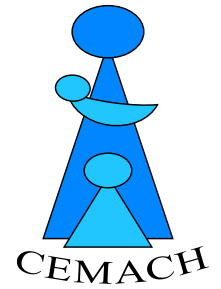


CONFIDENTIAL ENQUIRY INTO MATERNAL AND CHILD HEALTH

Diabetes Enquiry: Pre-pregnancy care pro forma



Woman's name:
(Forename, Surname)

Date of birth:
(dd/mm/yy)

Pregnancy dates:
(LMP to delivery/outcome date)

Please complete the following questions using information contemporaneous with the 12 month period prior to the above pregnancy

GENERAL INFORMATION	
1. Type of diabetes	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2
2. Was the woman's preferred language English?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not documented
If no, please specify preferred language:
Was an interpreter provided by the service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not documented
3. Maternal height (specify units)	Height <input type="checkbox"/> Not documented
4. Pre-pregnancy weight (specify units)	Weight <input type="checkbox"/> Not documented
5. Did the woman smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not documented
If yes, was she referred to a smoking cessation programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not documented
6. Was the current pregnancy planned?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not documented
7. Was contraception being used prior to pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not documented

continued overleaf



**CONFIDENTIAL ENQUIRY INTO
MATERNAL AND CHILD HEALTH**

8. Was contraceptive advice given prior to this pregnancy? Yes No Not documented
9. How many diabetic clinic appointments in the 12 month period prior to pregnancy did the woman have ? Appointment(s) Not documented
10. How many of the above did she NOT ATTEND? Appointment(s) Not documented

PRE-PREGNANCY REVIEW

11. Were the following issues specifically discussed with the woman prior to pregnancy?
- i. alcohol intake Yes No Not documented
 - ii. diet Yes No Not documented
 - iii. poor glycaemic control Yes No Not documented
 - iv. retinopathy Yes No Not documented
 - v. nephropathy Yes No Not documented
 - vi. hypertension Yes No Not documented

12. Were any of the following tests carried out within 12 months of the LMP?
- i. baseline retinal examination Yes No Not documented
 - ii. baseline renal function test i.e. U/E, Creatinine Yes No Not documented
 - iii. assessment of albuminuria Yes No Not documented

13. Was there evidence of any diabetic complications in the 12 months prior to pregnancy? Yes No Not documented

If yes, please describe

.....

14. Was there evidence of any other medical or surgical complications in the 12 months prior to pregnancy? Yes No Not documented

If yes, please describe

.....



**CONFIDENTIAL ENQUIRY INTO
MATERNAL AND CHILD HEALTH**

15. Were the following elements of diabetic maternity care discussed with the woman?

- i. increased diabetic surveillance Yes No Not documented
- ii. increased pregnancy surveillance and scanning Yes No Not documented
- iii. increased risk of induction Yes No Not documented
- iv. possible delivery by caesarean section Yes No Not documented
- v. fetal risks in diabetic pregnancy (macrosomia, IUGR, congenital malformation) Yes No Not documented

16. Was the woman reviewed by a dietician? Yes No Not documented

17. Was folic acid started prior to conception? Yes No Not documented

If yes, date started (dd/mm/yy): //

Dose of folic acid 400mcg 5mg
 Other (specify)

18. Was pre-pregnancy care predominately carried out at:

- Hospital multidisciplinary clinic
- Hospital diabetes clinic
- GP surgery
- Other (specify)

Is the person completing this pro forma directly involved in the above clinic? Yes No

PRE-PREGNANCY GLYCAEMIC CONTROL

19. Was a test done for glycaemic control before the LMP? Yes No Not documented

	Date of test	Test result	Units	Laboratory range
If yes:
Type of test	<input type="checkbox"/> Glycolated haemoglobin	<input type="checkbox"/> Fructosamine	<input type="checkbox"/> Other (specify)	

20. Were specific targets set for pre-pregnancy glucose control and HbA1c? Yes No Not documented

If yes, what was the target? (specify units)

continued overleaf



**CONFIDENTIAL ENQUIRY INTO
MATERNAL AND CHILD HEALTH**

21. Did this woman achieve the target HbA1c prior to becoming pregnant?

Yes No Not documented

22. For women with type 2 diabetes only

i. Was this woman previously on oral agents?

Yes No Not documented

ii. What oral agents were used?

Type	Dose
.....
.....
.....

Not documented

iii. Was transfer to insulin therapy undertaken prior to pregnancy?

Yes No Not documented

Profession of person completing form

Completed by:
Date:
Contact tel. number:

The completed questionnaire should be returned to the CEMACH Regional Manager, as below:

--