

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 <input type="checkbox"/> 1T US <input type="checkbox"/> LMP <input type="checkbox"/> 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	<input type="checkbox"/> Declined	<input type="checkbox"/> NIPT	<input type="checkbox"/> 1T	<input type="checkbox"/> Quad	<input type="checkbox"/> Other
Comment					
Diagnostic Testing	<input type="checkbox"/> Declined	<input type="checkbox"/> CVS	<input type="checkbox"/> Amnio		
Diagnostic Result					

Maternal Genetic Screening				
Cystic Fibrosis	Patient	<input type="checkbox"/> Declined	<input type="checkbox"/> Neg	<input type="checkbox"/> Pos
	Partner	<input type="checkbox"/> N/A	<input type="checkbox"/> Neg	<input type="checkbox"/> Pos
Spinal Muscular Atrophy	Patient	<input type="checkbox"/> Declined	<input type="checkbox"/> Neg	<input type="checkbox"/> Pos
	Partner	<input type="checkbox"/> N/A	<input type="checkbox"/> Neg	<input type="checkbox"/> 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	<input type="checkbox"/> Neg <input type="checkbox"/> Pos	
		Ab Screen	<input type="checkbox"/> Neg <input type="checkbox"/> Pos	
		HIV	<input type="checkbox"/> Neg <input type="checkbox"/> Pos	
		HepBsAg	<input type="checkbox"/> Neg <input type="checkbox"/> Pos	
		Hep C Ab	<input type="checkbox"/> Neg <input type="checkbox"/> Pos	
		RPR/Syphilis	<input type="checkbox"/> Non-React <input type="checkbox"/> Reactive	
		Rubella	<input type="checkbox"/> Immune <input type="checkbox"/> Non-Imm	
		Varicella	<input type="checkbox"/> Imm hx lab <input type="checkbox"/> Non-Imm	
		Pap*	<input type="checkbox"/> Wnl <input type="checkbox"/> Abn	
		Urine Cx	<input type="checkbox"/> Neg <input type="checkbox"/> Pos	
		Gonorrhea	<input type="checkbox"/> Neg <input type="checkbox"/> Pos	
		Chlamydia	<input type="checkbox"/> Neg <input type="checkbox"/> Pos	
		Hematocrit		
	Platelet			
	GTT (early)*			
24 - 28 Weeks		GTT		
		3 hr GTT*		
		Hematocrit		
		Platelet		
36 Weeks		GBS	<input type="checkbox"/> Neg <input type="checkbox"/> Pos	
Other - 3 T*		HIV	<input type="checkbox"/> Neg <input type="checkbox"/> Pos	
		Gonorrhea	<input type="checkbox"/> Neg <input type="checkbox"/> Pos	
		Chlamydia	<input type="checkbox"/> Neg <input type="checkbox"/> Pos	
		RPR/Syphilis	<input type="checkbox"/> Non-React <input type="checkbox"/> Reactive	

Pregnancy Outcome			
Date Pregnancy End		EGA Pregnancy End	
Delivery			
Complications/Comments			

Postpartum				
FU Needs	<input type="checkbox"/> Colpo	<input type="checkbox"/> Vaccines	<input type="checkbox"/> 2 hr GTT	<input type="checkbox"/> 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

Psychosocial			
Depression Screen	<input type="checkbox"/> intake	<input type="checkbox"/> 28 weeks	<input type="checkbox"/> Postpartum
SAFE Home Screen	<input type="checkbox"/> intake	<input type="checkbox"/> 24 weeks	<input type="checkbox"/> 32 weeks
IPV Screening			

Vaccinations			
Flu		TDAP	
RhoGam		COVID	
RSV			

Plans				
L&D Requests/Birth Plan				
Feeding	<input type="checkbox"/> Breast	<input type="checkbox"/> Formula		
Circumcision	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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>