

with the goal of maintaining serum blood glucose levels above 45 mg/dl ([Adamkin and American Academy of Pediatrics, Committee on Fetus and Newborn, 2011](#)). Oral and IV intake may be titrated to maintain adequate blood glucose levels. Frequent blood glucose determinations are needed for the first 2 to 4 days of life to assess the degree of hypoglycemia present at any given time. Testing blood taken from the heel with calibrated portable reflectance meters (e.g., glucometers) is a simple and effective screening evaluation that can then be confirmed by laboratory examination.

Nursing Care Management

The nursing care of IDMs involves early examination for congenital anomalies, signs of possible respiratory or cardiac problems, maintenance of adequate thermoregulation, early introduction of carbohydrate feedings as appropriate, and monitoring of serum blood glucose levels. The latter is of particular importance because many infants with hypoglycemia may remain asymptomatic. IV glucose infusion requires careful monitoring of the site and the neonate's reaction to therapy; high glucose concentrations ($\geq 12.5\%$) should be infused via a central line instead of a peripheral site.

Because macrosomic infants are at risk for problems associated with a difficult delivery, they are monitored for birth injuries, such as brachial plexus injury and palsy, fractured clavicle, and phrenic nerve palsy. Additional monitoring of the infant for problems associated with this condition (polycythemia, hypocalcemia, poor feeding, and hyperbilirubinemia) is also a vital nursing function.

Some evidence indicates that IDMs have an increased risk of acquiring type 2 diabetes and metabolic syndrome in childhood or early adulthood ([Ogata, 2010](#)); therefore, nursing care should also focus on healthy lifestyle and prevention later in life with IDMs.

Drug-Exposed Infants*

Maternal habits hazardous to the fetus and neonate include drug addiction, smoking, and alcohol abuse. Occasional withdrawal reactions have been reported in neonates of mothers who use excessive amounts of drugs, such as barbiturates, alcohol, amphetamines, or antidepressants. Serious reactions are seen in neonates whose mothers abuse psychoactive drugs or are treated