

My Pregnancy Journal

This book belongs to:

My Pregnancy Journal

My Healthcare Provider

- **Name:** _____
- **Phone:** _____
- **Address:** _____
- **Clinic Hours:** _____

Insurance Information

- **Name of Insurance:** _____ **Phone#:** _____
- **Group #:** _____ **ID#:** _____
- **Address:** _____
- **Contact Person:** _____

Other Information

- **Hospital Name:** _____ **Phone#:** _____
- **Hospital Address:** _____

My Pregnancy Journal

Our Prenatal Visits

Date/Time:

Weight _____ Blood Pressure _____

Tummy Measurement _____ Babys Heart Rate _____

Other Tests _____

Questions to Ask _____

Healthcare Provider's Instructions _____

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My Pregnancy Journal

Birth Plan

Labor and Pain Management:

My Baby's Birth Plan:

My Postpartum Care:

How I'll Care for My Infant:

Take this with you to the hospital or clinic when your labor begins

My Pregnancy Journal

Baby's Arrival!!!

Name _____

Named After _____

Almost Named _____

Date of Birth _____ Time of Birth _____

Hospital _____

Weight _____ Length _____

Head Measurement _____

Apgar Score _____

Eye Color _____

Hair _____

Blood Type _____

Health Professional at delivery _____

Nurses _____

Baby's Doctor _____

Original Due Date _____ Days Early/Late _____

Labor (hours) _____ Stay in hospital (days) _____

Special notes about my baby's birth _____

My Pregnancy Journal

Keepsake Page

