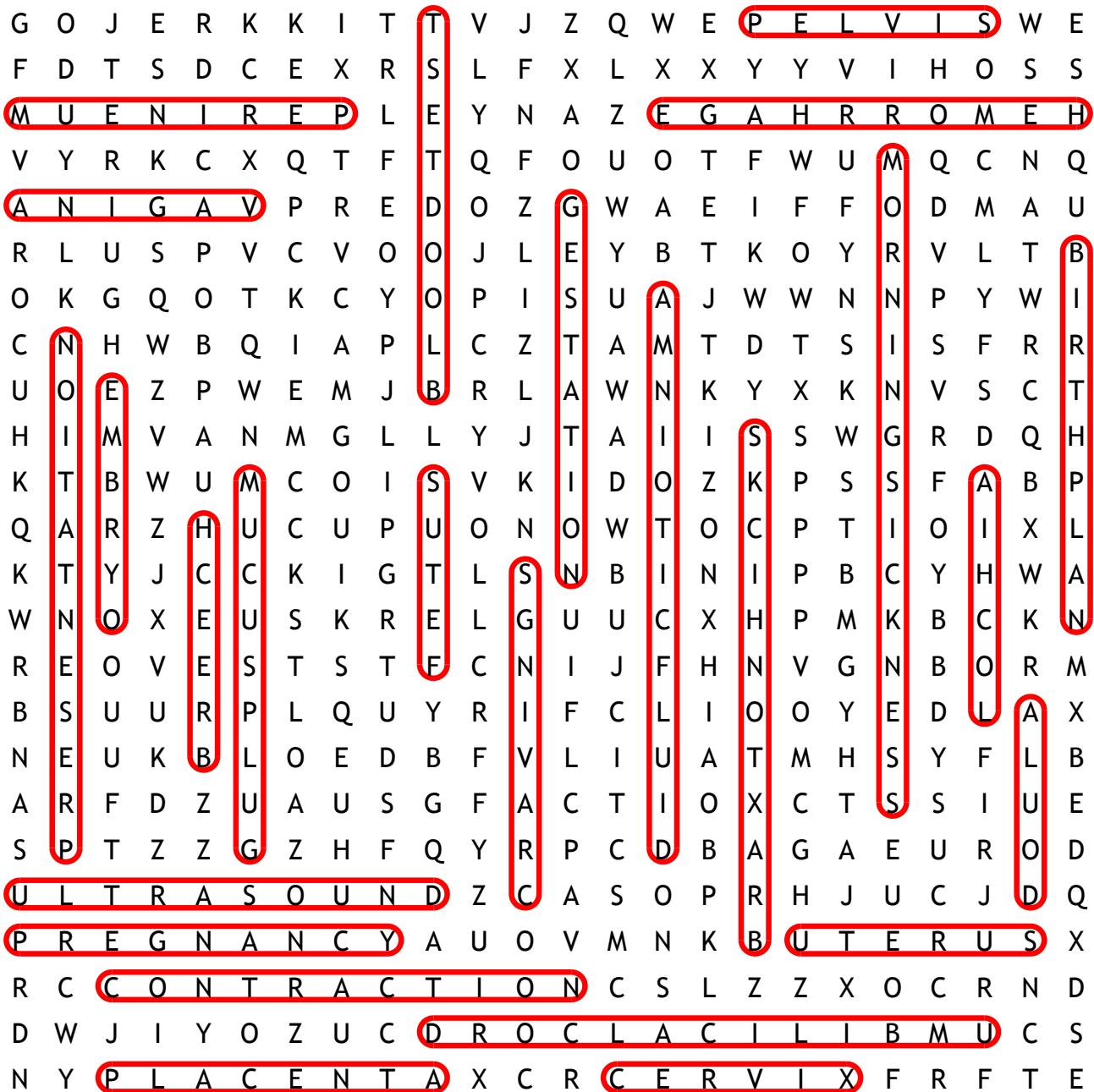


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# CBE Session 1: Pregnancy



Morning Sickness  
Presentation  
Blood Test  
Perineum  
Pelvis  
Lochia  
Fetus

Amniotic Fluid  
Contraction  
Mucus Plug  
Pregnancy  
Breech  
Uterus

Umbilical Cord  
Hemorrhage  
Ultrasound  
Cravings  
Cervix  
Vagina

Braxton Hicks  
Birth Plan  
Gestation  
Placenta  
Embryo  
Doula