

GESTATIONAL DIABETES (GDM) POSTPARTUM TESTING CHECKLIST

1. Last Name	First Name	MI			
2. Patient Number					
3. Date of Birth (MM/DD/YYYY)					
	Month	Day	Year		
4. Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Other					
5. Ethnic Origin <input type="checkbox"/> Hispanic Cuban <input type="checkbox"/> Hispanic Mexican American <input type="checkbox"/> Hispanic Other <input type="checkbox"/> Hispanic Puerto Rican <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unreported					
6. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male					
7. County of Residence					

TEST PERFORMED AT 4–12 WEEKS POSTPARTUM: _____ FPG (FBS) and/or _____ 2 hr 75g OGTT

RESULTS AND RECOMMENDATIONS

Patient's FPG (FBS) _____ and/or **Patient's 75g OGTT** _____

Diabetes Mellitus FPG ≥ 126 75g OGTT ≥ 200	Impaired fasting glucose or both* (Pre-Diabetes Mellitus) FPG = 100-125 75g OGTT = 140-199	Normal FPG < 100 75g OGTT < 140
<input type="checkbox"/> Refer for diabetes management <input type="checkbox"/> Determine healthy weight goal <input type="checkbox"/> Share healthy lifestyle behavior tips	<input type="checkbox"/> Consider referral for management <input type="checkbox"/> Advise yearly glucose testing (patient should inform Primary Care Provider) <input type="checkbox"/> Determine healthy weight goal <input type="checkbox"/> Share healthy lifestyle behavior tips	<input type="checkbox"/> Advise glucose testing every 3 years (patient should inform Primary Care Provider) <input type="checkbox"/> Determine healthy weight goal <input type="checkbox"/> Share healthy lifestyle behavior tips

*The word "both" refers to impaired glucose ranges for the fasting glucose AND the 75-g OGTT.

Abbreviations: FPG – Fasting Plasma Glucose; FBS – Fasting Blood Sugar; OGTT – Oral Glucose Tolerance Test; IGT – Impaired Glucose Tolerance

Healthy Lifestyle Behavior Tips

- prepare more meals at home
- fill ⅓ of plate with fruit/vegetables/grains and ⅓ with meat
- replace sugary drinks or soda with water or milk
- use smaller plates to make you think your plate is full
- share a restaurant meal or take part of it home for later
- stay away from "value meal combos" or "super-size" options
- avoid eating straight from the box/bag—divide into portions
- find physical activities that you enjoy
- push the baby in a stroller
- keep shoes ready to take 10 minute walks whenever able
- bike or step while watching TV
- prepare and care for a garden
- join a local fitness center or YMCA
- park farther away from buildings and walk
- take the stairs instead of the elevator

Staff Signature _____ Date _____

Sources: Diabetes Care, January 2010, Vol. 33, Suppl: S3, S5, S15, S68

Adapted from ACOG Committee Opinion No. 435, American College of Obstetricians and Gynecologists *Obstet Gynecol* 2009; 113; 1419–1421

Healthy Habits, State of N.C. Dept. of Health and Human Services, Division of Public Health, Women's Health Branch, 2010

Postpartum GDM Testing Checklist Form Instructions

Purpose: To assess and document postpartum Gestational Diabetes Mellitus (GDM) follow-up testing and conduct necessary post GDM counseling.

Instructions: Check off the test that was performed and document test results under the “Results and Recommendations” section. Perform the proper counseling designated for each result section and check off the proper box for each counseling action performed. Use counseling tips as needed.

Disposition: This form is to be retained in accordance with the records disposition schedule of medical records as issued by the Division of Archives and History, and should become part of the patient’s clinical record.

Location: Go to the following link to access this form and print as needed:
<http://whb.ncpublichealth.com/provPart/forms.htm>.