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I was inspired to write this post after sharing a review of an article from 2013 on my Facebook page. The article pertained to the use of a 40% dextrose gel to treat neonatal hypoglycemia. We have been using this glucose gel in our population for nearly two years and have noted great success in avoiding...

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<https://winnipegneonatal.wordpress.com/2015/06/25/the-pesky-pda-a-puzzle-after-all-these-years/>

Summary of Research/ Practice Issues That May Be of Interest

NRP: now has an app to help roll out the new process. Also has new algorithm & other resources available.

PDA ligation: Another option exists however which is to manage any symptoms resulting from the PDA and allow it to close on its own. This was the subject of a recent paper published in [Archives of Diseases and Childhood Fetal and Neonatal Ed by Rolland et al.](#) The authors of this study describe their experience retrospectively during a time in which there was intentional avoidance of treatment of any kind including ligation for the ductus. What this allows for is a comprehensive assessment of the natural history of the ductus in their cohort of 103 infants between 24-27 weeks gestational age.

What the above study adds to the literature though is that in this final category where we may watch and wait there is about a 75% chance that they will close on their own.

Vaccine against GBS: An investigational trivalent group B streptococcal vaccine given to pregnant women produced elevated antibody levels in their infants, indicating that the infants likely were protected by passive immunity, according to a report published online Jan. 11 in *Obstetrics & Gynecology*.

Glucose gel for hypoglycemia: Dr. Harris in this case studied 118 infants who received 40% dextrose gel vs 119 who received a placebo gel. All of the infants in this study were selected based on risk factors for hypoglycemia (IDM, IUGR, LBW, LGA, near term) and were all 35 weeks or greater. Each infant had to be less than 48 hours of age when enrolled. Infants received 0.5 mL/kg 40% dextrose gel (200 mg/kg). This was designed to deliver the same amount of sugar as would be given with a D10W bolus of 2 mL/kg. In order to receive the treatment the blood glucose had to be < 2.6 mmol/L (European value similar to our 40 mg/dL) so equivalent to our own standards in Canada and the US. Treatment failure, which was the primary outcome was defined as a blood glucose < 2.6 mmol/L despite two treatments with gel. The idea that we have the option of using a therapy that can decrease formula use, improve breastfeeding rates including those found post discharge and lastly decrease the poking of infants for IV dextrose is a goal well worth pursuing.