

Pregnancy-Related Cardiovascular Risk Indicators	
Preeclampsia	<input type="checkbox"/>
Gestational Hypertension	<input type="checkbox"/>
Gestational Diabetes	<input type="checkbox"/>
Placental Abruption	<input type="checkbox"/>
Unexplained Preterm Birth (<37 Weeks)	<input type="checkbox"/>
Intrauterine Growth Restriction	<input type="checkbox"/>

If you are unsure whether you experienced any of the above complications during this or a previous pregnancy ask your healthcare provider at your next follow up appointment.

Baby's Information	
Gestational Age at Delivery (weeks):	_____
Birthweight (grams):	_____
Sex:	<input type="checkbox"/> M <input type="checkbox"/> F
Percentile Weight for Sex & Gestational Age:	_____
Length (cm):	_____
Head Circumference (cm):	_____

How can you lower your risk?



Stay active by exercising at least 150 minutes per week.



Aim to be a healthy body weight. Get back to your pre-pregnancy weight after delivery.



Live smoke free.



Breastfeed as long as possible.



Eat a healthy diet by lowering your salt, fat, and sugar intake.



See your primary care provider for routine appointments.



When planning your next pregnancy speak to your provider to optimize your health.

For assistance filling out any Section, for more information, and for definitions of terms used please visit:

www.themothersprogram.ca/postpartum-health/postpartum-health-record

MOTHERS Postpartum Health Record[®]



Name: _____

Mother's Date of Birth: _____

Date of Delivery: _____

Pregnancy can be nature's stress test on the heart. Pregnancy and the postpartum period is the best time to be screened for heart disease risk factors.

Are you at risk?

Your baby's check-ups and immunizations are a great time to fill out this record with your healthcare provider! Keep this form with your baby's immunization record for an easy reminder.


Recommended Health Check-Up Schedule					
Time Since Delivery	Date	Blood Pressure (mmHg)	Weight (kg)	Body Mass Index (kg/m ²)	Waist Circumference (cm)
6 Weeks		/			
2 Months		/			
4 Months		/			
6 Months		/			
12 Months		/			

Recommended 6 Month Blood Work	
Cholesterol (mmol/L)	
HDL (mmol/L)	
LDL (mmol/L)	
Triglycerides (mmol/L)	
Fasting Glucose (mmol/L)	
High Sensitivity CRP (mg/L)	
Urine Microalbumin Creatinine Ratio (mg/mmol)	
75g Oral Glucose Tolerance Test (mmol/L) <i>For women who experienced gestational diabetes</i>	Fasting ____ 2 Hr ____

Personal and Family History	
With which ethnicity do you identify? Caucasian <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Indigenous <input type="checkbox"/> Other <input type="checkbox"/> _____	
Do you smoke cigarettes?	Yes / No
Have you had a heart attack or stroke?	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 preeclampsia or high blood pressure in pregnancy ?	Yes / No/ Unknown
Has your father, mother or sibling(s) had a heart attack or stroke?	Yes / No/ Unknown
Does your father, mother or sibling(s) have high blood pressure?	Yes / No/ Unknown
Does your father, mother or sibling(s) have diabetes?	Yes / No/ Unknown

Weight History & Goal Setting			
Height (cm):	Weight (kg)	Body Mass Index (kg/m ²)	Waist (cm)
Pre-pregnancy			
Delivery			
Goal at 12 Months			
Recommended Goals	≤ Pre-pregnancy	< 25.0	< 88.0

Physical Activity		
Time Since Delivery	Minutes of Activity Per Week	Average Steps Per Day
2 Months		
4 Months		
6 Months		
12 Months		
Recommended Goals	≥ 150	≥ 10,000

Risk Scores at 6 Months Postpartum		
Lifetime Risk Score:		To calculate your risk visit: 
Metabolic Syndrome:		
Cardiometabolic Age:		