
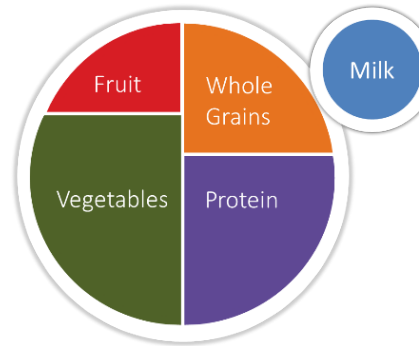


## Perinatal Food Group Recall Tool for Gestational Diabetes

Estimate the daily food intake with the client using the *MyPlate California for People with Gestational Diabetes* at

[cdph.ca.gov/MyPlate](http://cdph.ca.gov/MyPlate). The MyPlate for diabetes icon  used in this recall refers to the proportion of a food group in a meal, based on a 10-inch plate. Shaded areas\* indicate whether the client is at risk. These are basic recommendations until the client can meet with a Registered Dietitian (RD)/Nutritionist (RDN). Note the client goal code(s) that they choose to work on at the end.



*Client info here*

### Whole Grains - How many meals and snacks are a quarter whole grains, beans or starchy vegetables?

Preferred whole grains: \_\_\_\_\_



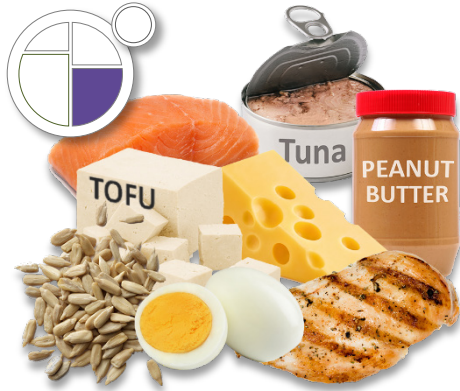
Frequency	1 <sup>st</sup> Tri	2 <sup>nd</sup> Tri	3 <sup>rd</sup> Tri	Post
2 or less*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Client chooses to:

- WG1.** Eat 100% whole grains instead of white breads, white noodles and white rice.
- WG2.** Eat beans and starchy vegetables, such as chickpeas, sweet potato and winter squash.
- WG3.** Choose whole grains like old-fashioned oats instead of cold cereals with added sugars.
- WG4.** Include protein foods when eating whole grains, beans or starchy vegetables.
- WG5.** Avoid fried starchy vegetables such as french fries.

**Protein** - How many meals and snacks are a quarter or more protein foods?

Preferred protein foods: \_\_\_\_\_



Frequency	1 <sup>st</sup> Tri	2 <sup>nd</sup> Tri	3 <sup>rd</sup> Tri	Post
Less than 1*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Client chooses to:

- P1. Eat protein foods at every meal and snack.
- P2. Grill, broil or bake instead of fry.
- P3. Remove poultry skin.
- P4. Read labels and choose lean meat (15% fat or less).
- P5. Eat cooked fish twice per week. Include water-packed and low-mercury fish, like canned light tuna. See [www.fda.gov/fishadvice](http://www.fda.gov/fishadvice).
- P6. Limit high-fat meats like sausage, hot dogs, and bologna.
- P7. Choose vegetarian proteins like tofu, tempeh and unsalted nuts.

**Vegetables** - How many meals and snacks are half or more non-starchy vegetables?

Preferred vegetables: \_\_\_\_\_



Frequency	1 <sup>st</sup> Tri	2 <sup>nd</sup> Tri	3 <sup>rd</sup> Tri	Post
2 or less*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Client chooses to:

- V1. Make almost half of the plate non-starchy vegetables.
- V2. Eat a variety of fresh, frozen, or low sodium canned non-starchy vegetables.
- V3. Flavor vegetables with herbs and spices instead of fat and salt.
- V4. Eat non-starchy vegetables with protein for snacks.
- V5. Eat dark green and orange non-starchy vegetables often.
- V6. Choose fresh non-starchy vegetables instead of vegetable juice.

**Fruit** - How many meals and snacks include fruit?

Preferred fruits: \_\_\_\_\_



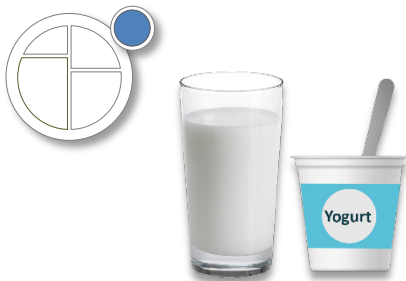
Frequency	1 <sup>st</sup> Tri	2 <sup>nd</sup> Tri	3 <sup>rd</sup> Tri	Post
Less than 2*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 2*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client chooses to:

- F1. Eat two fruits per day, but not in the morning.  
 F2. Eat a variety of fresh, frozen, or canned fruits without added sugars.  
 F3. Limit dried fruit to ¼ cup per day.  
 F4. Eat fruits and protein foods for snacks.  
 F5. Choose non-starchy vegetables instead of fruit at breakfast.  
 F6. Choose water instead of fruit juice.

**Dairy** - How often do you add milk or calcium-rich foods to your meals or snacks?

Preferred dairy and calcium-rich foods: \_\_\_\_\_



Frequency	1 <sup>st</sup> Tri	2 <sup>nd</sup> Tri	3 <sup>rd</sup> Tri	Post
2 or less*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 or more (for teens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client chooses to:

- D1. Drink or eat calcium-rich foods 3 times per day (4 for teens).  
 D2. Choose pasteurized fat-free milk.  
 D3. Eat plain yogurt. For sweetness, add fruit.  
 D4. Choose non-dairy calcium sources. Choose other calcium-rich foods.  
 D5. Drink water instead of milk and yogurt at breakfast.

**How often do you have foods not shown on MyPlate, such as sugary drinks, candy, baked sweets, chips, ice cream or sour cream?**

Preferred healthy snack foods: \_\_\_\_\_

Preferred healthy beverages: \_\_\_\_\_

Preferred healthy plant oils: \_\_\_\_\_



Frequency	1 <sup>st</sup> Tri	2 <sup>nd</sup> Tri	3 <sup>rd</sup> Tri	Post
Once a day or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twice a day or more*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Client chooses to:**

- O1. Use plant oils like canola, safflower, and olive oil for cooking and in dressings.
- O2. Bake, boil, steam, or microwave instead of frying.
- O3. Choose water or fat-free milk for your beverage.
- O4. Choose fruits, vegetables, unsalted nuts, and seeds for snacks.
- O5. Choose foods low in solid fat, added sugar and salt.
- O6. Be active for at least 30 minutes a day. Walking is a good choice.

### Perinatal Food Group Recall Tool Summary for Gestational Diabetes

Please document as “inadequate diet” in the client’s Individual Care Plan and Care Plan Summary if there are risks (shaded responses) in two or more food groups and include the client’s goals.

Pregnancy Stage	Notes	Client Goals (use codes)	Signature	Date
<b>Example</b>	<i>To include a snack with a hard-boiled egg and carrots. Include a salad with lunch and dinner.</i>	V1 V5	John Smith	02/20/23
<b>1<sup>st</sup> Tri</b>				
<b>2<sup>nd</sup> Tri</b>				
<b>3<sup>rd</sup> Tri</b>				
<b>Post</b>				

Please document the client’s goals to their Individual Care Plan if there are risks in two or more food groups.