DoD/VA Pregnancy Passport

Name _____

Important Contact Information

Notes

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2016

Name		ID		Age	Provider(s)
Gravida	Parity / / / /	LMP	EDD	Final EDD	EDD by: Known conception 1T US LMP 2T US
Problems/Plans					
Allergies		Meds			
Visit Record	Pre-pregnancy weight		First Visit BMI		Recommended weight gain
Date					
EGA					
BP					
FH					
FHT					
Weight					

Labs (* = As indicated)

Date	Test	Results		Provider
Initial				
	Blood Type			
	Rh Type	Pos	Neg	
	Ab Screen	Neg	Pos	
	HIV	Neg	Pos	
	HepBsAg	Neg	Pos	
	RPR	Non-React	Reactive	
	Rubella	Immune	Non-Imm	
	Varicella	Imm hx lab	Non-Imm	
	Pap*	Wnl	Abn	
	Urine Cx	Neg	Pos	
	GC	Neg	Pos	
	CT	Neg	Pos	
	HCT			
	PLT			
	GTT (early)*			
28 Weeks				
	GTT			
	3 hr GTT*			
	HCT			
	PLT			
	TDAP			
36 Weeks				
	GBS	Neg	Pos	

*Other**

Ultrasound

Date	US EGA	Est EGA	EFW	%tile	Placenta

Comments

Comments

Comments

Optional Screening/Diagnostic Testing

Aneuploidy/Anomaly Screening

Age based Risk:	DSR	All aneuploidy
Counseling	Comment	
Selected Strategy	Declined - 2 T US - Quad - 1T - Other	
Screening Result	N/A	
Diagnostic Test	Declined - Amnio - CVS - PUBS	
Diagnostic Result	N/A	
Cystic Fibrosis	Patient: Declined - Neg - Pos	
	Partner: N/A - Neg - Pos	
Other Genetic Screening	N/A	

Education

Date	Init	Topic
		Nutrition
		Exercise
		Tob/ETOH/Drugs
		Travel
		Toxoplasmosis
		Warning Signs
		Seat Belts
		Sexual Activity
		Fetal Movement
		Labor Signs
		Preeclampsia S/Sx

Education

Date	Init	Topic
		Childbirth
		Pre-Admission
		Trial of Labor
		Sterilization
		Car Seat

Psychosocial

Depression Screen	Intake	28w	
SAFE Home Screen	Intake	24w	32w

Vaccinations/Immunizations

Flu Last Tetanus RhoGam

Plans

L&D Requests

Feeding- Breast Formula

Circumcision- N/A Yes No Undecided

PP Birth Control

Pregnancy Outcome

Date Pregnancy End	Complications/Comments
EGA Pregnancy End	
Delivery	

Post Partum

FU NEEDS: Colpo MMR 2 hr GTT Consults-

Comments-