

Gestational diabetes - patient relocating



Assume that today's date is 22 October 2026. You have just seen Ms Pappas for her final appointment before she moves interstate. You are a dietitian at a hospital antenatal clinic in Melbourne. Using the information in the case notes, write a letter of referral to Ms Thandiwe Nikolaidis, a dietitian at the antenatal clinic in Brisbane where Ms Pappas will continue her care. Ask her to continue Ms Pappas's dietary management and review her blood glucose levels. Address the letter to Ms Thandiwe Nikolaidis, Dietitian, Antenatal Clinic, Maternity Outpatients Department, 40 Riverside Road, Brisbane QLD 4000. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

Patient details

1. Name: Ms Hana Pappas
2. DOB: 03/05/1997 (29 yrs)
3. Current address: 14 Elm St, Melbourne; from 31/10/26: 8 Banksia Ave, Brisbane
4. G1P0; 28/40 today; EDD 14/01/27
5. Referred to dietitian 08/10/26 after GDM dx; seen 09/10, 16/10, 22/10

Social background

6. Lives with partner; relocating interstate 31/10/26 (partner's work transfer)
7. Partner is civil engineer, new project in Brisbane for 2 yrs
8. Works PT as graphic designer from home; will continue remotely
9. Lacto-ovo vegetarian since teens
10. Enjoys pottery classes; plans to find new studio
11. Mother-in-law tells pt she 'brought this on herself by eating too much fruit'

Medical history

12. Pre-pregnancy BMI 31 (wt 84 kg); wt today 91 kg (↑ 7 kg)
13. FHx: mother T2DM
14. Appendicectomy age 12
15. Iron deficiency at 20/40: oral iron supplement daily; pregnancy multivitamin (incl. folic acid, iodine)
16. Allergies: nil known

Diagnosis

17. 75 g OGTT at 26/40: fasting 5.4, 1 hr 10.4, 2 hr 8.1 mmol/L → GDM; diet-controlled
18. Obstetric review 20/10: growth scan normal; BP normal

Dietetic management

19. Initial diet hx: large serves breakfast cereal, fruit juice, white bread; irregular meals
20. Plan: 3 small meals + 3 snacks; consistent carb spread through day; low GI wholegrain choices; protein each meal (legumes, eggs, dairy, tofu)
21. Breakfast changed: cereal + juice → wholegrain toast with eggs or yoghurt; post-breakfast BGLs now within target
22. Supper snack added 16/10 (e.g. wholegrain crackers + cheese) to help fasting BGLs
23. Walking 20–30 min after dinner most days
24. Good understanding; keeps food & BGL diary in phone app; happy to share records

Progress

25. SMBG 4x/day (fasting + 1 hr after each main meal); targets agreed with Melbourne team: fasting ≤5.0 mmol/L, 1 hr post-meal ≤7.4 mmol/L
26. Post-meal BGLs 6.1–7.2 mmol/L, all within target over last 7 days
27. Fasting BGLs 5.2–5.6 mmol/L on 4 of last 7 days (above target of ≤5.0) despite supper snack
28. Pt anxious about possibly needing insulin
29. Complained clinic waits too long and receptionist 'rude'

Plan

30. Discussed with obstetric/diabetes team today → review booked 24/10 (before move) to consider metformin or insulin; Melbourne team to continue BGL review until Brisbane care confirmed
31. Copy of BGL/food diary given to pt; obstetric summary sent separately by obstetric team
32. Request dietitian appt within 1/52 of arrival (by 07/11)
33. Postnatal: OGTT 6–12/52 postpartum; education re long-term T2DM risk