

IMPORTANT INFORMATION

This medical guideline was developed for primary care providers to be able to discuss this information and support families. It is important to note that these resources are not recommended for broad public distribution (example: Please do not print and put copies on display for casual reading). One on one discussion between a primary care provider and family members in the sharing of this information is essential.

There are no print copies of these resources available for order. Please print from the PDF documents available online. Thank you

Are some First Nations babies and young children more likely to get low blood sugar?

Yes, a genetic change called the CPT1a variant is common to some B.C. First Nations people and it may increase the chances of a baby or young child having low blood sugar, but it doesn't seem to cause any other health problems.



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Along the coast of B.C. and Vancouver Island, 1 in 5 First Nations babies are born with the gene variant. In the interior region of B.C., 1 in 25 First Nations babies are born with the variant.

In general, children with the CPT1a genetic variant are healthy and will grow and develop normally.

Babies born in B.C. are not screened for the CPT1a variant because it is so common and the vast majority of people born with it are healthy and have no health problems. Doctors also believe that as a child grows older, the risk of low blood sugar will lessen.



Where can I get more information?

*Families can call **HealthLinkBC at 8-1-1** from anywhere in British Columbia to speak with a nurse any time of the day or night. On weekdays, you can speak to a dietitian about nutrition and ideas for healthy eating and snacks for your baby or young child.*



First Nations Health Authority
Health through wellness



Ministry of Health

First Nations Parent Resource:



Preventing low blood sugar in healthy First Nations babies and young children



*Gordon White
2009'*

Is my child at risk of low blood sugar?

Healthy babies and young children are not at risk for low blood sugar when they are feeding regularly.

Healthy babies and young children may be at risk for low blood sugar when:

- they don't feed well because they are sick from fever, vomiting or diarrhea;
- they go a long time without feeding; or
- they are asked to fast for a medical or dental procedure.

Why does low blood sugar matter?

Very low blood sugar can cause brain injury in infants and young children.

What are the symptoms of low blood sugar?

Babies up to 12 months of age might have these symptoms if they have low blood sugar:

- Trembling or shaky
- Pale, cold, clammy or sweaty skin
- Sleepy and difficult to wake for a feed even with undressing
- Cold hands and feet

Young children might have these additional symptoms if they have low blood sugar:

- Hungry
- Headache
- Confused, tired or sleepy
- Blurred vision and/or dizzy
- Irritable or restless
- Trouble holding things or walking straight



Prevent low blood sugar by:

Baby's age	Normal feeding	Feeding when sick	When to seek medical advice
Under 3 months old 	<ul style="list-style-type: none"> ■ Breastfeed or formula feed your baby on demand. ■ Babies typically feed every 2-4 hours. ■ Call your health care provider if your baby goes longer than 4-5 hours between feeds in the first few weeks. 	<ul style="list-style-type: none"> ■ Breastfeed or formula feed smaller amounts every 2-3 hours during the day and night. 	<ul style="list-style-type: none"> ■ If your baby has fever, vomiting or diarrhea. ■ If your baby has fewer wet diapers than usual, no tears when crying, or dry lips, tongue and mouth. ■ If your baby is abnormally sleepy and hard to wake up.
3 – 6 months old 	<ul style="list-style-type: none"> ■ Breastfeed or formula feed your baby on demand. ■ Babies typically feed every 4-6 hours. ■ Feedings will get shorter, and babies may feed less often as they get older. 	<ul style="list-style-type: none"> ■ Breastfeed or formula feed smaller amounts every 3-4 hours during the day and night. 	<ul style="list-style-type: none"> ■ If your baby has fever, vomiting or diarrhea. ■ If your baby has fewer wet diapers than usual, no tears when crying, or dry lips, tongue and mouth. ■ If your baby is abnormally sleepy and hard to wake up.
6 – 12 months old 	<ul style="list-style-type: none"> ■ Continue to breastfeed/formula feed on demand even after you start solid foods at 6 months ■ Offer food/drink every 3-4 hours during the day. ■ Your baby can sleep 8-10 hours at night without feeds. ■ Offer food, breast milk, or formula before bedtime and after waking in the morning. 	<ul style="list-style-type: none"> ■ Offer food/drink every 3-4 hours during the day and night. 	<ul style="list-style-type: none"> ■ If your baby is vomiting and unable to keep food down or refusing to feed. ■ If your baby has fewer wet diapers than usual, no tears when crying, or dry lips, tongue and mouth. ■ If your baby is abnormally sleepy and hard to wake up.
After 1 year old 	<ul style="list-style-type: none"> ■ Offer 3 meals and 2-3 snacks each day. ■ For meals, aim for all 4 food groups: vegetables and fruit; milk and alternatives; grain products; and meat and alternatives. ■ For snacks, aim for at least 2 food groups. ■ Offer breakfast when your child wakes up. ■ Continue to breastfeed for 2 years or longer if you can. 	<ul style="list-style-type: none"> ■ Breastfeed or offer other drinks more often, including at least once during the night. ■ Offer small snacks more often. ■ If your child is vomiting, give Pedialyte or Gastrolyte at least 1 tablespoon every 10 to 15 minutes. For children over 5 years, give 1 tablespoon every 5 minutes. 	<ul style="list-style-type: none"> ■ If your child is vomiting and it doesn't stop within 4 to 6 hours. ■ If your child has fewer wet diapers than usual, no tears when crying, or dry lips, tongue and mouth. ■ If your child is abnormally sleepy and hard to wake up.