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## Kick Count Chart

### 30 day fetal movement record

**Instructions:** Before you start, have a snack and empty your bladder. Write your start time and stop time. Mark an X in the box every time you feel a fetal movement. Stop when you reach 10 movements. Call the office (757)595-9905 if you do not feel at least 4 movements in one hour. Please bring this form with you to every office visit.

1	Start Time:							16	Start Time:								
	Stop Time:								Stop Time:								
2	Start Time:							17	Start Time:								
	Stop Time:								Stop Time:								
3	Start Time:							18	Start Time:								
	Stop Time:								Stop Time:								
4	Start Time:							19	Start Time:								
	Stop Time:								Stop Time:								
5	Start Time:							20	Start Time:								
	Stop Time:								Stop Time:								
6	Start Time:							21	Start Time:								
	Stop Time:								Stop Time:								
7	Start Time:							22	Start Time:								
	Stop Time:								Stop Time:								
8	Start Time:							23	Start Time:								
	Stop Time:								Stop Time:								
9	Start Time:							24	Start Time:								
	Stop Time:								Stop Time:								
10	Start Time:							25	Start Time:								
	Stop Time:								Stop Time:								
11	Start Time:							26	Start Time:								
	Stop Time:								Stop Time:								
12	Start Time:							27	Start Time:								
	Stop Time:								Stop Time:								
13	Start Time:							28	Start Time:								
	Stop Time:								Stop Time:								
14	Start Time:							29	Start Time:								
	Stop Time:								Stop Time:								
15	Start Time:							30	Start Time:								
	Stop Time:								Stop Time:								



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"...the joy of the Lord is your strength." — Nehemiah 8:10