### horizontal line**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.