

DAILY FETAL KICK COUNT RECORD

Patient Name: _____ Physician: _____

Recording the number of baby's movements felt by the mother allows us to follow the well being of the baby.

Please record the number of times you feel your baby move during one hour. Do this once each day. This is best done while lying on your side. You may monitor fetal movement at any time in the day, but we suggest in the evening after dinner.

Every baby has its own activity level. Usually the baby will move more than 10 times per hour. Occasionally, some babies will move less than 10 times per hour but there is no reason for alarm.

IF THE MOVEMENTS ARE LESS THAN 10 TIMES PER HOUR, MONITOR THE MOVEMENTS FOR AN ADDITIONAL HOUR. IF LESS THAN 10 TIMES PER HOUR FOR TWO CONSECUTIVE HOURS, PLEASE CALL YOUR PHYSICIAN RIGHT AWAY FOR FURTHER INSTRUCTIONS.

Please bring this record with you to each prenatal visit.

DATE	EVENING 1 HOUR	TOTAL IF DONE FOR 2 HOURS