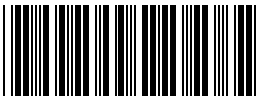
OBSTETRICAL FILE
COMPLEMENTARY EXAMINATIONS


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		**Urine**		
Mother's type and Rh factor		Antibodies			**WinRho**	Date (Y, M, D)	Date (Y, M, D)
STBBI screening	☐ Gonorrhea	☐ Chlamydia	HBsAg: ☐ + ☐ –	Syphillis: ☐ + ☐ –	HIV: ☐ + ☐ –		
Immunity Serology	Rubella: ☐ + ☐ –	Parvo B-19	Chicken pox	Toxo			
T21 screening	Nuchal translucency	**Risk according to**	PQDP21	Other			

Ultrasound

Date (Y, M, D)	Clinical age	Ultrasound age	Placenta	

Amniocentesis

☐ Yes ☐ No Results:

Vaccination	PP rubella: ☐ Yes ☐ No	PP chicken pox: ☐ Yes ☐ No	Influenza: ☐ Yes ☐ No

POSSIBLE DISCUSSION TOPICS

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

Comments