

**OBSTETRICAL FILE
COMPLEMENTARY
EXAMINATIONS**



DT9033

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

--

COMPLEMENTARY EXAMINATIONS

Hb	Date (Y, M, D)	Date (Y, M, D)	TSH
Glycemia	fasting	post 50 g	post 75 g
Mother's type and Rh factor	Antibodies	WinRho	Date (Y, M, D) Date (Y, M, D)
STBBI screening	<input type="checkbox"/> Gonorrhea <input type="checkbox"/> Chlamydia	HBsAg: <input type="checkbox"/> + <input type="checkbox"/> -	Syphilis: <input type="checkbox"/> + <input type="checkbox"/> - HIV: <input type="checkbox"/> + <input type="checkbox"/> -
Immunity Serology	Rubella: <input type="checkbox"/> + <input type="checkbox"/> -	Parvo B-19	Chicken pox Toxo
T21 screening	Nuchal translucency	Risk according to	PQDP21 Other
Ultrasound			Amniocentesis
Date (Y, M, D)	Clinical age	Ultrasound age	Placenta
Vaccination	PP rubella: <input type="checkbox"/> Yes <input type="checkbox"/> No	PP chicken pox: <input type="checkbox"/> Yes <input type="checkbox"/> No	Influenza: <input type="checkbox"/> Yes <input type="checkbox"/> No

POSSIBLE DISCUSSION TOPICS

Genetic advice <input type="checkbox"/>	Hospital routine <input type="checkbox"/>	Anesthesia/pain relief <input type="checkbox"/>	Hospital stay (mother – newborn) <input type="checkbox"/>
Travel <input type="checkbox"/>	Birthing coach <input type="checkbox"/>	Vacuum extractor, forceps <input type="checkbox"/>	Cohabitation <input type="checkbox"/>
Sexual activity <input type="checkbox"/>	Birthing room <input type="checkbox"/>	Episiotomy <input type="checkbox"/>	Nursing <input type="checkbox"/>
Exercise, sports <input type="checkbox"/>	Supervision during labour <input type="checkbox"/>	Perineal massage <input type="checkbox"/>	Circumcision <input type="checkbox"/>
Prenatal classes <input type="checkbox"/>	Monitoring <input type="checkbox"/>	Caesarean birth <input type="checkbox"/>	Contraception <input type="checkbox"/>
Medical availability <input type="checkbox"/>	Worries, fears <input type="checkbox"/>	Delivery position and techniques <input type="checkbox"/>	Financial resources <input type="checkbox"/>
Nutrition <input type="checkbox"/>	STBBI risks <input type="checkbox"/>	Neonatal blood and urine screening <input type="checkbox"/>	Resources at home <input type="checkbox"/>
Conjugal violence <input type="checkbox"/>			

Comments

--