



**DELAWARE PREGNANCY RECORD - PAGE 4**  
**MULTIDISCIPLINARY OBSTETRICAL CARE PLAN**

AGE: \_\_\_\_\_ LMP: \_\_\_\_\_ EDC: \_\_\_\_\_

G \_\_\_\_\_ P \_\_\_\_\_ CORRECTED EDC: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ PRE-GRAVID WEIGHT: \_\_\_\_\_  High Risk List

Date Reviewed: \_\_\_\_\_ Hgb/Hct: \_\_\_\_\_

Patient's name, address and home phone # must appear above.

PHYSICIAN NAME: _____		Date																	
		wks gest	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
Routine Care	Height of Fundus (cm.)																		
	Presentation																		
	Fetal Heart Rate Present																		
	Cervical Exam (DIL/EFF/STA)																		
	Blood Pressure Initial																		
	Repeat																		
	Weight																		
	Cumulative Weight Gain																		
	Urine																		
	Ketones																		
	Glucose																		
	Albumin																		
	Physician																		
	Nurse																		
	Next Visit																		
Test Reminders																			
PROBLEM	PLAN																		

