MDPQC Office Hours

HQI
HEALTH QUALITY INNOVATORS

Maryland
DEPARTMENT OF HEALTH

Hypoglycemia Initiative
January 13, 2026

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

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Office Hours

- Feb 2024: Implementation Basics and Data Reporting
- Mar 2024: Protocol Planning
- Apr 2024: Staff Education
- May 2024: Parent/Patient Education
- June 2024: Donor Breastmilk @ Adventist
- July 2024: HEART results
- Aug 2024: SUD Initiative
- Oct 2024: Postnatal Transition
- Nov 2024: Data Review
- Dec 2024: Glucose Gel
- Jan 2025: Skin-to-Skin in OR
- Feb 2025: Breastfeeding Festival
- Mar 2025: Hypoglycemia Toolkit + Using Data
- Apr 2025: Patient Story
- May 2025: Staff Education
- June 2025: Community Breastfeeding Education Initiative @ Meritus
- July 2025: Skin-to-Skin @ Carroll
- Aug 2025: Prenatal education
- Oct 2025: Data Updates
- Nov 2025: Antenatal milk expression project @ HCMC
- Dec 2025: Skin-to-Skin Discussion

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Office Hours

→ What are we missing?

- Feb 2024: Implementation Basics and Data Reporting
- Mar 2024: Protocol Planning
- Apr 2024: Staff Education
- May 2024: Parent/Patient Education
- June 2024: Donor Breastmilk @ Adventist
- July 2024: HEART results
- Aug 2024: SUD Initiative
- Oct 2024: Postnatal Transition
- Nov 2024: Data Review
- Dec 2024: Glucose Gel
- Jan 2025: Skin-to-Skin in OR
- Feb 2025: Breastfeeding Festival
- Mar 2025: Hypoglycemia Toolkit + Using Data
- Apr 2025: Patient Story
- May 2025: Staff Education
- June 2025: Community Breastfeeding Education Initiative @ Meritus
- July 2025: Skin-to-Skin @ Carroll
- Aug 2025: Prenatal education
- Oct 2025: Data Updates
- Nov 2025: Antenatal milk expression project @ HCMC
- Dec 2025: Skin-to-Skin Discussion

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Newborn Hypoglycemia Resources

- Newborn Hypoglycemia Initiative Quick Start Guide
- Newborn Hypoglycemia Bundle Toolkit
- Newborn Hypoglycemia Policy Guidelines
- Late Preterm Birth Hypoglycemia Rack Card
- Prenatal Patient Resource: Reducing Your Baby's Risk for Hypoglycemia: English and Spanish

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Patient Education Resource

[English Version](#)
[Spanish Version](#)

Reducing Your Baby's Risk for **Hypoglycemia** After Birth

After birth, your baby might be tested for **hypoglycemia** (low blood sugar). A blood sample, typically taken from the heel, is used to check blood sugar level. The first check is done within the first hours of life and repeated as necessary, usually every 3 hours for the first 12-24 hours.

A baby born with hypoglycemia typically recovers with proper diagnosis and treatment.

Help Your Baby Avoid Hypoglycemia

Before Delivery

- Talk with your obstetrician about hand expressing or pumping breastmilk (colostrum).
- Bring the colostrum to the hospital for your delivery and inform hospital staff so they can properly store it.

In the Delivery Room

- Keep your baby warm by holding them skin-to-skin against your bare chest.
- Feed your baby in the first hour of life, either by breast or bottle.

Mother/Baby Area

- Feed your baby at least every three hours on demand, either by breast or bottle. Note: Late preterm babies may need to be fed every two hours.
- A nurse will check your baby's temperature, pulse and breathing before feedings and check their blood sugar before the first three feedings.
- Pumping or hand expressing breastmilk after feedings will increase your milk production.
- Work with your care team to track how much your baby is eating, peeing and pooping. Your care team can provide instructions and tools to help.

If your baby's blood sugar is low, treatment for hypoglycemia includes:

- Additional breastfeeding
- Colostrum or donor breastmilk, if available
- Formula
- Medication and IV fluids, if necessary

Hypoglycemia Risk Factors

- Baby was born early (preterm), at 34-37 weeks gestation.
- Baby is smaller than expected at birth.
- Baby is larger than expected at birth.
- Mom has gestational diabetes or diabetes mellitus.

Common Symptoms

- Poor feeding and/or vomiting
- Trouble breathing
- Low body temperature
- Jitteriness, grunting or irritability
- Blueish or pale skin color
- Difficulty waking
- Seizures

If you notice any signs or symptoms of hypoglycemia, tell your health care provider right away.

Contact your and/or your baby's care team with any questions.

This publication was supported by funds through the Maryland Department of Health Maternal and Child Health Bureau Title V Program.

www.mdpqc.org

Reduzca el riesgo de **hipoglicemia** de su bebé después del parto

Después del nacimiento, es posible hacer análisis a su bebé para detectar **hipoglicemia** (nivel de azúcar bajo en sangre). Una muestra de sangre, normalmente extraída del talón, se usa para detectar los niveles de azúcar. El primer chequeo se hace en las primeras horas de vida y se repite según sea necesario, lo habitual es cada 3 horas durante las primeras 12 a 24 horas.

Un bebé con hipoglicemia habitualmente se recupera gracias a un diagnóstico y tratamiento adecuados.

Ayude a su bebé a evitar la hipoglicemia

Antes del parto

- Hable con su obstetra sobre la extracción manual o con bomba de la leche materna (calostro).
- Lleve el calostro al hospital para el parto e informe al personal del hospital para que lo almacenen adecuadamente.

En la sala de parto

- Mantenga caliente al bebé mediante los cuidados piel con piel, sobre su pecho desnudo.
- Alimente a su bebé en la primera hora después de nacer, ya sea dándole el seno o con biberón.

Área materno-infantil

- Alimente a su bebé cada tres horas como mínimo y cuando el bebé lo pida, ya sea dándole el seno o con biberón. Nota: Los bebés prematuros necesitan alimentarse cada dos horas.
- Una enfermera comprobará la temperatura, pulso y respiración de su bebé, antes de cada toma de leche y medirá los niveles de azúcar en sangre antes de las 3 primeras tomas.
- La producción de leche se estimula si después de cada toma intenta extraerla a mano o con bomba.
- Colabore con su equipo de cuidados para hacer un seguimiento de cuánto come, orina y defeca su bebé. Su equipo de cuidados puede darle instrucciones y herramientas que pueden ayudarla.

Si el nivel de azúcar en sangre de su bebé es bajo, los tratamientos para la hipoglucemia incluyen:

- Darle más leche materna
- Darle calostro o leche de una donante, si está disponible
- Leche en polvo (fórmula)
- En caso necesario, medicamentos y líquidos por vía i.v.

Factores de riesgo de hipoglicemia

- El bebé nació de forma prematura, entre las 34 y 37 semanas de gestación.
- La talla del bebé es más pequeña que lo esperado al nacer.
- El bebé es más grande de lo esperado al nacer.
- La mamá tiene diabetes gestacional o diabetes mellitus.

Síntomas frecuentes

- Mala alimentación y/o vómitos
- Dificultad para respirar
- Baja temperatura corporal
- Nerviosismo, gruñidos o irritabilidad.
- Tonalidad de piel azul o pálida
- Dificultad para despertarse
- Convulsiones

Si usted advierte signos o síntomas de hipoglicemia, avísele cuanto antes a su proveedor de salud.

Contacte a su equipo de atención de salud (o a los cuidadores de su bebé) si tiene cualquier pregunta.

Esta publicación ha sido posible gracias a la financiación del Programa del Título V del Departamento de Salud de Maryland, a través de la Oficina de Salud Maternoinfantil.

www.mdpqc.org

HEALTH QUALITY INNOVATORS

NEW: Website Updates

Implementation Resources

The Bundle

- Newborn Hypoglycemia Kickoff Recording - 1/19/2024
- Newborn Hypoglycemia Initiative Quick Start Guide
- Implementation Basics and Data Reporting Office Hours – 2/13/2024: Recording and Slides
- Newborn Hypoglycemia Resources
- Hypoglycemia Bundle Toolkit
- Hypoglycemia Toolkit + Using Your Data Office Hours - 3/11/2025: Recording and Slides

Policy Resources

- Protocol Planning Office Hours – 3/12/2024: Recording and Slides
- Newborn Hypoglycemia Policy Guidelines
- Glucose Gel Office Hours Recording – 12/10/2024

Staff and Patient Education Resources

- Staff Education Sharing Session Office Hours Recording – 4/9/2024
- Parent/Patient Education Sharing Session Office Hours Recording – 5/14/2024
- MDPQC Late Preterm Hypoglycemia Rack Card Resource
- Patient Story and Discussion Office Hours Recording - 4/8/2025
- Staff Education Discussion & Sharing Office Hours Recording - 5/13/2025
- Prenatal Patient Resource: Reducing Your Baby's Risk for Hypoglycemia: English and Spanish

Breastfeeding Resources

- Adventist Donor Breastmilk Office Hours – 6/11/2024: Recording and Slides
- Implementing a Breastfeeding Fair at MedStar Franklin Square Office Hours Recording - 2/11/2025
- Bridging the Gap: Breastfeeding Education in Underserved Communities at Meritus Medical Center Office Hours - 6/10/25: Recording and Slides
- Antenatal Milk Expression Project at HCMC – 11/11/2025

Skin-to-Skin Resources

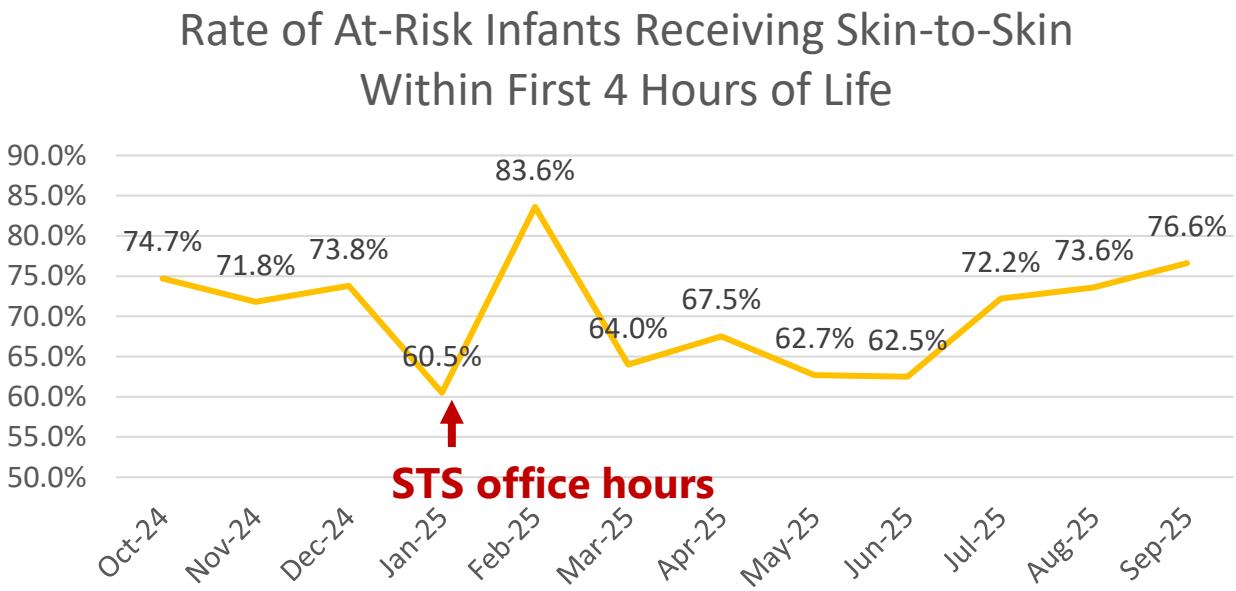
- Postnatal Transition in the Newborn Office Hours Recording – 10/8/2024
- Skin-to-Skin in the OR Office Hours - 1/14/2025: Recording and Slides
- Skin to Skin at Lifebridge Carroll Office Hours - 7/8/25: Recording and Slides
- Skin-to-Skin Discussion Office Hours – 12/11/2025: Recording and Slides

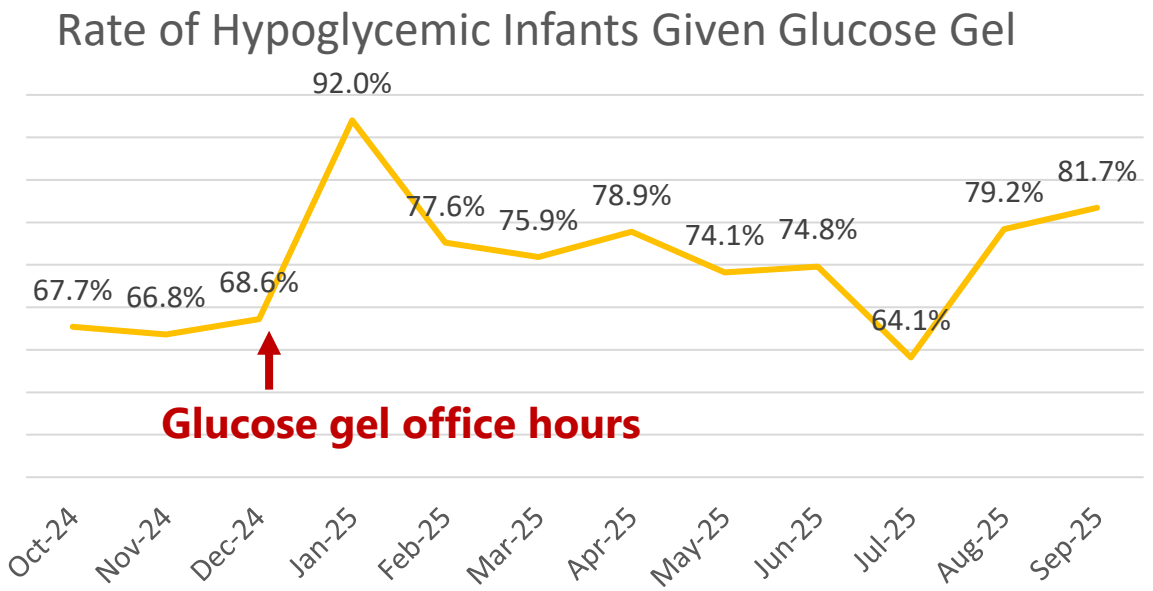
HQI
HEALTH QUALITY INNOVATORS

www.mdpqc.org/current-initiatives

MDPQC

Interventions

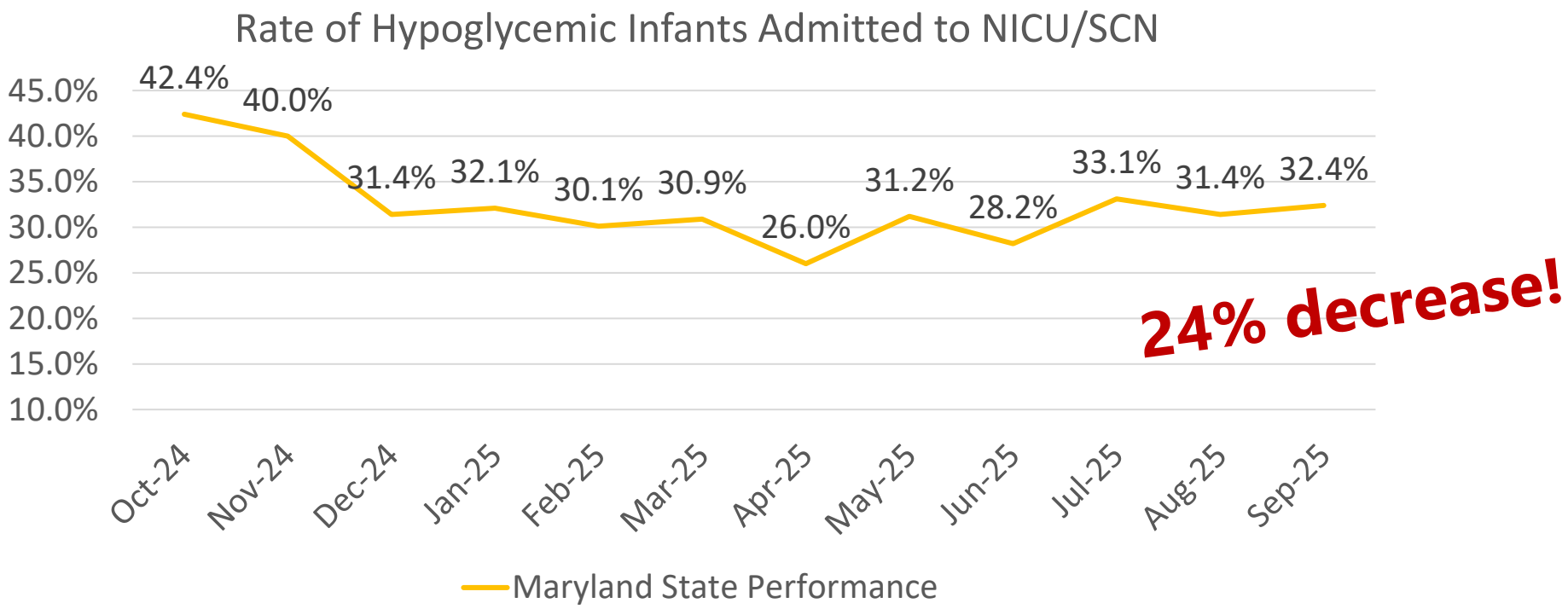




HQI
HEALTH QUALITY INNOVATORS

MDPQC

NICU Admits



24% decrease!

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Impact

In the past year:

- Hospitals with a hypoglycemia protocol updated in the past two years increased by 38%.
- Hospitals providing education to families on hypoglycemia documented in the EHR increased by 58%.
- Hospitals using standard cutoffs for LGA/SGA increased by 50%.
- Hospitals using glucose gel increased by 53%.
  - ➢ Many additional hospitals reported updating their glucose gel policy!

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Hospital Highlights

- This hospital identified staff education on breastfeeding and feeding practices as an area for improvement. After evaluating current practices, the team implemented educational initiatives to enhance nurses' understanding of the significance of breastmilk and its role, alongside other clinical interventions, in supporting positive newborn health outcomes. Lactation consultants facilitated staff education through multiple channels including focused discussions during staff huddles and dedicated skills days addressing newborn feeding techniques. Additionally, lactation consultants collaborated with a nurse champion who delivered education emphasizing the benefits of a small amount of breastmilk compared to large amounts of formula. As a result, this facility experienced reduced formula use and more frequent breastfeeding attempts.

- This hospital identified skin-to-skin contact as an area of opportunity. Between Q1 and Q2 2025, the hospital reported 54% of infants receiving skin-to-skin within the first 4 hours of life. Following internal review, the team set a goal to increase the practice among all infants, irrespective of delivery type or location. The facility implemented targeted staff education, ensuring that nurses and providers understood the importance of skin-to-skin care and proper documentation procedures within patient charts. Departmental meetings and staff huddles were leveraged to ensure comprehensive education. By August 2025, the facility reached 100% of infants receiving skin-to-skin within the first 4 hours of life, marking a significant achievement.

Discussion

- What have been your biggest accomplishments across the initiative so far?
- What remains an opportunity area in your facility?
- What do you want to prioritize before wrapping up the initiative?

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Next Steps

✓ October – December data is due by January 31st!

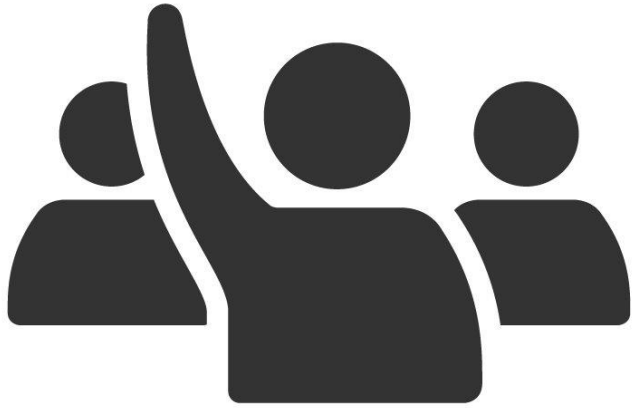
✓ Register for February Neonatal Health Office Hours:

- Tuesday, February 10th, 12pm-1pm
  Register here

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Open Discussion



Please complete the evaluation poll before you go!

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Contact Us

For more information

Website: www.mdpqc.org

Listserv: mdpqc@gaggle.email

The MDPQC Team:

- Katie Richards – krichards@hqi.solutions
- Yasmine Jackson – yjackson@hqi.solutions
- Alynna Nguyen – anguyen@hqi.solutions