

Free e-learning resource

Gestational diabetes

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Holly is a 31-year-old lady who is now 26 weeks into her first pregnancy. She sees you with a 3-day history of dysuria and frequency of micturition. There is no history of abdominal pain or fever.

A urine dipstick reveals a positive test for nitrites and the presence of white cells. It also shows glycosuria ++.

What is your assessment of Holly's situation?

Nadia is a 34-year-old lady of Indian ethnic origin who is now 24 weeks into her second pregnancy, her last pregnancy being 7 years ago. Nadia's BMI is 32.4 kg/m² and her father has type 2 diabetes. GDM was not, however, diagnosed during her first pregnancy and her first baby was born at term weighing 3.8 kg.

How would you assess Nadia's risk of acquiring gestational diabetes?

By working through this interactive case study, we will consider the following issues and more:

- The risk factors for developing gestational diabetes.
- Investigations and how to interpret them.
- Effects of gestational diabetes on outcomes for the mother and offspring.
- Which treatments for diabetes are considered safe and effective in gestational diabetes.
- What arrangements should be set in place for future screening of diabetes post-pregnancy.

Diabetes & Primary Care's series of interactive case studies is aimed at all healthcare professionals in primary and community care who would like to broaden their understanding of diabetes.

These two cases provide an overview of gestational diabetes (GDM). The scenarios cover the screening, identification and management of GDM, as well as the steps that should be taken to screen for, and ideally prevent, development of type 2 diabetes in the long term post-pregnancy.

The format uses typical clinical scenarios as tools for learning. Information is provided in short sections, with most ending in a question to answer before moving on to the next section.

Working through the case studies will improve our knowledge and problem-solving skills in diabetes care by encouraging us to make evidence-based decisions in the context of individual cases.

Readers are invited to respond to the questions by typing in their answers. In this way, we are actively involved in the learning process, which is hopefully a much more effective way to learn.

By actively engaging with these case histories, I hope you will feel more confident and empowered to manage such presentations effectively in the future.

David Morris, Undergraduate Clinical Tutor, Keele University; and retired GP and Specialist Doctor in Diabetes

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