

Pregnancy is a stress test on the heart. Pregnancy and the postpartum period is a great time to make a plan for your long-term heart health.

My Information:	Baby's Information:		
Name: My Date of Birth: Age at Delivery:	Name: Date of Birth/Delivery: Gestational Age (weeks): Birthweight (lb or grams):		
Pregnancy-Related Cardiovascular Risk Indicators (Check all that apply.)	Sex: Male Female Length (in or cm): Head Size (in or cm):		
☐ Preeclampsia (prenatal postpartum) ☐ Gestational Hypertension ☐ HELLP syndrome ☐ Eclampsia ☐ Gestational Diabetes ☐ Placental Abruption ☐ Unexplained Preterm Birth (<37 weeks) ☐ Interuterine Growth Restriction (IUGR)	Outcomes (check all that apply): Multiple gestation Small for gestational age Other: Infant loss after delivery delivery Check all that apply):		

Preeclampsia doubles your risk of heart disease and stroke, and quadruples your risk of high blood pressure later in life.1





Heart Disease





A history of hypertension in pregnancy does not mean you will definitely develop cardiovascular problems. Take this knowledge to heart and make changes today for a healthier tomorrow.

Start by keeping this form updated and making a plan with your care provider.

Presented by



International Society for the Study of Hypertension in Pregnancy





Tracking your blood pressure and weight can help you and your care provider make a plan to manage your heart health risk after pregnancy.

Record your history and numbers on this sheet. Take it with you to discuss at your annual checkup..

Personal and Family History:		Recommended Home Health Tracking Schedule					
With which race/ethnicity do you identify? White/Caucasian Asian Native/Indigenous Mixed Black/African Other:		TIME SINCE DELIVERY	BLOOD PRESSURE (mmHg)	WEIGHT	BODY MASS INDEX	WAIST CIRCUM- FERENCE	
		6 WEEKS Date:					
Leave blank if unsure.	Yes	No					
1. Do you or have you ever smoked?			6 MONTHS				
2. Have you had a heart attack or stroke?			Date:				
3. Did you have high blood pressure							
before pregnancy?4. Did you have diabetes before pregnancy?5. Has your mother or sister(s) had			12 MONTHS Date:				
high blood pressure during pregnancy?			MONTHS Date:				
6. Has your father, mother, or a sibling had a heart attack?7. Do your parents or sibling(s) have high blood pressure?8. Do your parents or sibling(s) have diabetes?							
			MONTHS Date:				

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Your long-term health plan starts by understanding your risk factors, then modifying what you can.

So how can you lower your risk?

7 Ways to Lower Your Heart Risk³



Breastfeed as long as possible



Stay active
Aim for 150+
minutes of
vigorous activity
per week.



See your primary care provider for annual appointments



Aim for a healthy weight (see below)



Eat healthy
Lower your salt,
fat, and sugar
intake.



Live smoke-free including a smokefree environment.



Speak to your provider before your next pregnancy.

Pre-Pregnancy	At Delivery	12 Month Goal
Weight: BMI:	Weight:	Weight: BMI:

Body mass index (BMI) is your body weight relative to your height. A healthy BMI is between 18.5 and 25. A BMI greater than 25 increases your risk for heart disease. If your BMI is high, talk to your healthcare provider about safe ways to lose weight.

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Your blood work can show how your heart, blood vessels and kidneys are functioning after your pregnancy. Use this tracker to record your numbers and discuss with your provider.

Recommended 12-Month Postpartum Blood Work					
	Reference Range	My numbers Date: Date:			
Cholesterol	125 to 200mg/dL (<5.2 mmol/L)				
HDL "good" cholesterol	50 mg/dL or higher (>1.3 mmol/L)				
LDL "bad" cholesterol	<100 mg/dL (<3.4 mmol/L)				
Triglycerides	<150 mg/dL (<1.7 mmol/L)				
Fasting Glucose	70 - 100 mg/dL (3.9 - 5.6 mmol/L)				
High Sensitivity C- Reactive Protein (CRP) (measures your risk of developing coronary artery disease)	<2 mg/dL (<0.1 mmol/L)				
Urine Microalbumin Creatinine Ratio (measures kidney function)	<30 mg/dL (<3 mg/mmol)				

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