



Case: Gestational diabetes

Candidate brief

You are a junior doctor working in the antenatal clinic

Please take a focused history from Ayesha Chaudhary, a 29-year-old female who has been referred by the community midwife.

15 mins	<ol style="list-style-type: none">1. Please take a full history (6 mins)2. Counsel her on the implications and provide an appropriate management plan (6 mins)3. Viva with the examiner afterwards (3 mins)
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Patient Brief

(Do not volunteer information unless asked)

Name: Ayesha Chaudhary

DOB: 03/04/1986 (29 years old)

Job: Secretary

Opening statement: *"I did the glucose test and the community midwife mentioned something about gestational diabetes and referred me here"*

HPC:

Diabetes

- The midwife said your blood sugar was about 9 after the glucose test
 - If asked, you are aware that this means your glucose levels are high and you need to bring them down.
- Not noticed anything in particular, you feel fine.
- If they ask
 - maybe passing urine more than before, but you thought that was just due to the pregnancy
 - Have been tired but again, you've just put that down to being pregnant
 - Maybe drinking a little more now that you think about it

Obstetric Hx

- First pregnancy, no previous miscarriages or terminations
- 26 weeks
- No abnormalities detected on first two antenatal scans
- No problems with pregnancy so far

Gynae Hx

Period: Last menstrual period: Around 6 months ago

- Periods usually regular, every 28 days
- Last around 6 days

Smears: Up to date, all normal.

STIs: nil.

Contraception: Had the Mirena for a few years before you and your husband decided you wanted a family

PMHx Nil

DHx - NKDA

FHx – Mother has T2DM and has to take insulin.

SHx – Live with husband Maneet, who is aged 30 and works as an IT technician.

- Non-smoker.
- Does not drink alcohol.



- Do not exercise at all, you are sat down all day whilst at work and have little motivation to exercise otherwise.
- You think your diet is ok, you do a lot of cooking at home, but you do enjoy eating sweet foods like cakes and biscuits.

Other information:

- Other systems review - normal

Ideas: The midwife mentioned gestational diabetes, but you don't really know what that is.

Concerns: You are worried that this diagnosis might harm your baby.

Expectations: You want to know what this diagnosis means and what the next steps are.



Investigations findings (Provide it after history talking or to enquire candidate about differential diagnosis)

INVESTIGATIONS:

BMI – 37.5kg/m²

Urine dipstick – 2+ glucose

Fasting capillary blood glucose: 6.7mmol/L



Examiner Brief

Candidate Brief: You are a junior doctor working in the antenatal clinic. Please take a focused history from Ayesha Chaudhary, a 29-year-old female who has been referred by the community midwife.

15 mins	<ol style="list-style-type: none"> 1. Please take a full history (5 mins) 2. Counsel her with an appropriate management plan (6 mins) 3. Viva with the examiner afterwards (4 mins)
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- **Please do not** provide **any verbal or non-verbal feedback** for the candidate. This includes nodding to correct answers and shaking head to wrong answers - particularly during the viva.
- **Please provide positive and negative feedback** (both verbal and written) at the end of the session once the examination is complete.
- The questions below are provided as a guide for discussion only. For viva, please ask questions surrounding the case and challenge the candidate where appropriate

Examiners will grade the performance across four domains: **(15 minute station)**

1. Clinical skills

2. Formulation of clinical issues

3. Discussion of management

4. Professional behaviours and patient centred approach

Positive descriptors	Marks
History/Clinical skills (12)	
Appropriate introduction, elicit patient details and invite consultation	2
OGTT - asks patient their understanding of the test result	1
Diagnosis : Explanation of what gestational diabetes is: during pregnancy the body has developed a resistance to insulin , leading to an increase in blood sugar	2
Symptoms : asks about polyuria, polydipsia, fatigue	2
Obstetric history: Gravity, Parity, outcome of pregnancies	1
Current pregnancy : weeks, any problems, antenatal scan results	1
Past medical (surgical) history; drug history+ allergies,	1
Social history - job, diet, exercise, smoking status, alcohol	2
Discussion of implications (5)	
Discusses implications on baby : macrosomia, shoulder dystocia, hypoglycaemia/jaundice postnatally	2
Discusses implications on pregnancy : increases risk of prematurity, pre-eclampsia and polyhydramnios. We will want labour to occur by no later than the 40 th week.	2
Explain that patient will have to have more antenatal appointments and scans	1
Formulation of clinical issue (4)	
Summary and interpretation of clinical findings accurately	2
Viva	2
Discussion of management (6)	
Addresses patient concerns into plan	1
Self-monitoring : advise that patient will have to test her blood sugar before and after meals	1
Lifestyle : Advise that patient should stick to a healthy diet and avoid sugar + junk food , and patient should exercise regularly	2
Medication : explain that medication such as metformin or insulin will be considered if good control of the blood sugar is not obtained	1
Explain that good glucose control will reduce the implications to baby and pregnancy	1

Disclaimer: All contents are contributed by medical students and/or junior doctors on behalf of BUSOG, although every effort has been made to ensure the information is correct and robust; however, authors accept no liability for errors.



Professionalism and patient centered approach (3)		
Able to elicit patient ideas, concerns, expectations		1
Use empathic behaviour and language		1
Explain accurately, uses everyday language and check for understanding		
Professional communication to examiner as colleague		1

Viva Questions: (Please ask questions surrounding the case and challenge the candidate where appropriate); **The questions below are provided as a guide for discussion only.**

Resources: NICE Guideline: Diabetes in pregnancy (2015)

1. How is gestational diabetes diagnosed?	OGTT performed at 24-28 weeks for those at high risk of gestational diabetes (earlier if they have a previous history of gestational diabetes) Diagnosed if: <ul style="list-style-type: none"> • Fasting plasma glucose >5.6mmol/L • 2 hour plasma glucose level >8.8mmol/L
2. What may put someone at high risk of gestational diabetes?	<ul style="list-style-type: none"> • Previous macrosomia • BMI above 30kg/m² • Previous gestational diabetes • Family history of diabetes (1st degree relative) • Ethnicity- South Asian, Black caribbean, middle eastern
3. When may you consider medication in gestational diabetes? Which medications may be used?	If good blood sugar control is not obtained within first 1-2 weeks OR blood glucose is especially high on diagnosis OR if there are complications ie macrosomia or hydramnios Can use metformin, insulin or glibenclamide.
4. How would this patient be managed postnatally?	<ul style="list-style-type: none"> • There is a risk that the patient may go on to develop T2DM. • Check blood glucose after birth, 6-13 weeks after birth and annually • If blood glucose within criteria for T2DM- treat as required.
5. What would the blood glucose have to be postnatally for diabetes to be confirmed?	<ul style="list-style-type: none"> • Fasting venous plasma glucose ≥7.0 mmol/l • or venous plasma glucose ≥11.1 mmol/l at two hours after a 75 g oral glucose load (oral glucose tolerance test (OGTT)). • Or HbA1c of 48 mmol/mol (6.5%)

What are the foetal and maternal complications of GDM? How would you manage the foetal complications of GDM? What is the risk the women will have DM postpartum?

- You need to mention the complications of GDM on the mother and baby and the treatment options in the marking criteria.