Ontario

Ministry of Health and Long-Term Care

Ontario Perinatal Record 3

Last Name	First Name
Planned Birth Attendant	

Newborn Care Provider In Hospital In Community	Allergies or Sensitivities (include reaction)
Family Physician/Primary Care Provider	Medications (include Rx/OTC, complementary/alternative/vitamins, include dosage)

G	T	P	A	L	S	**Final EDB** YYYY/MM/DD

Issues (abnormal results, medical/social problems)	**Plan of Management / Medication Change / Consultations**

Special Circumstances

Low dose ASA indicated ☐ Progesterone indicated (PTB Prevention) ☐ HSV supression indicated ☐

Social (e.g. child protection, adoption, surrogacy)

GBS

Rectovaginal swab ☐ pos ☐ neg

Other indications for prophylaxis ☐ Y ☐ N

Recommended Immunoprophylaxis

Rh(D) neg ☐ Rh(D) IG given YYYY/MM/DD Additional dose given YYYY/MM/DD	InÀ uenza Discussed ☐ ☐ Received ☐ Declined	Pertussis Discussed ☐ Up-to-date ☐ Y ☐ N Year _____ Received ☐ Declined ☐	Post-partum vaccines discussed ☐ Rubella ☐ Other _____	Newborn needs ☐ Hep B prophylaxis ☐ HIV prophylaxis

Pre-pregnancy Wt _____ **kg** **BMI** _____

Subsequent Visits

Date	GA (wks/days)	Weight (kg)	BP	Urine Prot.	SFH	Pres.	FHR	FM	Comments	Next Visit	Initial(s)
YY/MM/DD											
YY/MM/DD											
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Discussion Topics

1st Trimester	2nd Trimester	3rd Trimester
☐ Nausea / Vomiting	☐ Prenatal classes	☐ Fetal movement ☐ Work plan / Maternity leave
☐ Routine prenatal care /Emergency contact /On call providers	☐ Preterm labour	☐ Birth plan: pain management, labour support
☐ Safety: food, medication, environment, infections, pets	☐ PROM	☐ Type of birth, potential interventions, VBAC plan
☐ Healthy weight gain ☐ Breastfeeding	☐ Bleeding	☐ Admission timing ☐ Mental health
☐ Physical activity ☐ Travel	☐ Fetal movement	☐ Breastfeeding and support ☐ Contraception
☐ Seatbelt use ☐ Quality information sources	☐ Mental health	☐ Newborn care / Screening tests / Circumcision / Follow-up appt.
☐ Sexual activity ☐ VBAC counseling	☐ VBAC consent	☐ Discharge planning / Car seat safety ☐ Postpartum care

Comments

Approx 36 wks: Copy of OPR 2 (updated) & OPR 3 to hospital ☐ and/or to pt/client ☐

1. Name / Initials	2. Name / Initials	3. Name / Initials	4. Name / Initials	5. Name / Initials

