

BAARITAANKA GBS IYO GTT

Baaritaanka GBS

Waxay u badan tahay in lagu siin doono baaritaankaan qiyaastii 36 toddobaad markuu uurka yahay.

GBS [group B streptococcus] waa jeermis caan ah oo dad badan uga dhaco xubintooda taranka (siilka). Badanaa ma keento walaac ama astaamo. Waa bakteeriya ku-meel-gaadh ah oo macnaheedu tahay way timaadaa wayna baxdaa.

Walaaca ugu weyni waa in loo sii gudbin karo ilmaha markuu ka dhasho siilka iyada oo 1 ilaa 4 1000kiiba ay u badan tahay in ilmuhu uu aad ugu bukoodo infekshan daran. Khatarta infekshinka GBS waxay ku badan tahay carruurta dhiciska ah, haddii aad cunug horey u dhashey oo uu kugu dhacay (positive) GBS, ama biyahaagu ay jabaan ka hor foosha.

Baadhitaanka waxaa lagu sameeyaa iyadoo suuf la gelinayo (sida suufka cudbiga ah) xubinta taranka dumarka (siilka) iyo mararka qaarkood marinka dambe [futada] - badanaa umulisada ama dhakhtarka ayaa ku siin doona suufka si aad adiga u sameeyso.

Isbitaalada qaar waxay ku talinayaan in qof walba uu sameeyo baaritaanka, isbitaalo kalena waxay ku taliyaan in kuwa qatarta u leh kaliya la baaro.

Haddii lagaa helo cudurka 'GBS' waxaa lagaa codsan doonaa inaad qaadatid antibiyootig xididka lagaa siinayo marka aad foolaneyso. Tan macnaheedu waxa weeye in cirbad lagaaga mudo marinka xididka ee gacantaada si lagu siiyo antibiyootiko sida penicillin, badanaa 4tii saacba mar foosha.

Ilmahaaga ayaa lala socon doonaa dhalashada ka dib xitaa haddii aad antibiyootik lagu siiyay markaad foolaneysay.

Baaritaanka Dulqaadka Gulukooska

Baaritaan lagu ogaanayo inuu kugu dhacay sonkorowga uurka [GDM].

Waxaa mari doontaa baaritaankaan inta u dhexeysa 25 & 28 toddobaad marka uurku yahay. Qiyaastii 3-8% haweenka uurka leh waxaa ku dhici doona cudurka macaanka waqtigaas.

Haweenka ay u badan tahay inuu ku dhaco cudurka macaanka uurka waxay kala yihiin:

- hooyooyinka waaweyn
- dumarka leh taariikh qoys oo ah cudurka macaanka nooca 2
- dumarka cayillan
- haweenka ka soo jeeda qowmiyadaha qaarkood, oo ay ku jirto South Asian, Vietnamese, Chinese, Bariga Dhexe iyo Tahiti / Melanesian.

Haweenka kale ee halista ugu jira waxaa ka mid ah kuwa uu ku dhacay sonkorowga uurka, polycystic ovarian syndrome, haweenka dhala dhallaanka waaweyn ama kuwa dhibaatooyin kala kulma dhalmada.

Waxaad u baahan tahay inaad soontid habeenka baaritaanka ka hor, ka dibna aad sameysid baaritaan dhiig, ka dibna aad cabtid cabitaan sonkor leh, ka dibna baaritaanka dhiiga lagu celceliyo 1 iyo 2 saacadood ka dib. Baaritaanku wuxuu baari doonaa sida jirkaagu ula shaqeeyay culeyska sonkorta.

Haddii lagaa helo sonkorow waxaa lagu gudbin doonaa rugta caafimaadka sonkorowga. Waxaa suuragal ah in lagu maareeyo cuntada iyo jimicsiga kaliya ama waxaad u baahan kartaa insulin. Weydii dhakhtarkaaga saameynta ay ku yeelan karto dhalmadaada iyo ilmahaaga.

GBS SCREENING AND GTT

GBS screening

You will most likely be offered this test at around 36 weeks of pregnancy.

GBS [group B streptococcus] is a common bacterium that many women have in their vagina. It usually causes no concerns or symptoms. It is a transient bacterium which means it comes and goes.

The main concern is that it may be passed to the baby during a vaginal birth with a 1 to 4 in 1000 chance of the baby becoming very sick with a serious infection.

GBS infection risk is higher in premature babies, women who have had babies before with GBS infection, or the waters breaking well before labour starts.

The test is done by inserting a swab [like a cotton bud] into the vagina and sometimes your back passage [rectum] – usually the midwife or doctor will give you the swab to do it yourself.

Some hospitals recommend every woman does the test, other hospitals recommend only those with risk factors have the test.

If you test positive to GBS you will be asked to have intravenous antibiotics when you are in labour. This means inserting an intravenous cannula into your arm or hand and being given antibiotics like penicillin, usually every 4 hours in labour.

Your baby will be monitored after the birth even if you had antibiotics in labour.

Glucose Tolerance Test

A test to see if you have developed diabetes of pregnancy [GDM].

You will be offered this test between 25 & 28 weeks of pregnancy. Around 3-8% of pregnant women will get diabetes around that time.

Women who are more likely to get gestational diabetes are:

- older mothers
- women who have a family history of type 2 diabetes
- women who are overweight
- women who are from certain ethnic backgrounds, including South Asian, Vietnamese, Chinese, Middle Eastern and Polynesian/Melanesian.

Other women at risk include those who have had gestational diabetes, polycystic ovarian syndrome, large babies or birth complications in the past.

You need to fast overnight before the test, then you have a blood test, then you drink a sugary drink, then a blood test is repeated 1 and 2 hours later. The test will examine how your body dealt with the sugar load. If you are found to have diabetes you will be referred on to a diabetes clinic. It may be managed by diet and exercise alone or you may need insulin.

Ask your doctor about the potential impact on your birth and baby.

DISCLAIMER

This information is not intended to be medical advice, it is a guide only. Please ask your midwife or doctor for information and advice directly related to your care and your baby's care.