# NAVAL HOSPITAL BREMERTON ANTEPARTUM RECORD

| AGE | GRAVIDA | FULL TERM | PREMATURE | EAB | SAB | ECTOPICS | LIVING |
|---|---|---|---|---|---|---|---|
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| EDD CONFIRMATION | DATE | | EDD |
| LMP | | | |
| Initial Examination | | _____ weeks | |
| First Ultrasound | | _____ weeks ___days | |
| Second Ultrasound | | _____ weeks ___days | |
| High Risk | Yes/No | **FINAL EDD:** | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Visit Date | | | | | | | | | | | | | | | | | |
| Weeks Gestation | | | | | | | | | | | | | | | | | |
| Weight | | | | | | | | | | | | | | | | | |
| BP | | | | | | | | | | | | | | | | | |
| BP (Repeat) | | | | | | | | | | | | | | | | | |
| Urine(Protein/GIucose | | | | | | | | | | | | | | | | | |
| Fundal Height(cm) | | | | | | | | | | | | | | | | | |
| Presentation | | | | | | | | | | | | | | | | | |
| FHT DT 10-12 wk/FS 20 wk | | | | | | | | | | | | | | | | | |
| Fetal Movement* (9 rPresent 01 Absent) | | | | | | | | | | | | | | | | | |
| Prematureity Signs/Symptoms* (9 rPresent 01 Absent) | | | | | | | | | | | | | | | | | |
| Cervical Examination | | | | | | | | | | | | | | | | | |
| Edema | | | | | | | | | | | | | | | | | |
| Next Appointment | | | | | | | | | | | | | | | | | |
| OBSCU Visit(C for Comp, OB 4 if acute visit OBSCU) | | | | | | | | | | | | | | | | | |
| Provider Initials | | | | | | | | | | | | | | | | | |

*Fetal Movement>10/hour after 28 weeks
**Prematurely: vaginal bleeding, cramping

Pelvic pressure, contractions, etc.
NHBREM 6320/135
Originator: OB/GYN