

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



DT9116

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

**PHYSICAL EXAM**

Height m	Weight before pregnancy (mass) kg	Current weight (mass) kg	BMI	Blood pressure	Thyroid
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"/> Gonorrhoea <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 

--	--	--	--	--	--	--	--	--	--

INFORMATION SENT Leaflet on Québec's Neonatal Blood and Urine Screening Program 2