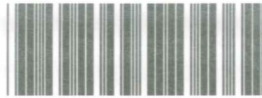


OBSTETRICAL FILE



DT9033

COMPLEMENTARY EXAMINATIONS, RISK FACTORS AND TREATMENT PLAN

Family name at birth	Given name(s)
Health Insurance Number	
Address	

COMPLEMENTARY EXAMINATIONS																
Hb	Y	Date M D	Y	Date M D	Y	Date M D	Mother's type and Rh factor	Antibodies	Y	M	D					
Father's type and Rh factor	D antigen immunoglobulin at 28 weeks			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date	Y	M	D							
Glycemia	on an empty stomach		post 50 g		Induced hyperglycemia	Urine (analysis and culture)										
Rubella	Serology: Positive <input type="checkbox"/> Negative <input type="checkbox"/>		Y	Date M D	HB _s FA	+ <input type="checkbox"/> - <input type="checkbox"/>		Beginning of pregnancy	Y	M	D	+ <input type="checkbox"/> - <input type="checkbox"/>	Control	Y	M	D
Anti HIV antibodies	STD			VDRL												
Ultrasound	Date	Y	M	D	Clinical age	Ultrasound age	Placenta	Amniocentesis: Yes <input type="checkbox"/> No <input type="checkbox"/>		Results: _____						
Other tests																

RISK FACTORS AND TREATMENT PLAN	
Risk factors (description)	Plan (recommendations, management, etc.)
Preterm labour - uterine anomalies - previous premature labour or delivery - multiple pregnancy - infection - incompetent cervix - short or dilated cervix - ergonomic risk	
Late intrauterine growth - previous low-weight baby - small size (< 1.50 m) - pregravidic weight < 45 kg - weight gain < 8 kg at term - underprivileged socioeconomic status - cigarette smoking - medical condition (diabetes, HBP)	
Hypertension	
Diabetes	
Maternal age Adolescent Advanced	
Congenital anomalies	
Rubella vaccine to be given postpartum: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Imprimé sur du papier recyclé

OBSTETRICAL FILE



DT9033

**COMPLEMENTARY EXAMINATIONS,
RISK FACTORS AND TREATMENT PLAN**

Family name at birth	Given name(s)
Health Insurance Number	
Address	

COMPLEMENTARY EXAMINATIONS										
Hb	Y	Date	M	D	Y	Date	M	D	Mother's type and Rh factor	Antibodies
Father's type and Rh factor		D antigen immunoglobulin at 28 weeks			<input type="checkbox"/> Yes <input type="checkbox"/> No		Date			Y M D
Glycemia		on an empty stomach		post 50 g		Induced hyperglycemia		Urine (analysis and culture)		
Rubella		Serology: Positive <input type="checkbox"/> Negative <input type="checkbox"/>		Y	Date	M	D	HB _s FA		+ <input type="checkbox"/> - <input type="checkbox"/>
Anti HIV antibodies		STD		VDRL		Beginning of pregnancy		Control		
Ultrasound		Date	Y	M	D	Clinical age	Ultrasound age	Placenta		Amniocentesis: Yes <input type="checkbox"/> No <input type="checkbox"/>
Other tests		Results: _____								

RISK FACTORS AND TREATMENT PLAN	
Risk factors (description)	Plan (recommendations, management, etc.)
Preterm labour - uterine anomalies - previous premature labour or delivery - multiple pregnancy - infection - incompetent cervix - short or dilated cervix - ergonomic risk	
Late intrauterine growth - previous low-weight baby - small size (< 1.50 m) - pregravidic weight < 45 kg - weight gain < 8 kg at term - underprivileged socioeconomic status - cigarette smoking - medical condition (diabetes, HBP)	
Hypertension	
Diabetes	
Maternal age Adolescent Advanced	
Congenital anomalies	
_____ _____ _____	
Rubella vaccine to be given postpartum: Yes <input type="checkbox"/> No <input type="checkbox"/>	3

Imprimé sur du papier recyclé