

2011 California Diabetes & Pregnancy Program-Sweet Success Data Form

Site Information		Total Number of Sweet Success Visits	
Region:	Affiliate:	Face to Face	Phone
Satellite:	Initials:	Fax	Email
Maternal Information		Comment:	
Pre-pregnancy Weight	Lbs.		
Measured Height (Inches)	Inches		
Mother's Age at Delivery			
Demographic Data		Pregnancy Outcomes <input type="checkbox"/> Unknown	
Hispanic Origin	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date of Delivery:	
Race/Ethnicity		<input type="checkbox"/> Live birth	
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian	<input type="checkbox"/> Elective termination	
<input type="checkbox"/> Native American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Spontaneous abortion	
<input type="checkbox"/> African American	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Fetal death (20 weeks GA +)	
<input type="checkbox"/> Unknown		Multifetal <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
First Antepartum Sweet Success Visit		Number (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3 or more) <input type="checkbox"/> <input type="checkbox"/> Unknown	
Date:	Weight (lbs):	Maternal Outcome <input type="checkbox"/> Unknown	
Estimated Date of Delivery (EDD):		<input type="checkbox"/> Term Delivery	
Diabetes Diagnosis at First Sweet Success Visit		<input type="checkbox"/> Preterm Delivery (less than 37 weeks)	
<input type="checkbox"/> GDM		<input type="checkbox"/> Ante-partum hospitalization needed	
<input type="checkbox"/> Type 1 (DM1)		<input type="checkbox"/> Prolonged post-partum hospitalization due to complications of diabetes	
<input type="checkbox"/> Type 2 (DM2)		<input type="checkbox"/> Maternal readmission within 28 days of delivery	
<input type="checkbox"/> Pre-Diabetes prior to pregnancy		<input type="checkbox"/> Maternal death. Cause of death: _____	
<input type="checkbox"/> Pre-Diabetes during pregnancy		<input type="checkbox"/> Other _____	
<input type="checkbox"/> 1 abnormal value only			
<input type="checkbox"/> History of GDM			
<input type="checkbox"/> Diagnosis with HbA1c during pregnancy			
Treatment at First Sweet Success Visit		Method of Delivery <input type="checkbox"/> Unknown	
<input type="checkbox"/> Diet and Exercise Only		<input type="checkbox"/> Vaginal <input type="checkbox"/> VBAC	
<input type="checkbox"/> Diet, Exercise and Oral Medication		<input type="checkbox"/> Primary Cesarean <input type="checkbox"/> Repeat Cesarean	
<input type="checkbox"/> Glyburide <input type="checkbox"/> Metformin		Newborn Outcomes: <input type="checkbox"/> Unknown	
<input type="checkbox"/> Other (please specify) _____		Birth Weight (grams):	
<input type="checkbox"/> Diet, Exercise and Insulin		Gender : <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown	
<input type="checkbox"/> MDI <input type="checkbox"/> Pump		NICU Admission <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Diet, Exercise, Oral Meds and Insulin		Congenital malformations <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Unknown		Describe: _____	
For GDM Only			
Date of Diagnosis:			
For Pregestational Diabetes Only (DM1 or DM2)			
Date of Preconception A1c		Discharged with Mom <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Results (value)		Feeding on Discharge <input type="checkbox"/> Unknown	
Date of First Prenatal A1c		<input type="checkbox"/> Breast milk <input type="checkbox"/> Formula	
Results (value)		<input type="checkbox"/> Both Breast Milk and Formula	
Prenatal Edinburgh Score			
Last Sweet Success Visit Before Delivery		For GDM Only Post-partum Follow-Up Diagnosis	
Date:	Weight (lbs)	<input type="checkbox"/> No diabetes detected	
Treatment at Last Sweet Success Visit		<input type="checkbox"/> Not tested	
<input type="checkbox"/> Diet and Exercise Only		<input type="checkbox"/> Type 2 (DM2)	
<input type="checkbox"/> Diet, Exercise and Oral Medication		<input type="checkbox"/> Impaired glucose tolerance (IGT)	
<input type="checkbox"/> Glyburide <input type="checkbox"/> Metformin		<input type="checkbox"/> Impaired fasting glucose (IFG)	
<input type="checkbox"/> Other (please specify) _____		<input type="checkbox"/> Both IGT and IFG	
<input type="checkbox"/> Diet, Exercise and Insulin		<input type="checkbox"/> Unknown	
<input type="checkbox"/> MDI <input type="checkbox"/> Pump		<input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> Diet, Exercise, Oral Meds and Insulin			
<input type="checkbox"/> Unknown		Post-partum Edinburgh Score:	