

Maternity Care Schedule for Expectant Mothers

Date: [Insert Date]

Dear [Expectant Mother's Name],

We are excited to share your maternity care schedule as you prepare for the arrival of your little one. Please find below the important dates and appointments:

1st Trimester

- **Initial Consultation:** [Date] at [Time]
- **First Ultrasound:** [Date] at [Time]
- **Blood Tests:** [Date] during office hours

2nd Trimester

- **Routine Check-Up:** [Date] at [Time]
- **Anatomy Ultrasound:** [Date] at [Time]
- **Glucose Screening:** [Date] at [Time]

3rd Trimester

- **Monthly Check-Up:** [Date] at [Time]
- **Pre-Registration for Hospital:** [Date] at [Time]
- **Final Check-Up:** [Date] at [Time]

Please remember to bring your health records and any questions you may have to each appointment. We are here to support you throughout this journey.

If you have any concerns or need to reschedule, feel free to contact us at [Contact Information].

Wishing you a healthy and joyful pregnancy!

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Hospital]