

# 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. Most babies take less than 30 minutes to reach ten movements, but all babies are different.
- 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 every day.
- jot down the time of the baby's first kick (movement) and the time of the 10th kick.
- After 1-2 weeks you will start to notice a pattern for your baby, the average amount of time it takes to get to 10 movements.
- CONTACT YOUR PROVIDER** if your baby has fewer than 10 kicks in 2 hours or if there is a significant change in what is normal for your baby.
- DO NOT WAIT 24 HOURS** if you notice a change. Contact your provider right away.

Sample Kick Counting 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	8:35pm	9:00pm	8:20pm	9:10pm
:00							
:10	X						
:20		X	X	v	X		
:30						X	
:40							
:50							
1:00							v
1:10							
1:20							
1:30							
1:40							
1:50							
2:00							

Start Date: May 1  
Week #: 28

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							
:30							
:40							
:50							
1:00							
1:10							
1:20							
1:30							
1:40							
1:50							
2:00							

Start Date: \_\_\_\_\_  
Week #: \_\_\_\_\_

DAY:	1	2	3	4	5	6	7
START TIME:							
END TIME:							
:00							
:10							
:20							
:30							
:40							
:50							
1:00							
1:10							
1:20							
1:30							
1:40							
1:50							
2:00							

Start Date: \_\_\_\_\_  
Week #: \_\_\_\_\_



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

DAY:		1	2	3	4	5	6	7
Start Date:	START TIME:							
	END TIME:							
	:00							
	:10							
	:20							
	:30							
	:40							
	:50							
	1:00							
	1:10							
	1:20							
	1:30							
	1:40							
	1:50							
	2:00							

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

DAY:		1	2	3	4	5	6	7
Start Date:	START TIME:							
	END TIME:							
	:00							
	:10							
	:20							
	:30							
	:40							
	:50							
	1:00							
	1:10							
	1:20							
	1:30							
	1:40							
	1:50							
	2:00							

**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

DAY:		1	2	3	4	5	6	7
Start Date:	START TIME:							
	END TIME:							
	:00							
	:10							
	:20							
	:30							
	:40							
	:50							
	1:00							
	1:10							
	1:20							
	1:30							
	1:40							
	1:50							
	2:00							

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

DAY:		1	2	3	4	5	6	7
Start Date:	START TIME:							
	END TIME:							
	:00							
	:10							
	:20							
	:30							
	:40							
	:50							
	1:00							
	1:10							
	1:20							
	1:30							
	1:40							
	1:50							
	2:00							



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							
:30							
:40							
:50							
1:00							
1:10							
1:20							
1:30							
1:40							
1:50							
2:00							

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							
:30							
:40							
:50							
1:00							
1:10							
1:20							
1:30							
1:40							
1:50							
2:00							

**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

DAY:	1	2	3	4	5	6	7
START TIME:							
END TIME:							
:00							
:10							
:20							
:30							
:40							
:50							
1:00							
1:10							
1:20							
1:30							
1:40							
1:50							
2:00							

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							
:30							
:40							
:50							
1:00							
1:10							
1:20							
1:30							
1:40							
1:50							
2:00							



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

DAY:		1	2	3	4	5	6	7
Start Date:	START TIME:							
	END TIME:							
	:00							
	:10							
	:20							
	:30							
	:40							
	:50							
	1:00							
	1:10							
	1:20							
	1:30							
	1:40							
1:50								
2:00								

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

DAY:		1	2	3	4	5	6	7
Start Date:	START TIME:							
	END TIME:							
	:00							
	:10							
	:20							
	:30							
	:40							
	:50							
	1:00							
	1:10							
	1:20							
	1:30							
	1:40							
1:50								
2:00								

**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

DAY:		1	2	3	4	5	6	7
Start Date:	START TIME:							
	END TIME:							
	:00							
	:10							
	:20							
	:30							
	:40							
	:50							
	1:00							
	1:10							
	1:20							
	1:30							
	1:40							
1:50								
2:00								

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

DAY:		1	2	3	4	5	6	7
Start Date:	START TIME:							
	END TIME:							
	:00							
	:10							
	:20							
	:30							
	:40							
	:50							
	1:00							
	1:10							
	1:20							
	1:30							
	1:40							
1:50								
2:00								



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

DAY:		1	2	3	4	5	6	7
Start Date:	START TIME:							
	END TIME:							
	:00							
	:10							
	:20							
	:30							
	:40							
	:50							
	1:00							
	1:10							
	1:20							
	1:30							
	1:40							
	1:50							
	2:00							

Week #:

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

DAY:		1	2	3	4	5	6	7
Start Date:	START TIME:							
	END TIME:							
	:00							
	:10							
	:20							
	:30							
	:40							
	:50							
	1:00							
	1:10							
	1:20							
	1:30							
	1:40							
	1:50							
	2:00							

Week #:

**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

DAY:		1	2	3	4	5	6	7
Start Date:	START TIME:							
	END TIME:							
	:00							
	:10							
	:20							
	:30							
	:40							
	:50							
	1:00							
	1:10							
	1:20							
	1:30							
	1:40							
	1:50							
	2:00							

Week #:

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

DAY:		1	2	3	4	5	6	7
Start Date:	START TIME:							
	END TIME:							
	:00							
	:10							
	:20							
	:30							
	:40							
	:50							
	1:00							
	1:10							
	1:20							
	1:30							
	1:40							
	1:50							
	2:00							

Week #:



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

DAY:		1	2	3	4	5	6	7
Start Date:	START TIME:							
	END TIME:							
	:00							
	:10							
	:20							
	:30							
	:40							
	:50							
	1:00							
	1:10							
	1:20							
	1:30							
	1:40							
	1:50							
2:00								

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

DAY:		1	2	3	4	5	6	7
Start Date:	START TIME:							
	END TIME:							
	:00							
	:10							
	:20							
	:30							
	:40							
	:50							
	1:00							
	1:10							
	1:20							
	1:30							
	1:40							
	1:50							
2:00								

**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

DAY:		1	2	3	4	5	6	7
Start Date:	START TIME:							
	END TIME:							
	:00							
	:10							
	:20							
	:30							
	:40							
	:50							
	1:00							
	1:10							
	1:20							
	1:30							
	1:40							
	1:50							
2:00								

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

DAY:		1	2	3	4	5	6	7
Start Date:	START TIME:							
	END TIME:							
	:00							
	:10							
	:20							
	:30							
	:40							
	:50							
	1:00							
	1:10							
	1:20							
	1:30							
	1:40							
	1:50							
2:00								