

| Infant of a Diabetic Mother (IDM) | | | | |
|---|-----------------|--|---|--|
| Hypoglycemia | Glucose (mg/dl) | < 25 | 25-39 | ≥ 40 |
| | Management | Admit to NICU and give 2 cc/kg bolus of D10W followed by infusion of D10 | <ul style="list-style-type: none"> • Feed 10-15 mL colostrum/ formula and re-check • May give glucose gel 2x (with feed) in first 24HOL before transferring to NICU | Check 3 pre-feed POC glucoses ≤3 hours apart; if normal routine care |
| <ul style="list-style-type: none"> • RF: IDM, LGA, SGA, late preterm or post-term, <2500g, discordant twin, maternal medications (e.g., propranolol) • After 48 HOL, glucose levels should be >60 • If hypoglycemia persists, send critical labs. Consider diazoxide if hyperinsulinism. | | | | |

| Newborn ID | | | | | | | | | |
|--|--|------------|------------|---|---|---|--|--|---|
| Early Onset Sepsis | | | | | | | | | |
| Pathophys | GBS >> GNRs (especially E. coli, also Klebsiella), some Gm+ (Listeria, enterococci, Gp D Strep). Risk of GBS sepsis is 40x higher with heavy maternal colonization. | | | | | | | | |
| Sepsis RFs | Preterm labor (<37w), maternal intrapartum fever > 100.4 or inadequately treated GBS, PROM (>18h), infant w/tachycardia/tachypnea/respiratory distress/temp instability | | | | | | | | |
| Treatment | <ul style="list-style-type: none"> • BMC Algorithm: Use Kaiser Neonatal Sepsis calculator to guide necessity of evaluation (full vs. limited) and/or for antibiotics • BWH algorithm currently in development • Empiric abx: Ampicillin + Gentamicin x 48 hrs. Substitute cefotaxime/cefepime if suspect meningitis. | | | | | | | | |
| Hepatitis B | | | | | | | | | |
| <ul style="list-style-type: none"> • Up to 90% of infants infected perinatally or in the first year of life will develop chronic HBV infection. • OK for HepB+ moms to breastfeed. | | | | | | | | | |
| Maternal HBsAg | <table> <tr> <th>BW > 2000g</th><th>BW < 2000g</th></tr> <tr> <td> Positive Vaccine + HBIG within 12h (concurrently, different anatomic sites) </td><td> Positive Vaccine + HBIG within 12h (concurrently, different anatomic sites) </td></tr> <tr> <td> Unknown <ul style="list-style-type: none"> • Test mother • HepB vaccine in first 12h • HBIG ASAP if mom positive </td><td> Unknown <ul style="list-style-type: none"> • Test mother • HepB vaccine in first 12h • HBIG ASAP if mom positive or if results not available within 12h </td></tr> <tr> <td> Negative HepB vaccine at birth, within 24 hrs * if parents refuse, discuss again during nursery stay. If still refuses, at BMC must sign informed refusal form. </td><td> Negative Delay 1st dose of HepB vaccine until 1 mo of age or hospital discharge, whichever is first </td></tr> </table> | BW > 2000g | BW < 2000g | Positive Vaccine + HBIG within 12h (concurrently, different anatomic sites) | Positive Vaccine + HBIG within 12h (concurrently, different anatomic sites) | Unknown <ul style="list-style-type: none"> • Test mother • HepB vaccine in first 12h • HBIG ASAP if mom positive | Unknown <ul style="list-style-type: none"> • Test mother • HepB vaccine in first 12h • HBIG ASAP if mom positive or if results not available within 12h | Negative HepB vaccine at birth, within 24 hrs * if parents refuse, discuss again during nursery stay. If still refuses, at BMC must sign informed refusal form. | Negative Delay 1st dose of HepB vaccine until 1 mo of age or hospital discharge, whichever is first |
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| HIV | | | | | | | | | |
| Management | Consult ID. Get maternal history, lab reports: If mom on ARV and infant low risk for acquiring HIV, testing performed at 14 days, 21 days, 1-2 months, and 4-6 months. If mother not on ARVs or mom diagnosed during pregnancy, also test at birth. | | | | | | | | |