DoD/VA Pregnancy Passport

Use this passport to keep your pregnancy information in one place. You can save this form on your computer or tablet or print out the pages to manually write in the information. Bring the file or print out to each of your provider visits.

Name		ID		Age		Provider	
Gravida		Parity		LMP		Provider	
EDD		Final EDD		EDD by: Known conception ☐ 1T US ☐ LMP ☐ 2T US		Provider	
Problems/Plans							

Allergies		Meds	
Allergy Reactions			

Visit Record	Pre-pregnancy weight		First Visit BMI		Recommended weight gain								
Date													
EGA													
BP													
FH													
FHT													
Weight													

Prenatal Screening/Diagnostic Testing (optional)					
Aneuploidy/Anomaly Screening					
Counseling		Comment			
Screening	☐ Declined	☐ NIPT	☐ 1T	☐ Quad	☐ Other
Comment					
Diagnostic Testing	☐ Declined	☐ CVS	☐ Amnio		
Diagnostic Result					

Maternal Genetic Screening				
Cystic Fibrosis	Patient	☐ Declined	☐ Neg	☐ Pos
	Partner	☐ N/A	☐ Neg	☐ Pos
Spinal Muscular Atrophy	Patient	☐ Declined	☐ Neg	☐ Pos
	Partner	☐ N/A	☐ Neg	☐ Pos
Hemoglobin Electrophoresis Result				
Other Genetic Screening				

Education	
Date	**Topic**
	Nutrition
	Exercise
	Tob/ETOH/Drugs
	Travel
	Breastpump
	Warning Signs
	Seat Belts
	Sexual Activity
	Fetal Movement
	Labor Signs
	Preeclampsia S/Sx
	Childbirth
	Pre-Admission
	Trial of Labor
	Contraception/Sterilization
	Car Seat

Labs *(* = As indicated)*

	Date	Test	Results		Comment
Initial Visit		Blood Type			
		Rh Type	☐ Neg	☐ Pos	
		Ab Screen	☐ Neg	☐ Pos	
		HIV	☐ Neg	☐ Pos	
		HepBsAg	☐ Neg	☐ Pos	
		Hep C Ab	☐ Neg	☐ Pos	
		RPR/Syphilis	☐ Non-React	☐ Reactive	
		Rubella	☐ Immune	☐ Non-Imm	
		Varicella	☐ Imm hx lab	☐ Non-Imm	
		Pap*	☐ Wnl	☐ Abn	
		Urine Cx	☐ Neg	☐ Pos	
		Gonorrhea	☐ Neg	☐ Pos	
		Chlamydia	☐ Neg	☐ Pos	
		Hematocrit			
		Platelet			
		GTT (early)*			
24 - 28 Weeks		GTT			
		3 hr GTT*			
		Hematocrit			
		Platelet			
36 Weeks		GBS	☐ Neg	☐ Pos	
*Other - 3 T**		HIV	☐ Neg	☐ Pos	
		Gonorrhea	☐ Neg	☐ Pos	
		Chlamydia	☐ Neg	☐ Pos	
		RPR/Syphilis	☐ Non-React	☐ Reactive	

Pregnancy Outcome

Date Pregnancy End		EGA Pregnancy End	
Delivery			
Complications/Comments			

Postpartum

FU Needs	☐ Colpo	☐ Vaccines	☐ 2 hr GTT	☐ Consults
Comments				

Name

Ultrasound

Date	US EGA	Est EGA	EFW	%tile	Placenta

Comments

Date	US EGA	Est EGA	EFW	%tile	Placenta

Comments

Date	US EGA	Est EGA	EFW	%tile	Placenta

Comments

Pychosocial

Depression Screen	☐ intake	☐ 28 weeks	☐ Postpartum
SAFE Home Screen	☐ intake	☐ 24 weeks	☐ 32 weeks
IPV Screening			

Vaccinations

Flu		TDAP	
RhoGam		COVID	
RSV			

Plans

L&D Requests/Birth Plan				
Feeding	☐ Breast	☐ Formula		
Circumcision	☐ N/A	☐ Yes	☐ No	☐ Undecided
PP Birth Control				

For additional information on the 2023 VA/DoD Clinical Practice Guideline for the Management of Pregnancy tools, visit https://www.healthquality.va.gov/guidelines/WH/up or https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/VADOD-CPGs