

English for Nurses: Gestational Diabetes [ANSWERS]



Part 1: Vocabulary: Gestational diabetes

1. stillbirth
2. recurrent
3. gestation
4. hyperglycaemia
5. caesarean section
6. pre-term
7. antenatal
8. birth defect

Part 2: Reading

Match the terms from the vocabulary list with their correct meanings

1. birth defect
2. pre-term
3. stillbirth
4. hyperglycaemia
5. caesarean section
6. recurrent
7. antenatal

Part 3: Listening

1. False
2. True
3. True
4. False
5. True
6. True

Video transcript

Gestational diabetes is diabetes that develops during pregnancy. It usually starts around the middle or towards the end of pregnancy, more frequently diagnosed after the 24th week of gestation, but it may start earlier. Some women are more likely than others to get gestational diabetes. Being overweight or obese is the most important modifiable risk factor for GDM. The risk is up to 5 times higher in morbidly obese women, when compared to women with normal body weight.

Other modifiable risk factors for GDM include unhealthy dietary factors, physical inactivity, and cigarette smoking. Aside from modifiable risk factors, advanced maternal age is a well-known risk factor for gestational diabetes. This has become more evident with the gradual increase in the mean age at childbearing of women in Europe from 28.8 years in 2013 to 29.3 years in 2018.

The chances of developing gestational diabetes increase if a woman has had any of the following - a previous history of the condition, as large for gestational age described as fetal macrosomia, excessive weight gain during pregnancy, spontaneous abortion (also called miscarriage) or has a family history of type 2 diabetes.

Gestational diabetes has potentially serious short- and long-term consequences. The condition is associated with various adverse maternal, fetal, and perinatal outcomes, including but not limited to, pre-eclampsia, preterm delivery, cesarean section delivery, large for gestational age newborns, neonatal hypoglycemia, and Neonatal Intensive Care Unit admission.

The treatment of gestational diabetes starts with changes to a woman's diet and an increase in exercise. If blood glucose levels remain very high, or fail to reduce enough after one to two weeks, medication is prescribed. This is often a glucose-lowering medication called metformin. Insulin injections may also be necessary. During labour and birth, blood glucose levels must be well controlled, to help prevent neonatal hypoglycaemia. Blood glucose levels are closely monitored and if they become too low, an infusion of insulin and glucose is administered.

The baby should be fed as soon as possible after birth, at least within 30 minutes, and then every two to three hours, to help blood glucose levels to remain at a safe level. The baby's blood glucose levels will be monitored between two and four hours after birth, to make sure it is not excessively low. As babies of women with either type 1, or type 2 diabetes have an increased risk of heart problem, babies are reviewed by a paediatrician soon after birth and referred for an echocardiogram or ultrasound of the heart, if necessary.