BACKGROUND & SIGNIFICANCE

- Hypoglycemia continues to represent a common metabolic issue facing the neonatal population (Aziz & Dancey 2016).
- Factors placing neonates at higher risk for developing hypoglycemia are prematurity, perinatal stress or asphyxia, small size for gestational age and being born to diabetic mothers (Verklan, 2018).
- In a healthy term newborn, the glucose level is rarely less than 35 mg per deciliter (mg/dL) at birth, 40 mg/dL from 3-24 hours of age and 45 mg/dL after 24 hours—all lower levels than those of an adult (Kaiser, Bai, Gibson, Holland, Tsai, Mei, & Swearingen, 2015).
- Severe post-traumatic stress reaction was associated with increased rates of depression and anxiety and decreased quality of life of family members who did not receive sufficient information and education about their hospitalized newborns (Prakash, Das, Habeebullah, & Shamanna, 2017).
- Family centered care and family education decreases fear and anxiety in parents upon transfer to a higher level of care (Prakash, Das, Habeebullah, & Shamanna, 2017).
- A number of fetal-maternal conditions predispose infants to transient hypoglycemia including babies born to mothers with diabetes, small or large for gestational age, premature and low birthweight infants.
- Neonatal hypoglycemia is not defined by an exact cut point that is applicable to every clinical scenario.
- National and international position statements on postnatal glucose homeostasis lack full consensus on best-practices on screening and management contributing to mixed communication with families, particularly during level of care transition. Interventions to restore euglycemia may require transfer of the newborn to the neonatal intensive care unit.
- There is little research to date on how caregivers and families should be educated on neonatal hypoglycemia to facilitate patient-centered care. The purpose of this project is to present findings from focus-groups of mothers of newborns with hypoglycemia and implications for family-centered education.

PURPOSE

This study uses a qualitative-focus group approach. Three focus groups comprised of mothers with infants who experienced hypoglycemia during the first 24 hours after delivery and volunteering to participate will be recruited from a Woman’s and Children’s hospital in a southwestern state in the spring of 2018. Institutional review board approval will be obtained.

METHODOLOGY

This study a qualitative-focus group approach. Five open-ended questions will be asked to focus groups comprised of approximately six subjects each. A number of fetal-maternal conditions predispose infants to transient hypoglycemia including babies born to mothers with diabetes, small or large for gestational age, premature and low birthweight infants.

RESULTS

This study is currently underway and results are pending.

CONCLUSION

Existing evidence-based findings informing the healthcare of education of health care providers and families of newborns with hypoglycemia should be incorporated into healthcare policy and protocol. Multidisciplinary use of protocols and psychologically supportive communication and patient education handouts may help enhance patient-centered care. Further research which includes the patient-family perspective could help to guide the development of patient-centered educational materials.

REFERENCES

Available upon request.
MFoster8928@lcu.edu