

My First Medical Record

Baby Name _____



INSTRUCTIONS:

- Count the time it takes for your baby to make 10 movements which include kicks, turns, twists, swishes, rolls and jabs. Your baby should move 10 times in less than 2 hours.
- Select a time of the day when your baby is usually active. For most women, fetal movement typically peaks after meals, after activity, and in the evening.
- Do the Kick Count roughly at the same time everyday.
- Get in a comfortable sitting or lying position.
- Jot down the time of the baby's first kick (movement) and the time of the 10th kick.
- Since healthy babies have sleep cycles, your baby may not kick, or kick less than usual, or have less than 10 kicks in 2 hours. If so, wake up the baby by drinking fluid or by walking for 5 minutes. Repeat the kick count.
- CONTACT YOUR PROVIDER** if your baby still has less than 10 kicks in 2 hours or if there is a decrease or significant change in the fetal movement.
- DO NOT WAIT 24 HOURS.**

Sample Chart

DAY:	1	2	3	4	5	6	7
START TIME:	8:20pm	8:45pm	8:45pm	8:15pm	8:45pm	8:00pm	8:10pm
END TIME:	8:30pm	9:00pm	9:00pm	8:55pm	9:00pm	8:20pm	9:10pm
:00							
:10	x						
:20		x	x		x	x	
:30				x			
:40							
:50							
1:00							x
1:10							
1:20							
1:30							
1:40							
1:50							
2:00							

Week #: 28 Start Date: May 1

PLEASE BRING THESE CHARTS TO EVERY APPOINTMENT & REVIEW WITH YOUR PROVIDER.

Mom's Weight _____
 Mom's Tummy _____
 Mom's Blood Pressure _____
 Baby's Heart Beat _____

Mom's Weight _____
 Mom's Tummy _____
 Mom's Blood Pressure _____
 Baby's Heart Beat _____

DAY:	1	2	3	4	5	6	7
START TIME:							
END TIME:							
:00							
:10							
:20							
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1:00							
1:10							
1:20							
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2:00							

Week #: _____ Start Date: _____

DAY:	1	2	3	4	5	6	7
START TIME:							
END TIME:							
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2:00							

Week #: _____ Start Date: _____

www.countthekicks.org

Mom's Weight _____
 Mom's Tummy _____
 Mom's Blood Pressure _____
 Baby's Heart Beat _____

Mom's Weight _____
 Mom's Tummy _____
 Mom's Blood Pressure _____
 Baby's Heart Beat _____

Start Date: _____ Week #: _____	DAY:	1	2	3	4	5	6	7
	START TIME:							
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Start Date: _____ Week #: _____	DAY:	1	2	3	4	5	6	7
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Start Date: _____ Week #: _____	DAY:	1	2	3	4	5	6	7
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Start Date: _____ Week #: _____	DAY:	1	2	3	4	5	6	7
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