

# Patient-Centered Obstetric Care Plan

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

## 1. Patient Information

- Age: [Insert Age]
- Due Date: [Insert Due Date]
- Medical History: [Insert Relevant Medical History]

## 2. Goals of Care

- To ensure a healthy pregnancy and delivery.
- To provide education on prenatal nutrition and wellness.
- To support emotional well-being throughout the pregnancy.

## 3. Care Plan Components

### A. Prenatal Visits

Schedule regular prenatal check-ups: [Insert Schedule]

### B. Nutrition and Exercise

Nutrition Plan: [Insert Guidelines]

Exercise Recommendations: [Insert Recommendations]

### C. Education and Support

Classes Offered: [List Classes]

Support Groups: [List Support Groups]

## 4. Patient Concerns and Preferences

[Insert any patient-specific concerns or preferences]

## **5. Next Steps**

Review care plan in the next appointment scheduled on [Insert Date].

## **6. Contact Information**

Primary Care Provider: [Insert Provider Name]

Email: [Insert Email]

Phone: [Insert Phone Number]

Thank you for trusting us with your care. We are here to support you through your pregnancy journey!