

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 baby's information

Gestational age at delivery

_____ weeks

_____ days

Birthweight

_____ grams

Length

_____ cm

Head circumference

_____ cm

Gender

☐ Female

☐ Male

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.

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

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.

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



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



Consider suitable contraception method(s), space your next pregnancy at least 12 months apart, 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

Access the FIGO
Nutrition Checklist



Recommended check-up & test

check-up & test	Discharge	6 Weeks	3 Months	6 Months	12 Months
Date of visit					
Blood pressure [†] (mmHg)	<div><div></div><div>/</div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div>/</div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div>/</div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div>/</div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div>/</div><div></div><div><input type="checkbox"/> Abnormal</div></div>
Weight (Kg)	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>
Body mass index (Kg/m ²)	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>
Waist circumference (cm)	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>
Urine protein test			<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>
Haemoglobin (g/dL)		<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>
eGFR* (mL/min/1.73 m2)		<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	<div><div></div><div><input type="checkbox"/> Abnormal</div></div>
OGTT** (mmol/L)		<div><div></div><div><input type="checkbox"/> Abnormal</div></div>		<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	
HbA1c**†† (%)		<div><div></div><div><input type="checkbox"/> Abnormal</div></div>		<div><div></div><div><input type="checkbox"/> Abnormal</div></div>	
Lipid profile		<div><div></div><div><input type="checkbox"/> Abnormal</div></div>			

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

