First appointment	Height	Booking	ВМІ	Booking				
Medical history Date		weight		B/P				
Details								
Family history of diabetes P	re-conception care	Smoki	ng and alcohol					
Parent Type Sibling Type Other Type	Planned pregnancy Preconceptual advice Preconceptual HbA1c Result Advice given by	No Yes Smoki	nol _ Units	per day per day Int date Pre- conception Post - conception				
Diabetes complications								
Normal Abnormal Date Eyes Feet Kidneys	e Details	Normal Abn IHD Neuropathy Hypertension	ormal Date I	Details				
Glucose tolerance test (GT	T) details Gestation	nal diabetes scre	ening (based on the	following risk factors)				
Date / / 0 minutes mmol/I mmol/I mmol/I Gestation + 120 minutes mmol/I mmol/I Previous unexplained stillbirth Previous gestational diabetes Ethnicity Previous baby's birth weight Polyhydramnios or macrosomia (current pregnancy)								
Previous pregnancies								
	de of ivery Sex Outcom	ne / complications	Birth Diabe weight statu	Inculin				
Medication BF = Breakfast; L = L Dose/Units	.unch; E = Evening; BT = Bedtime	2						
Type of Insulin BF L E BT Oral hypoglycaemic agents (OHAs) Image: Second								
Date / S	Signature*							

Initial investigations (as indicated)							
Acce	epted and tak	en De se	.16.	A <i>a k i a a</i>	C:		
Explained	No Yes	Res	lits	Action	Signed*		
HbAIc 🗌							
Thyroid function							
ACR							
Serum creatinine							
/ / / Comments							
					Signed*		
Care provider	Care provider						
Information checklist Care provider should sign, following discussion with mother							
	Disc	ussed L	eaflets	Further advice / Comments	Signed*		
Benefits of good diabetes contr	rol						
Antenatal care plan, including v	risits, scans						
Smoking cessation							
Labour and delivery							
Sliding scale for delivery							
Postnatal fasting blood glucose							
Postnatal management/treatme	ent						
Infant feeding							
Pre-prandial (before food) - age							
Post-prandial (after food) - agre	eed target						
HbAIc - agreed target							
Hypoglycaemia							
Glucagon kit							
Sick Day Rules							
Blood / Urine Ketone testing							
Driving							

PRINTER: Cut sheet on dotted line exactly (at 75)

Blood glucose monitoring equipment

	Explained	Demonstrated	Observed	Details
Machine type				
Test strips type				
Quality contro	I 🗌			
Safe disposal of sharps	;			
Date	/ /	/ /	/ /	
Signed*				
	Care provider	Care provider	Care provider	
				Name
* Signatures must be listed on page I f	Unit No			