

**OBSTETRICAL FILE  
MEDICAL OBSERVATIONS,  
RISK FACTORS  
AND TREATMENT PLAN**



DT9116

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

PHYSICAL EXAM						
Height	Weight before pregnancy (mass)	Current weight (mass)	BMI	Blood pressure	Thyroid	
m	kg	kg				
Neck	Heart		Lungs			
Breasts	Abdomen	Lower limbs	Perineum			
Vagina	Cervix	Uterus	Adnexa			
Cytology tests done	<input type="checkbox"/> No <input type="checkbox"/> Yes	STBBI screening:	<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Chlamydia	Correspondence between uterine volume and age of pregnancy	
Particularities						

RISK FACTORS AND TREATMENT PLAN	
Risk factors (description)	Plan (recommendations, management, etc.)
<b>Preterm labour</b> - uterine anomalies - incompetent cervix - previous premature labour or delivery - short or dilated cervix - infection - multiple pregnancy - ergonomic risk - other: _____	
<b>Restricted intrauterine growth</b> - previous - medical condition (diabetes, HBP) - small size (< 1.50 m) - low-weight baby - weight gain < 8 kg at term - pregravidic weight < 45 kg - cigarette smoking - underprivileged socioecono. status - other: _____	
<b>Hypertension</b>	
<b>Diabetes</b>	
<b>Maternal age</b> Adolescent Advanced	
<b>Congenital anomalies</b>	
<b>Presence of STBBI</b> <b>Presence of STBBI risk factors</b> Need for repeat screening Need for risk-reduction counseling	
<b>Pregnancy after <i>in vitro</i> fertilization</b> <b>Fertility treatments, etc.</b>	
<b>VBAC</b>	

Signature \_\_\_\_\_ Date 

Year	Month	Day

INFORMATION SENT Leaflet on Québec's Neonatal Blood and Urine Screening Program