

# My Pregnancy Diary

## My Health Care Team:

Doctor's Names: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

### Telephone

Day: \_\_\_\_\_ Night: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_

Pediatrician's Address: \_\_\_\_\_

### Telephone

Day: \_\_\_\_\_ Night: \_\_\_\_\_

Hospital: \_\_\_\_\_

Hospital Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Nursing Staff: \_\_\_\_\_

## My Childbirth Education:

Educator: \_\_\_\_\_

Address of Classes: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Class: \_\_\_\_\_

Class Dates: \_\_\_\_\_

Name of Class: \_\_\_\_\_

Class Dates: \_\_\_\_\_

Name of Class: \_\_\_\_\_

Class Dates: \_\_\_\_\_

**First Signs:**

I first heard my baby's heartbeat: \_\_\_\_\_

I first felt my baby move: \_\_\_\_\_

**Medications**

Medications Taken	Dose	Date Started	Date Ended

**Vital Statistics:**

Date of the first day of my last menstrual period: \_\_\_\_\_

Date I think I ovulated: \_\_\_\_\_

Date I had a positive home pregnancy test: \_\_\_\_\_

The type of test I used: \_\_\_\_\_

My pre-pregnancy weight: \_\_\_\_\_ lb.

Date of my first prenatal visit: \_\_\_\_\_

**My symptoms:**

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## Prenatal Visits

Visit	Date	Weeks	Blood Pressure	Fetal Height (cm)	Fetal Heart Rate	Questions/Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

## Labor and Delivery

My due date: \_\_\_\_\_ My labor began: \_\_\_\_\_

Delivery date: \_\_\_\_\_ Time of delivery: \_\_\_\_\_

Delivered by: \_\_\_\_\_

Hospital: \_\_\_\_\_

Baby's weight: \_\_\_\_\_ Baby's length: \_\_\_\_\_

## Postpartum Visit

Date: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Family Planning: \_\_\_\_\_

Comments:

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