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
   □ American Indian or Alaska Native □ Asian
   □ Black/African American □ Native Hawaiian/Other Pacific Islander
   □ Unknown □ White □ Other

5. Ethnic Origin
   □ Hispanic Cuban □ Hispanic Mexican American
   □ Hispanic Other □ Hispanic Puerto Rican
   □ Not Hispanic/Latino □ Unreported

6. Gender □ Female □ 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 _______

<table>
<thead>
<tr>
<th>Diabetes Mellitus</th>
<th>Impaired fasting glucose or both*</th>
<th>Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>FPG ≥ 126</td>
<td>(Pre-Diabetes Mellitus)</td>
<td>FPG &lt; 100</td>
</tr>
<tr>
<td>75g OGTT ≥ 200</td>
<td>FPG = 100-125</td>
<td>75g OGTT &lt; 140</td>
</tr>
<tr>
<td></td>
<td>75g OGTT = 140-199</td>
<td></td>
</tr>
</tbody>
</table>

□ Refer for diabetes management □ Consider referral for management □ Advise glucose testing every 3 years (patient should inform Primary Care Provider)

□ Determine healthy weight goal □ Advise yearly glucose testing (patient should inform Primary Care Provider) □ Determine healthy weight goal

□ Share healthy lifestyle behavior tips □ Determine healthy weight goal □ Share healthy lifestyle behavior tips

□ 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 ⅔ 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

DHHS 4115 (Reviewed 08/2021)
WHB (Review 08/2022)
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.