

Pregnancy Blood Pressure Log

Mother's Information

- Name: _____
- Gestational Age: _____
- Physician: _____

Tracking Table

Date	Time	Systolic (mmHg)	Diastolic (mmHg)	Pulse (BPM)	Fetal Movement (Yes/No)	Notes
YYYY-MM-DD	HH:MM					
YYYY-MM-DD	HH:MM					

Weekly Observations:

Week	Average BP (Systolic/Diastolic)	Symptoms	Comments or Actions Taken
Week 1			
Week 2			

Important Notes:

1. Ensure readings are consistent by taking measurements at the same time daily.
2. Consult a healthcare provider if systolic >140 mmHg or diastolic >90 mmHg.
3. Report symptoms like swelling, headaches, or vision changes immediately.