Recommendations- Subsequent care

Question 28. Which babies are at increased risk of adverse long-term outcomes as a result of neonatal hypoglycaemia?

PICO: Should risk factors for adverse long-term outcomes vs. no risk factors for adverse long-term outcomes be used for guiding management of babies at risk of neonatal hypoglycaemia?

Recommendation 28:

No recommendation made.

Justification: In the follow-up of the hPOD trial, associations between neonatal hypoglycaemia and neurodevelopmental problems at 2 years were identified in children whose mothers had diabetes, but it was not possible to analyse outcomes separately for other risk groups.

Implementation considerations: Nil.

Monitoring and evaluation: Nil.

Research priorities:

Studies are needed on:

The long-term outcomes of neonatal hypoglycaemia for individual risk groups, and the effects of treatments of neonatal hypoglycaemia on these.

Health Equity: There are no data about whether Māori or other groups are at increased risk of adverse long-term outcomes after neonatal hypoglycaemia, so the effect on health equity is unknown.

Evidence to decision table: refer to Appendix G

Question 29. What care should be provided after the hypoglycaemia is resolved? (when to discharge, what follow-up is required, need for ongoing monitoring).

Recommendation 29:

Whānau of all babies born at risk, whether or not they develop neonatal hypoglycaemia, should be well informed before discharge about clinical signs that may indicate hypoglycaemia and how to seek help if these occur. [**Conditional recommendation**]

Heathcare practitioners should be made aware of a history of neonatal hypoglycaemia and its relevance for later developmental surveillance.

Justification: Severe hypoglycaemia can occur after a period of normal glucose concentrations, including after hospital discharge.

Babies born at risk of neonatal hypoglycaemia have a high risk of later neurodevelopmental problems, whether or not they experienced hypoglycaemia.

Implementation considerations: Provide comprehensive information and support for families, including educating them about signs to watch for after discharge and what actions to take if concerned.

Education and resources are required for healthcare practitioners to be able to address parents' concerns and provide explanations for medical procedures like heel pricks.

Consider offering debriefing to address any concerns, provide information about follow-up care, and offer support to families during this transition period.

Monitoring and evaluation: Nil.

Research priorities:

Studies are needed on:

1. Educational resources that parents should receive at discharge that are acceptable and practical for whānau.
2. The effectiveness of community-based interventions for high-risk groups, including the impact of long-term surveillance programs, the best methods and ages for follow-up, and which outcomes are most relevant.
3. The most acceptable and feasible community-based follow-up approaches that iare not overly interventionalist.

Health Equity: Health equity is enhanced by recognising that not all whānau may utilise Well Child/Tamariki Ora services. Therefore, it is important to provide a variety of support options tailored to meet the unique needs of each whānau, ensuring they have the resources and guidance necessary to access the services that best fit their circumstances.

It is important to recognise the variability in whānau ability to ask questions depending on their health literacy and culture, therefore information provided needs to be delivered in a way that meets the needs of the receiver.

There are significant health equity issues regarding access to services, so it is critical to ensure that support reaches those who need it most.