OBSTETRICAL FILE COMPLEMENTARY EXAMINATIONS



| Family name at birth | Given name(s) | | | | | | |
|-------------------------|---------------|--|--|--|--|--|--|
| | | | | | | | |
| Health Insurance Number | | | | | | | |
| Address | | | | | | | |
| Address | | | | | | | |
| | | | | | | | |
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| COMPLEM | IENTA | RY EXAM | IINATIO | ONS | | | | | | | | | |
|-----------------------------|--|---|----------|------------------|--|---------------|--------------|--|--------|----------------|------|---|-----|
| Date (Y, | | | | Date (Y, M, D | | ate (Y, M, D) | TOU | | | | | | |
| Hb | | | | | | | | TSH | | | | | |
| Glycemia | fasting | | ost 50 g | po | ost 75 g | ı | ı | | Urine | | | | |
| Mother's type and Rh factor | | | | Antibodies | 5 | | 1 | | WinRho | Date (Y, M, D) | | Date (Y, M, D) | 1 |
| STBBI screening | | Gonorrhea C | | lamydia | HBsAg: | | + | Syphillis: | _ + | | HIV: | _ + _ |] – |
| Immunity Serology | Rube | |] + | □ - | Parvo B-19 | | Chicken pox | Toxo |) | | | | |
| T21 screening | Nuchal translucency Risk | | | ding to | PQDP21 | | Other | | | | | | |
| Ultrasound | | | | | | | | | An | nniocentesis | | | |
| Date (Y, M, D) | | Clinical age | | Ultrasound | d age | Placenta | a | | | Yes [| ☐ No | Results: | |
| Vaccination | Р | P rubella: | | Yes | ☐ No | PP | chicken pox: | Yes | ☐ No | Influenza | a: [| Yes | No |
| POSSIBLE | DISC | USSION ' | TOPICS | S | | | | | | | | | |
| I Me | Sexual a Exercise, Prenatal c edical avai | Travel activity sports lasses lability utrition | S | B Supervision | espital routine Birthing coach Birthing room during labour Monitoring Worries, fears STBBI risks | | Delivery | Anesthesia/pai /acuum extractor, f Epis Perineal ma Caesarea / position and tech | orceps | Hospi | Fina | ther – newborn) Cohabitation Nursing Circumcision Contraception ancial resources sources at home | |
| | | | | | | | | | | | | | |
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