



# Prenatal Visits Record

First Trimester (1-13 Weeks)

Due Date: \_\_\_\_\_

## 6 Weeks:

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Mom's Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Other Measurements: \_\_\_\_\_

Tests: \_\_\_\_\_

Questions to Ask: \_\_\_\_\_

Doctor Instructions: \_\_\_\_\_

## 10 Weeks:

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Mom's Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Other Measurements: \_\_\_\_\_

Tests: \_\_\_\_\_

Questions to Ask: \_\_\_\_\_

Doctor Instructions: \_\_\_\_\_

## 14 Weeks:

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Mom's Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Other Measurements: \_\_\_\_\_

Tests: \_\_\_\_\_

Questions to Ask: \_\_\_\_\_

Doctor Instructions: \_\_\_\_\_

First Trimester Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**18 Weeks:**

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Mom's Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Other Measurements: \_\_\_\_\_

Tests: \_\_\_\_\_

Questions to Ask: \_\_\_\_\_

\_\_\_\_\_

Doctor Instructions: \_\_\_\_\_

**22 Weeks:**

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Mom's Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Other Measurements: \_\_\_\_\_

Tests: \_\_\_\_\_

Questions to Ask: \_\_\_\_\_

\_\_\_\_\_

Doctor Instructions: \_\_\_\_\_

**26-28 Weeks:**

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Mom's Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Other Measurements: \_\_\_\_\_

Tests: \_\_\_\_\_

Questions to Ask: \_\_\_\_\_

\_\_\_\_\_

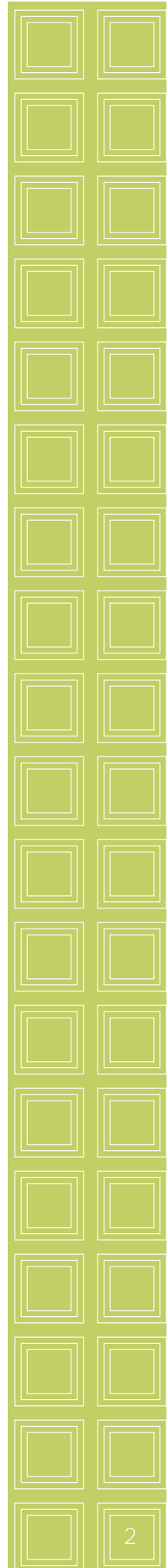
Doctor Instructions: \_\_\_\_\_

**Second Trimester Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**32-33 Weeks:**

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Mom's Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Other Measurements: \_\_\_\_\_

Tests: \_\_\_\_\_

Questions to Ask: \_\_\_\_\_

\_\_\_\_\_  
Doctor Instructions: \_\_\_\_\_

**34-35 Weeks:**

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Mom's Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Other Measurements: \_\_\_\_\_

Tests: \_\_\_\_\_

Questions to Ask: \_\_\_\_\_

\_\_\_\_\_  
Doctor Instructions: \_\_\_\_\_

**36-37 Weeks:**

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Mom's Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Other Measurements: \_\_\_\_\_

Tests: \_\_\_\_\_

Questions to Ask: \_\_\_\_\_

\_\_\_\_\_  
Doctor Instructions: \_\_\_\_\_

**38 Weeks:**

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Mom's Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Other Measurements: \_\_\_\_\_

Tests: \_\_\_\_\_

Questions to Ask: \_\_\_\_\_

\_\_\_\_\_  
Doctor Instructions: \_\_\_\_\_

**39 Weeks:**

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Mom's Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Other Measurements: \_\_\_\_\_

Tests: \_\_\_\_\_

Questions to Ask: \_\_\_\_\_

\_\_\_\_\_

Doctor Instructions: \_\_\_\_\_

**40 Weeks: (full term)**

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Mom's Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Other Measurements: \_\_\_\_\_

Tests: \_\_\_\_\_

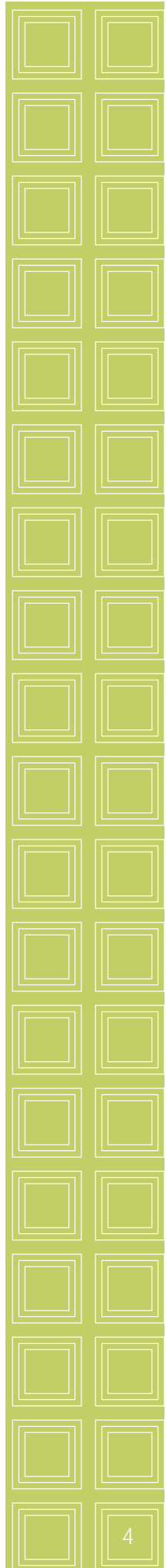
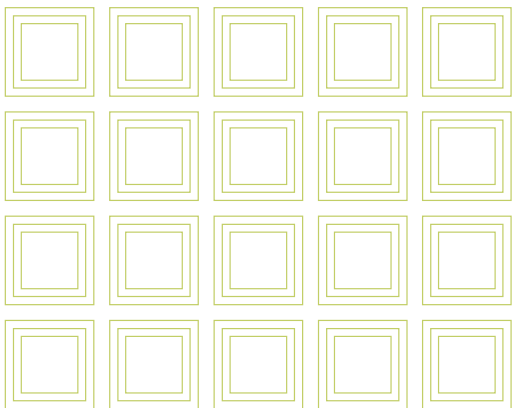
Questions to Ask: \_\_\_\_\_

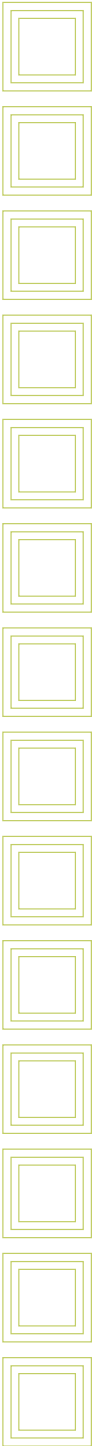
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Doctor Instructions: \_\_\_\_\_

**Third Trimester Notes:** \_\_\_\_\_

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\_\_\_\_\_  
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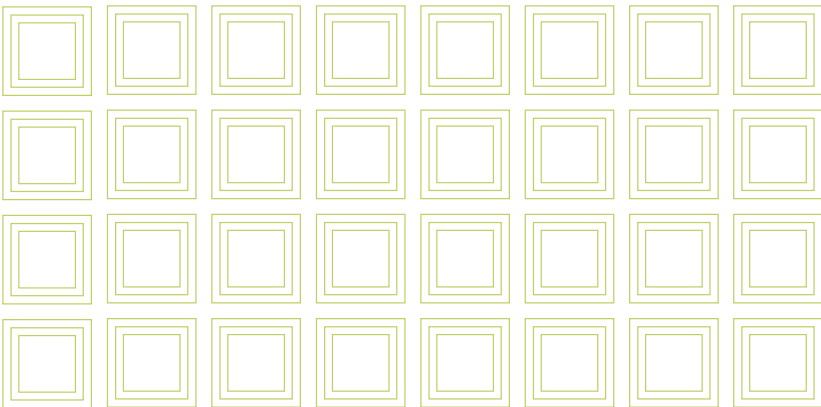




Ultrasound Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lab Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Test Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Common Prenatal Screening Tests

Please note these are just descriptions of commonly ordered prenatal screening tests. Your doctor may or may not order these or other tests. Please check with your doctor about what tests are needed for you and your baby.

**Diabetes Screening.** Some women develop gestational diabetes, which can lead to very large babies and difficult deliveries. If needed, this test is conducted around the 28th week and consists of drinking a sweet liquid and having blood sugar levels measured an hour later.

**Anemia Screening.** Due to the large volume of blood the body needs to produce during pregnancy, many women become iron deficient. Your doctor may test your blood at the first prenatal visit and periodically to measure hemoglobin levels.

**Rh Screening.** The Rh screening is conducted at the beginning of pregnancy to see if blood type is Rh positive or negative. If you are Rh negative, the screening is conducted again at 28 weeks to see if antibodies are being made against the developing fetus. If antibodies are being made against the fetus, RhoGAM, a substance used to prevent harm to the unborn child is given.

**Tests for Infectious Diseases.** Diseases such as toxoplasmosis, Group B strep, hepatitis B, HIV, and some sexually transmitted diseases can be detected with a blood test. Since these diseases can harm the developing fetus or be passed on to the baby at birth, your doctor will recommend testing for some or all of these infections, depending upon your particular risk.

**Urine Protein Test.** A high level of protein in the urine during pregnancy is the first sign of a potentially dangerous condition known as preeclampsia. Providing a urine sample at each prenatal visit will give your health care team the earliest possible indication of this complication if it is developing.

**Alpha-Fetoprotein (AFP) Test.** Alpha fetoprotein is a substance produced in the baby's liver. A high level of AFP in the mother's blood can indicate certain birth defects of the brain and spinal cord called neural tube defects. A low AFP level can indicate Down syndrome. This test is done between weeks 15 and 18. If results come back abnormal, your doctor may recommend an ultrasound or amniocentesis to confirm the finding.

**Ultrasound.** Many women have an ultrasound test during pregnancy, however, it is not usually considered part of routine care. An ultrasound can help estimate the baby's size, determine the presence of twins, look for abnormalities, or confirm the due date. The test is performed using a wand-like tool that is rubbed over the abdomen sending sound waves through the body and creating a picture of the fetus in the uterus. The test is considered safe; it has been used for 25 years with no reported problems.

**Chorionic Villus Sampling (CVS).** This test involves taking a small sample of the developing placenta to test for genetic and chromosomal abnormalities. It is performed between weeks 10 and 12. Your doctor may recommend the test if you are over age 35 or at risk for passing genetic disorders on to your baby. CVS carries a two percent risk of miscarriage. In addition, there is a chance of infection in the uterus following the procedure and some studies have linked CVS to limb defects in babies.

**Amniocentesis.** In this test, a small sample of the amniotic fluid that surrounds the fetus in the uterus is withdrawn to test for genetic problems such as Down syndrome or sickle cell anemia. Your doctor may offer you this test if you are 35 or older or if you or your partner have a family history of genetic disorders. The test is usually done between weeks 15 and 17, however an "early amnio" can be performed between weeks 12 and 14. The primary risk associated with a routine amniocentesis is a one percent chance of miscarriage. The miscarriage risk is one-two percent for an early amnio.

