

FETAL MOVEMENT RECORD

NAME: _____ START DATE: _____

Instructions:

1. Note the time that you start counting
2. Count until you feel six movement episodes
3. Record the time that you stop counting
4. Call your physician if you have felt less than six movements in two hours
5. Show this record to your nurse and your physician

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
Stop Time							

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
Stop Time							

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
Stop Time							

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Start Time							
Stop Time							

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Stop Time							

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