Caring for Newborns With Transitional Hypoglycemia: Best Practices for Education Healthcare Providers and Families

Emelia C. Garcia
Covenant Children’s Hospital, Lubbock, Texas, USA, ecgarcia@covhs.org

JoAnn D. Long

Monica T. Foster

Follow this and additional works at: https://digitalcommons.psjhealth.org/other_pubs

Part of the Nursing Commons

Recommended Citation
https://digitalcommons.psjhealth.org/other_pubs/8

This Poster is brought to you for free and open access by Providence St. Joseph Health Digital Commons. It has been accepted for inclusion in Other Publications by an authorized administrator of Providence St. Joseph Health Digital Commons. For more information, please contact digitalcommons@providence.org.
Caring for Newborns with Transitional Hypoglycemia: Best Practices for Education Healthcare Providers and Families

Emilia C. Garcia, MSN, RNC-NIC  JoAnn Long, PhD, RN, NEA-BC
Covenant Children’s Hospital  Lubbock Christian University

BACKGROUND & SIGNIFICANCE

- Family dissatisfaction with transfer of asymptomatic infant to higher level care (Oto, 2017)
- Separation of mother-infant dyad (Oto, 2017)
- Lack of professional consensus on definition of newborn hypoglycemia (NH) (Canadian Paediatric Society, Position Statement 2016)
- NH is a common occurrence, estimated to affect 15-30% of newborns (LeBlanc, et al 2018)
- Approximately 10% of newborns with NH require intensive management (LeBlanc, et al 2018)
- Increased costs for families (LeBlanc, et al 2018)
- Little to no research regarding effective education methods

INTERNATIONAL DATA MATERAL HYPERGlyCEMIA

- 91.6% occur in low – middle income countries (Mitane, et al 2015)
- S.E. Asia – highest prevalence 25% of live births (Guariguata, et al 2013)
- Middle East & North Africa 22% (Mitane, et al 2015)
- North American and Caribbean region – 10.4% (Guariguata, et al 2013)
- Late preterm infants 34 0/7 – 36 6/7 weeks gestation (Adakim, 2011)
- Small for gestational age (SGA) infant (Adakim, 2011)
- Large for gestational age (LGA) infant (Adakim, 2011)
- Infant of diabetic mother (IDM) (Adakim, 2011)

RESEARCH QUESTION

“How should healthcare providers and families of newborns with transitional hypoglycemia be educated to improve patient and provider communication during the care of newborns with hypoglycemia?”

METHODOLOGY

- An integrative research review used modified methodology was utilized (Whitemore & Knafle, 2006; Brown, 2018)
- Systematic search of the following databases: Cumulative Index for Nursing and Allied Health Literature, Medline Complete and Pubmed databases from 2000 – 2017
- Search terms used: “newborn hypoglycemia” and “patient or provider education”
- Articles appraised utilizing the PRISMA 2009 checklist within the EBR Tool (Long & Gannaway, 2015)
- 17 articles initially identified, 2 articles were identified through bibliographic mining and the use of Google browser, 1 duplicate, and 15 did not meet inclusion criteria

RESULTS

- Informed explanations alleviate parental fears of NH
- A multidisciplinary approach is effective to promote positive neonatal outcomes (Rahamir and Afandi, 2015)
- Early initiation of feedings for treatment of NH (Adamkin: AAP 2011, Canadian Paediatric Society 2016)
- Informal explanations alleviate parental fears of NH intervention and treatment (Canadian Paediatric Society 2016, Rahamir and Afandi, 2015)

CONCLUSION

Existing evidence-based findings informing the 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 and family-centered care. Further research which includes the patient-family perspective could help to guide the development of patient and family-centered educational materials.

REFERENCES

ecgarcia@covhs.org
Available upon request