



Patient's Last Name		Patient's First Name						
Birth attendant		Newborn care						
Family Physician		Final EDB	Allergies or Sensitivities	Medications / Herbals				
G	T				P	A	L	
Identified Risk Factors		Plan of Management						
Recommended Immunoprophylaxis								
Rh neg. <input type="checkbox"/>		Rh IG Given: YYYY/MM/DD		Rubella booster postpartum <input type="checkbox"/>	Newborn needs: Hep B IG <input type="checkbox"/>	Hep B vaccine <input type="checkbox"/>		
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	
Discussion Topics			2 hr. GTT	
<input type="checkbox"/> Exercise			GBS	
<input type="checkbox"/> Work plan				
<input type="checkbox"/> Intercourse				
<input type="checkbox"/> Travel				
<input type="checkbox"/> Prenatal classes				
<input type="checkbox"/> Birth plans				
<input type="checkbox"/> On call providers				
<input type="checkbox"/> Preterm labour				
<input type="checkbox"/> PROM				
<input type="checkbox"/> APH				
<input type="checkbox"/> Fetal movement				
<input type="checkbox"/> Admission timing				
<input type="checkbox"/> Pain management				
<input type="checkbox"/> Labour support				
<input type="checkbox"/> Breastfeeding				
<input type="checkbox"/> Circumcision				
<input type="checkbox"/> Discharge planning				
<input type="checkbox"/> Car seat safety				
<input type="checkbox"/> Depression				
<input type="checkbox"/> Contraception				
<input type="checkbox"/> Postpartum care				

Signature	Date	Signature	Date
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