

Birth summary

Birth order	Date of Birth	Gestation	Mode of Delivery	Sex	Outcome	Birth weight (g)	Centile	Method of Feeding	SCBU	Complications
1										
2										

Postnatal follow-up visit

Date / / Blood pressure Urinalysis Maternal weight Method of feeding

Details: including ophthalmic follow-up if required

Signature*

Postnatal fasting blood glucose details/GTT

Date of test / / Weeks post delivery 0 minutes/ fasting glucose mmol/l 120 minutes mmol/l

Postnatal management plan Care provider should sign, following discussion with mother

All	Discussed	Further comments
Contraception discussed, advice given	<input type="checkbox"/>	
Preconception care next pregnancy	<input type="checkbox"/>	
Normal fasting blood glucose/GTT		
Annual fasting glucose recommended	<input type="checkbox"/>	
Prevention of diabetes through diet and exercise	<input type="checkbox"/>	
Risk of diabetes in future pregnancies	<input type="checkbox"/>	
Pre-existing or newly diagnosed		
Next appointment: GP <input type="checkbox"/> Diabetes clinic <input type="checkbox"/> Other <input type="checkbox"/>		
Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Signature* <input type="text"/>	

Current treatment BF = Breakfast; L = Lunch; E = Evening; BT = Bedtime

Insulin and other medication	BF	L	E	BT	Signed

Further advice/comments

Details