



Pregnancy Journal Planner

Year

Year

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SO MANY FIRSTS



FIRST TIME WE HEARD YOUR HEARTBEAT:

FIRST TIME I FELT YOU MOVE:

FIRST TIME I FELT YOU HICCUP:

FIRST DAY I WORE MATERNITY CLOTHES:

FIRST TIME DADDY FELT YOU KICK:

FIRST BOY NAME CHOICE:

FIRST GIRL NAME CHOICE:

FIRST BABY PURCHASE:

GETTING READY FOR YOU



DATE: _____

HOW THE NURSES IS LOOKING

OTHER WAYS ARE PREPARING FOR YOU

WELCOME BABY



YOUR NAME:

DATE & TIME OF BIRTH:

PLACE OF BIRTH:

WEIGHT & LENGTH:

EYE COLOR:

HAIR COLOR:

LOVED ONES PRESENT:

SPECIAL MEMORIES:



Thank
you