

# Gestational Diabetes Monitoring sheet

Name: \_\_\_\_\_

Date	Pre Brk	After Brk either*		Pre Lun	After Lunch either*		Pre Supp	After supper either*		Bed Time	3 AM
		1 hr	2 hr		1 hr	2 hr		1 hr	2 hr		
Targets	Under 5.3mM 95mgs%	Under 7.8mM 140mgs%	Under 6.7mM 121mgs%		Under 7.8mM 140mgs%	Under 6.7mM 121mgs%		Under 7.8mM 140mgs%	Under 6.7mM 121mgs%		
Number over Target											

\*If on the oral glucose tolerance test the major abnormality was at one hour, then test 1 hour after the start of the meal.  
 \*If on the oral glucose tolerance test the major abnormality was at two hours, then test 2 hours after the start of the meal.  
 If in doubt can use which ever is most convenient but one hour testing may have the edge in terms of likely high sugars.