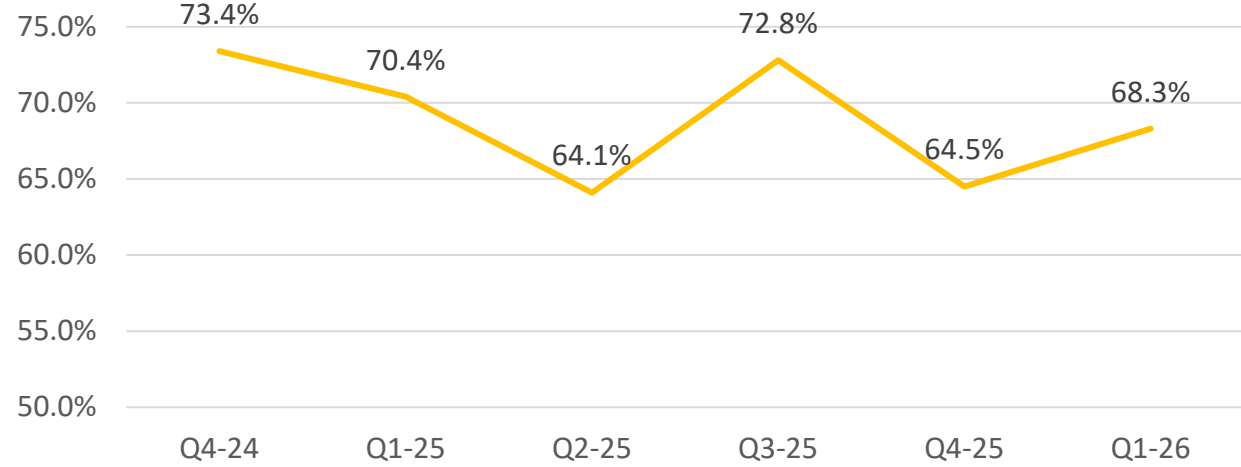
MDPOC

# Intervention Trend Lines

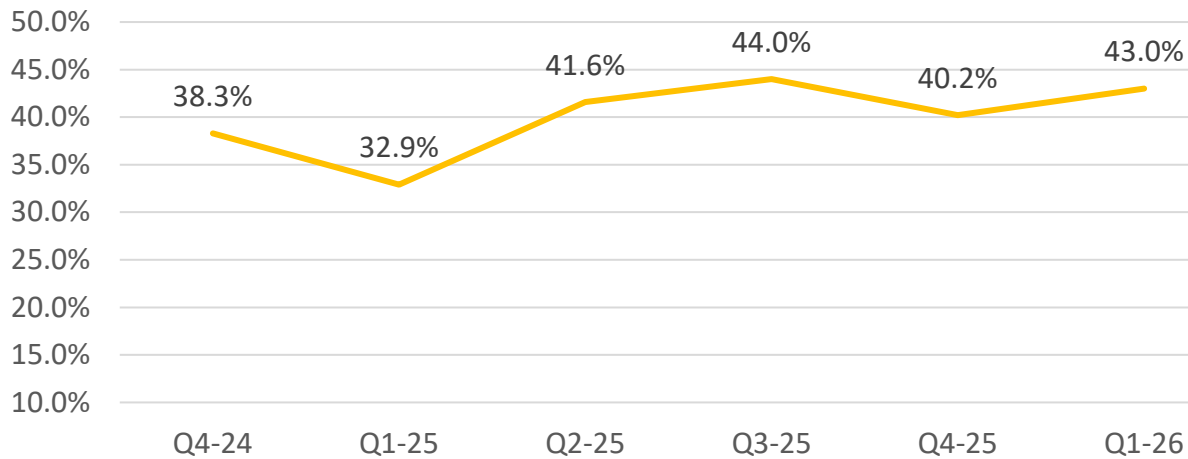
## Rate of At-Risk Infants Receiving Formula



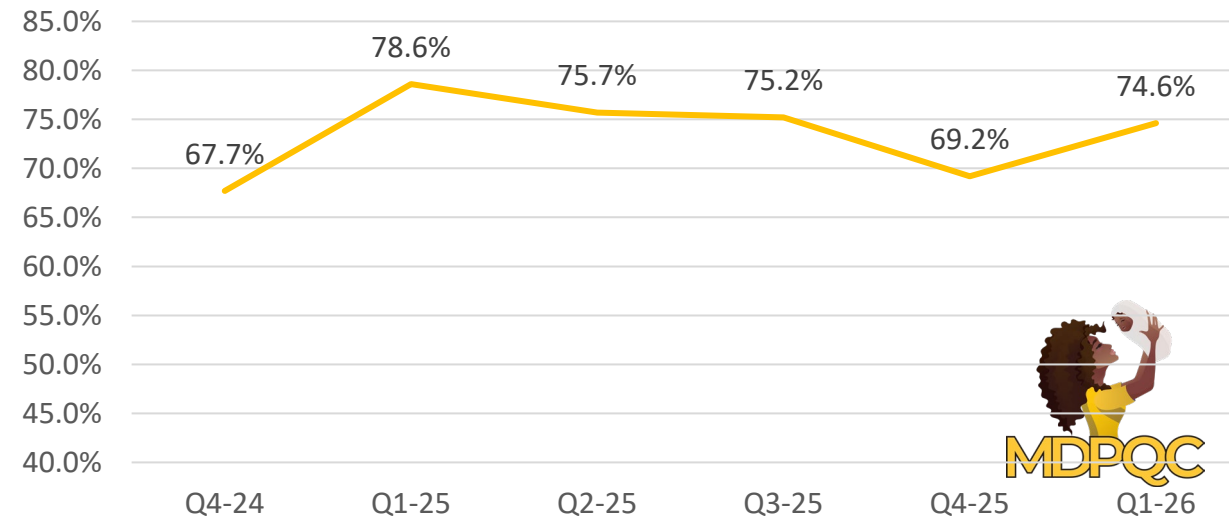
## Rate of At-Risk Infants Receiving Skin-to-Skin Within First 4 Hours of Life



## Rate of At-Risk Infants With Attempted Breastfeed Within First 60 Minutes of Life

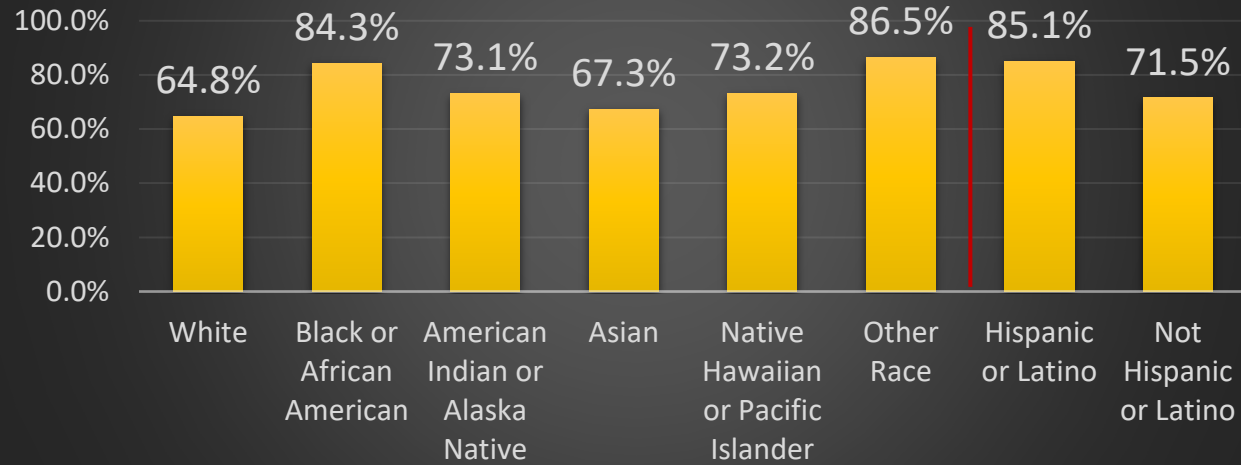


## Rate of Hypoglycemic Infants Given Glucose Gel

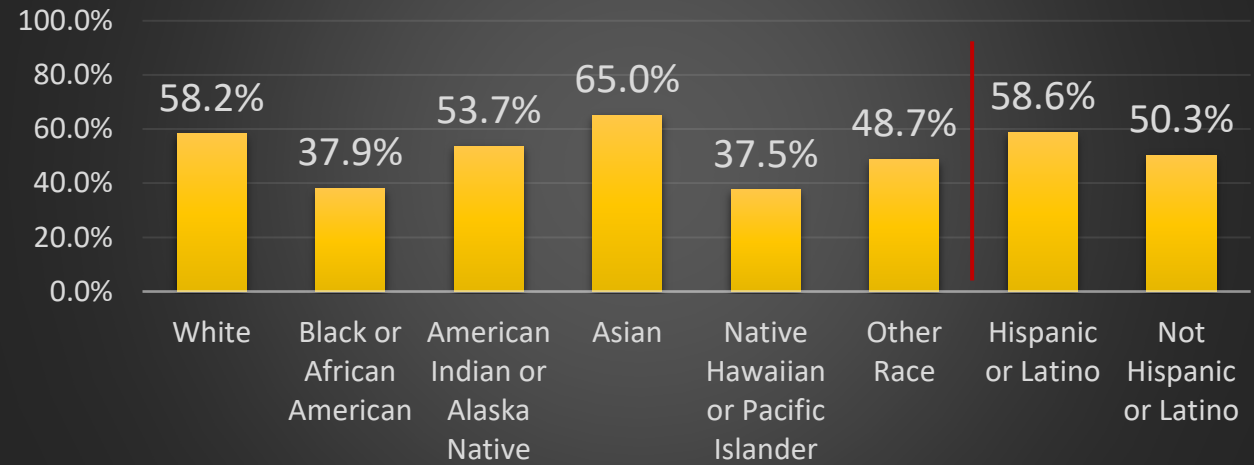


# Breastfeeding by Race/Ethnicity

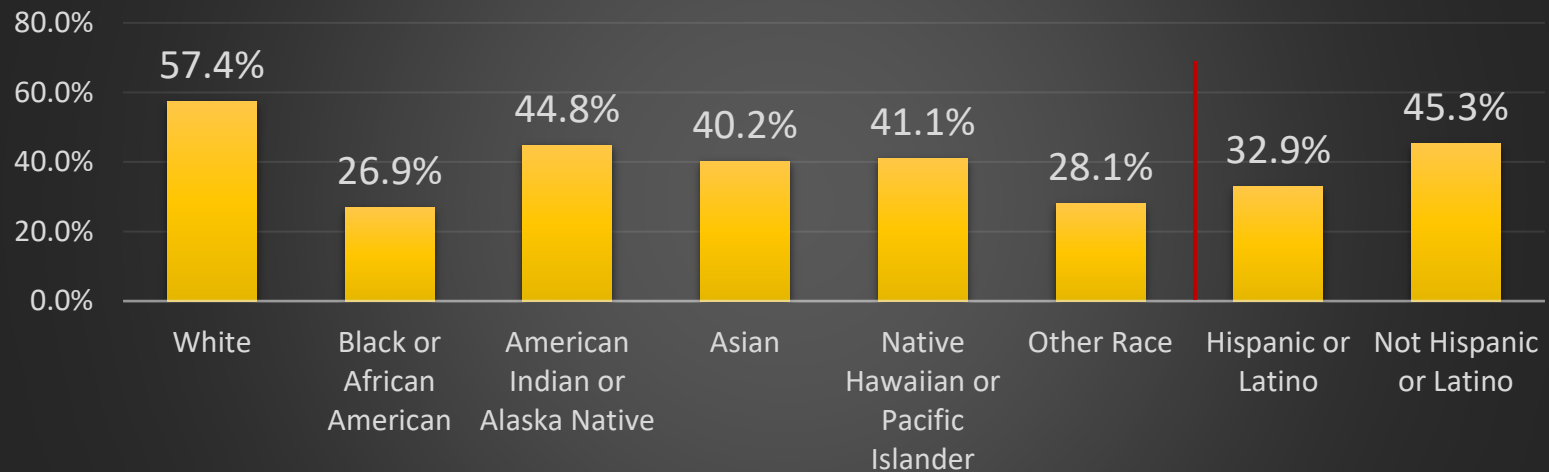
## Babies At-Risk for Hypoglycemia Receiving Formula

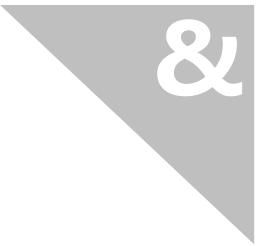


## Babies At-Risk for Hypoglycemia With Attempted Breastfeed Within 60min



## Babies At-Risk for Hypoglycemia Exclusively Breastfed





# Substance Exposed Newborns



# Substance Exposed Newborns Initiative Goals

1. Standardize substance use screening for mothers at L&D intake.
2. Improve identification of and care for Substance Exposed Newborns and their families.
3. Decrease the length of stay for substance exposed newborns.
4. Connect families impacted by substance use to appropriate follow-up services and community-based supports prior to discharge.
5. Empower parents and caregivers to care for infants with in-utero substance exposure.
6. Support hospitals to implement Eat-Sleep-Console methodology.

# SEN Structure Measures

Measure
Hospital provides standardized staff education on compassionate, non-judgmental screening, patient education, and support
Hospital uses standardized definitions of SEN/NAS
Hospital uses a standardized screening protocol for maternal substance use at L&D intake, reviewed and updated based on legal requirements and best practices.
Hospital uses a standardized protocol for referral to Child Protective Services related to in-utero substance use, reviewed and updated based on legal requirements and best practices.
Hospital has established non-pharmacologic treatment protocols
Hospital uses Eat-Sleep-Console in the Nursery / Hospital uses Eat-Sleep-Console in the SCN/NICU
Hospital has created or procured a comprehensive list of community resources, customized to include resources relevant for pregnant and postpartum people, that will be shared with all postpartum inpatient nursing units, the SCN/NICU, and outpatient pediatricians.
Hospital has created a standardized Plan of Safe Care template and protocol for families being discharged
Hospital has established a mechanism of obtaining feedback from parents and caregivers about their care experience and regularly reviews this feedback.
Hospital provides additional safe sleep education specifically tailored to substance exposed newborn populations, above and beyond standard practice for a typical discharge.

# SEN Process Measures

Measure	Notes
# births	Disaggregated by race/ethnicity
# births to the well-baby nursery	Disaggregated by race/ethnicity
# mothers verbally screened for SUD	Disaggregated by race/ethnicity
# mothers screened for SUD using laboratory testing	Disaggregated by race/ethnicity
# infants with any in-utero substance exposure	Disaggregated by race/ethnicity; Excludes infants that go straight to NICU after birth
# infants with in-utero opioid exposure	Disaggregated by race/ethnicity; Excludes infants that go straight to NICU after birth
# infants transferred out of the well-baby nursery for treatment/management of withdrawal symptoms	Disaggregated by race/ethnicity; Excludes infants that go straight to NICU after birth
# infants transferred out of the well-baby nursery for treatment/management of Neonatal Opioid Withdrawal Syndrome	Disaggregated by race/ethnicity; Excludes infants that go straight to NICU after birth
# infants with substance exposure who were discharged during the reporting month	Disaggregated by race/ethnicity



# SEN Process Measures

Measure	Notes
Average (mean) total length of stay for infants transferred out of the well-baby nursery for treatment/management of withdrawal symptoms during the reporting month	Disaggregated by race/ethnicity; Excludes infants that go straight to NICU after birth
Median total length of stay for infants transferred out of the well-baby nursery for treatment/management of withdrawal symptoms during the reporting month	Disaggregated by race/ethnicity; Excludes infants that go straight to NICU after birth
# mothers screened for SSDOH using a standardized, validated tool	Disaggregated by race/ethnicity
# infants in well-baby nursery with a parent/caregiver referral for social work consult for in-utero substance exposure	Disaggregated by race/ethnicity
# infants with substance exposure and documentation that family/caregiver received a Plan of Safe Care prior to discharge (Specific verbal and written education around substance exposure and proper care for infant)	Disaggregated by race/ethnicity; Plan would include: pediatrician appointment, follow-up with social worker, follow-up with CPS/DSS, referral to treatment
If your hospital or unit is transitioning to Eat-Sleep-Console (ESC), how many education opportunities on ESC methodology (sessions/events/meetings/huddles/modules) were provided during the reporting period?	Reported as whole number or N/A



# SEN Education and Sustainability Measures

Measure	Notes
<p>% Physicians/NPs/PAs receiving education within the last two years on hospital protocols and best practices for providing care to infants with substance exposure, including:</p> <ul style="list-style-type: none"> <li>• Symptoms/symptom scoring</li> <li>• Pharmacological &amp; Non-pharmacological treatment</li> <li>• Strategies for soothing babies</li> <li>• Caregiver education elements</li> </ul>	<p>Reported in 10% increments; Reported for SCN/NICU, Well-baby nursery, and L&amp;D</p>
<p>% Nurses receiving education within the last two years on hospital protocols and best practices for providing care to infants with substance exposure, including:</p> <ul style="list-style-type: none"> <li>• Symptoms/symptom scoring</li> <li>• Pharmacological &amp; Non-pharmacological treatment</li> <li>• Strategies for soothing babies</li> <li>• Caregiver education elements</li> </ul>	<p>Reported in 10% increments; Reported for SCN/NICU, Well-baby nursery, and L&amp;D</p>
<p># infants admitted to the NICU for hypoglycemia (Sustainability measure)</p>	<p>Disaggregated by race/ethnicity</p>



# Discussion

- What resources would be useful to implement this initiative?
- What office hours topics would be helpful?
- Do you have any feedback on the data submission process, based on your experience with Hypoglycemia initiative data reporting?
- Do you have a best practice for management of substance exposed newborns that you would like to share?

# Next Steps:

- 1 Complete a Participation Agreement for the initiative, [available here](#)
- 2 Prepare to report data:
  - Structure Measures ONLY for Q3-2026 (Jul-Sep) by 10/31
  - ALL Measures for Q4-2026 (Oct-Dec) by 1/31
- 3 Complete the [Pre-Assessment HEART](#)
- 4 [Register here](#) for the kick-off on July 14<sup>th</sup>

# Open Discussion



Please complete the evaluation poll before you go.

# Next Session

## Substance Exposed Newborns Kick-Off



July 14, 2026



12pm – 1pm

[Register Now](#)

# Connect With Us



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