

MY PREGNANCY

I FOUND OUT I WAS PREGNANT

DATE:

CONFIRMED:

- pregnancy test
- ultrasound



MY FIRST APPOINTMENT WAS

DATE:

PROVIDER:



MY EXPECTED DUE DATE:



I WANT TO GIVE BIRTH AT:



MY INSURANCE:



MY PROVIDERS:



IN AN EMERGENCY I WILL...

CALL:

GO TO:



MY PRENATAL CARE



APPOINTMENTS

PROVIDER:

DATE:

office visit call

PROVIDER:

DATE:

office visit call

PROVIDER:

DATE:

office visit call

PROVIDER:

DATE:

office visit call

PROVIDER:

DATE:

office visit call

PROVIDER:

DATE:

office visit call

FOLLOW UP:

After this appointment I will...

REFERRALS:

I should make an appointment with...

NOTES:

PRENATAL APPOINTMENTS

PROVIDER:

DATE:

office visit call

PROVIDER:

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office visit call

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REFERRALS:



MY POSTPARTUM CARE

6-WEEK APPOINTMENT

PROVIDER:

DATE:

If I have questions I can

CALL:

MY PLAN

My goal for another pregnancy is:

My choice for birth control is:

MY GOALS

MY HOPE FOR THIS PREGNANCY IS...



MY HOPE FOR MY BABY IS...

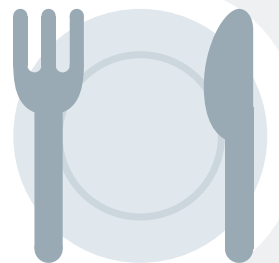


MY HOPE FOR MYSELF IS...



MY NEEDS:

I WILL FEED MY BODY...



I WILL REST AND SLEEP...



MY MEDICATIONS

MEDICATION:

DOSE:

WHAT TO WATCH FOR:

DURING PREGNANCY:

IF...

POSTPARTUM:

THEN...

LACTATING:

MEDICATION:

DOSE:

DURING PREGNANCY:

WHAT TO WATCH FOR:

POSTPARTUM:

LACTATING:



MY MEDICATIONS

MEDICATION:

DOSE:

WHAT TO WATCH FOR:

DURING PREGNANCY:

IF...

POSTPARTUM:

THEN...

LACTATING:

MEDICATION:

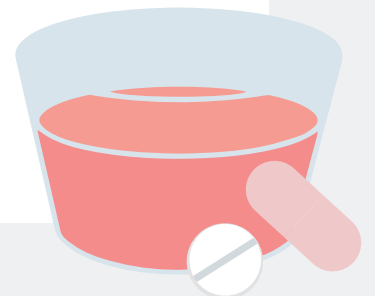
DOSE:

DURING PREGNANCY:

WHAT TO WATCH FOR:

POSTPARTUM:

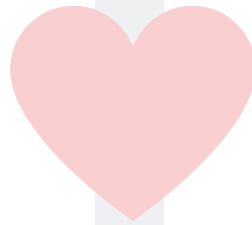
LACTATING:



MY PLAN

THINGS I'M DOING TO CARE
FOR MYSELF...

THINGS I'M DOING TO PREPARE
FOR MY BABY...



MY SUPPORT NETWORK:



WHEN I NEED EXTRA HELP AND SUPPORT...

I CAN CALL:

I CAN VISIT:

