

Obstetrical Health Maintenance

Uterine Contractions Self-Monitoring System

Name: _____

Due date: _____

Month: _____

Sign	Date of Month																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1. Pelvic pressure																															
2. Low backache																															
3. Abdomen knots up like a ball																															
4. Cramps or contractions																															
5. Vaginal bleeding																															
6. Vaginal discharge (2W)*																															
7. Generally not feeling right (+ or -)																															
Is today the same as yesterday? (Y or N)																															
Total score																															

* Use Vaginal Discharge Recording System from your CREIGHTON MODEL FertilityCare™ System

Prepared by
Pope Paul VI Institute
for the Study of Human Reproduction
 2004

0 = not present (absent) +1 = occasional or irregular +2 = more regular, more intense +3 = rhythmic (come and go), stronger
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