

## Recommended check-up & test

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



Visit for reference

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of delivery \_\_\_\_\_

## Your baby's information

Gestational age at delivery  
\_\_\_\_\_ weeks \_\_\_\_\_ days

Birthweight  
\_\_\_\_\_ grams

Length  
\_\_\_\_\_ cm

Head circumference  
\_\_\_\_\_ cm

Gender ☐ Female ☐ Male

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.

## 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



Breastfeed as long as possible



Aim to have the best body weight



Get at least 6 hours of sleep regularly



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



See your primary care provider for routine appointments



Live smoke-free



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**

