



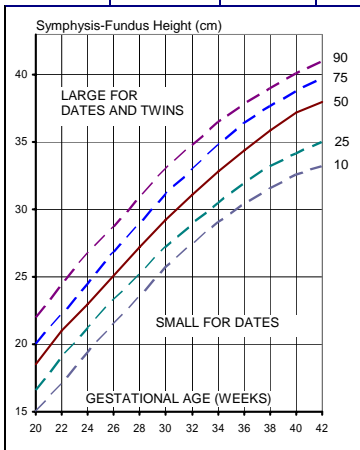
Patient's Last Name		Patient's First Name	
Birth attendant		Newborn care	
Family Physician		Final EDB	Allergies or Sensitivities
G	T		
			L
		Medications / Herbals	

Identified Risk Factors	Plan of Management

**Recommended Immunoprophylaxis**

Rh neg.  Rh IG Given: YYYY/MM/DD Rubella booster postpartum  Newborn needs: Hep B IG  Hep B vaccine

Subsequent Visits								
Date	GA (weeks)	Weight.	B.P.	Urine Prot.	SFH	Pres. Posn.	FHR/ FM	Comments
								IPS, FTS, NT best done between 11w0d and 13w6d
								MSS best done between 15w0d and 17w6d
								Ultrasound for fetal anatomy best done between 18 and 20 weeks
								Antenatal 1 to L&D when final EDB known and Initial Laboratory Investigations complete
								Arrange for Prenatal Education Classes
								24-28 week blood work with 1 hr. GCT
								Rh Immunoprophylaxis at 28 weeks
								Group B Strep. screening best done between 35 and 37 weeks
								Antenatal 2 to be sent to Labour and Delivery
								Review Labour and Delivery plans:
								-pain management in labour
								-admission and discharge timing
								-postpartum contraception



Ultrasound			Additional Lab Investigations	
Date	GA	Result	Test	Result
		Dating scan (if done)	Hb	
		18-20 weeks for morphology	ABO/Rh	
			Repeat ABS	
			1 hr. GCT	
			2 hr. GTT	
			GBS	

Discussion Topics		
<input type="checkbox"/> Exercise	<input type="checkbox"/> Preterm labour	<input type="checkbox"/> Breastfeeding
<input type="checkbox"/> Work plan	<input type="checkbox"/> PROM	<input type="checkbox"/> Circumcision
<input type="checkbox"/> Intercourse	<input type="checkbox"/> APH	<input type="checkbox"/> Discharge planning
<input type="checkbox"/> Travel	<input type="checkbox"/> Fetal movement	<input type="checkbox"/> Car seat safety
<input type="checkbox"/> Prenatal classes	<input type="checkbox"/> Admission timing	<input type="checkbox"/> Depression
<input type="checkbox"/> Birth plans	<input type="checkbox"/> Pain management	<input type="checkbox"/> Contraception
<input type="checkbox"/> On call providers	<input type="checkbox"/> Labour support	<input type="checkbox"/> Postpartum care

Signature	Date	Signature	Date
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# Postnatal Visit

No of weeks postpartum	Date (YYYY/MM/DD)
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## History

Review of birth	<input type="checkbox"/> Vaginal	<input type="checkbox"/> Operative	<input type="checkbox"/> Cesarean
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Baby's Health / Concerns	Baby's Name
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Breastfeeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Breastfeeding concerns
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Bladder function	Lochia / Menses
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Bowel function	Perineal discomfort
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Rubella immune	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Vaccinated	Smoking history
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Pap smear status
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## Physical Examination

Weight	lb / kg	B.P.	mm Hg
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Affect	Thyroid
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Breast exam
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Abdomen
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Perineum
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Pelvic exam
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## Discussion Topics

Emotional problems / depression
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Preconceptual folate to begin prior to next pregnancy
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Contraception
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Sexual / Relationship concerns
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Social support
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Family violence
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Follow-up and advice re: future pregnancies and risks
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<i>Signature of physician or midwife</i>
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