

Count The Kicks

Fetal Kick Counting chart



Mother's Name: _____ DOB: _____

Due Date: _____

Pregnancy Week:

Week: _____	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time	:	:	:	:	:	:	:
End Time	:	:	:	:	:	:	:
Time Duration							
# of Kicks							

Week: _____	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time	:	:	:	:	:	:	:
End Time	:	:	:	:	:	:	:
Time Duration							
# of Kicks							

Week: _____	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time	:	:	:	:	:	:	:
End Time	:	:	:	:	:	:	:
Time Duration							
# of Kicks							

Week: _____	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time	:	:	:	:	:	:	:
End Time	:	:	:	:	:	:	:
Time Duration							
# of Kicks							

Pick a time each day to count 10 kicks. Count the twist, jabs, pokes, and flicks. Once you feel 10 check the clock. If it took two hours or more, call your provider.