

Name _____

Date of birth _____

Date of delivery _____

Pregnancy and the postpartum period are the best timepoints to be screened for heart disease and diabetes risk factors.

Pregnancy can be nature's stress test on your health, including on your heart.

Your background information

Your ethnicity White Black Asian Indigenous Other _____

Do you smoke? Yes No

Did you have high blood pressure before pregnancy? Yes No

Did you have diabetes before pregnancy? Yes No

Has your mother or sister(s) had high blood pressure or preeclampsia during pregnancy? Yes No

Does your mother, father or any sibling have high blood pressure? Yes No

Does your mother, father or any sibling have diabetes? Yes No

Has your mother, father or any sibling ever had a heart attack or stroke? Yes No

Have you had a heart attack or stroke? Yes No

Your baby's check-ups and immunisations are a great time to fill out this record with your healthcare provider.

Keep this form with your baby's immunisation record for an easy reminder.

Your baby's information

Gestational age at delivery
_____ weeks _____ days

Birthweight
_____ grams

Length
_____ cm

Head circumference
_____ cm

Gender Female Male

Risk indicators

Have you had any pregnancy-related risk factors for diabetes and heart disease?

- | | | |
|-------------------------------|------------------------------|-----------------------------|
| Preeclampsia | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gestational hypertension | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gestational diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Placental abruption | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Preterm birth (<37 weeks) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fetal growth restriction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stillbirth/intrauterine death | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you are unsure whether you experienced any of the above complications, please ask your healthcare provider

Women with high blood pressure during pregnancy are at higher risk of future health events



You are at risk



If you have ticked any **YES** boxes in your background and/or risk indicators

Did you know?

A history of high blood pressure and gestational diabetes in pregnancy does not mean you will definitely develop heart and diabetes problems, but you should have your current and future heart health and blood sugars monitored to reduce such risk.

What you can do to reduce such risk



Stay active by exercising at least 150 minutes per week



Aim to have the best body weight



Eat a diverse diet rich in colourful fruits and vegetables, including nuts and seeds; and reduce salt, fats and sugar intake



Live smoke-free



Breastfeed as long as possible



Get at least 6 hours of sleep regularly



See your primary care provider for routine appointments



Space your next pregnancy, seek help from your provider to optimise your health before the next pregnancy and seek early attention when you become pregnant

You are advised to take health check-ups and tests

- Tracking your blood pressure is important to manage your heart health risk after pregnancy
- Body weight, body mass index, and waist circumference show overall picture of your health
- Urinalysis for proteinuria is a test of your urine used to detect and manage kidney disease and diabetes.
- A low haemoglobin indicates that you have anaemia and need treatment
- Estimated glomerular filtration rate (eGFR) measures your level of kidney function
- 75g oral glucose tolerance test (OGTT) is used to screen for type 2 diabetes
- HbA1c reflects your average blood sugar levels over the past 3 months

Recommended check-up & test

	Discharge	6 Weeks	3 Months	6 Months	12 Months
Date of visit					
Blood pressure[†] (mmHg)	_____/_____ <input type="checkbox"/> Abnormal	_____/_____ <input type="checkbox"/> Abnormal	_____/_____ <input type="checkbox"/> Abnormal	_____/_____ <input type="checkbox"/> Abnormal	_____/_____ <input type="checkbox"/> Abnormal
Weight (Kg)	_____ <input type="checkbox"/> Abnormal	_____ <input type="checkbox"/> Abnormal	_____ <input type="checkbox"/> Abnormal	_____ <input type="checkbox"/> Abnormal	_____ <input type="checkbox"/> Abnormal
Body mass index (Kg/m ²)	_____ <input type="checkbox"/> Abnormal	_____ <input type="checkbox"/> Abnormal	_____ <input type="checkbox"/> Abnormal	_____ <input type="checkbox"/> Abnormal	_____ <input type="checkbox"/> Abnormal
Waist circumference (cm)	_____ <input type="checkbox"/> Abnormal	_____ <input type="checkbox"/> Abnormal	_____ <input type="checkbox"/> Abnormal	_____ <input type="checkbox"/> Abnormal	_____ <input type="checkbox"/> Abnormal
Urine protein test			_____ <input type="checkbox"/> Abnormal	_____ <input type="checkbox"/> Abnormal	_____ <input type="checkbox"/> Abnormal
Haemoglobin (g/dL)		_____ <input type="checkbox"/> Abnormal	_____ <input type="checkbox"/> Abnormal	_____ <input type="checkbox"/> Abnormal	_____ <input type="checkbox"/> Abnormal
eGFR* (mL/min/1.73 m ²)		_____ <input type="checkbox"/> Abnormal	_____ <input type="checkbox"/> Abnormal	_____ <input type="checkbox"/> Abnormal	_____ <input type="checkbox"/> Abnormal
OGTT** (mmol/L)		_____ <input type="checkbox"/> Abnormal		_____ <input type="checkbox"/> Abnormal	
HbA1c***† (%)		_____ <input type="checkbox"/> Abnormal		_____ <input type="checkbox"/> Abnormal	
Lipid profile		_____ <input type="checkbox"/> Abnormal			

If needed and/or where resources are available; †Yearly assessment after 12 months postpartum is recommended.
For women who experienced: *Renal impairment during pregnancy, ** Gestational diabetes.

High blood pressure



Discuss with your doctors



Take medication regularly



Aim to have blood pressure at 130/90 mmHg or lower

Overweight



Eat a healthy diet



Achieve the best body weight



Stay active by exercising

Abnormal test result



Discuss with your doctors



Repeat testing after 6 months

