



Antenatal Record 2

Ministry of Health and Long-Term Care
In conjunction with the
Ontario Medical Association

Name: **BRIGITTE BOIRE**

Address:

Birth attendants: **O. BROWN** Newborn care: **Dr. GENERAL**

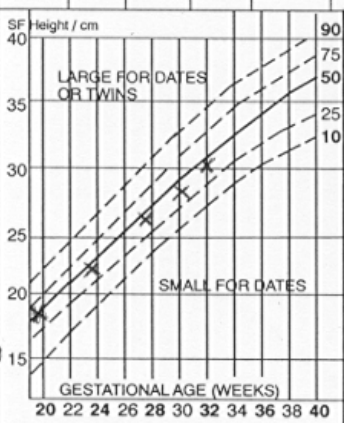
Summary of Risk Factors, Allergies, and Medications

Risk Factors	Allergies	Medications
Alcohol Social	None known	None Folic Acid 05/18 Materna 05/18

Final EDB (yyyy/mm/dd) 2001.11.30	IG	I	ST	O	P	O	TA	O	IL	O	Hb	110	MCV	96	MSS	Neg
Pre-preg wt. 110	Rubella Immune	Imm	HBs Ag	Neg	VDRB	Neg	Blood group	A	Rh type	Pos	Antibodies	No	PHG S22	1/4		

Subsequent Visits

Date	G-age wk.	S-F HL	WT (lb/kg)	Presn Posn	FHR/FM	Urine Pr	GI	B.P.	Comments
01/05/18	12	preg	115	—		N	N	105/60	Generally well. Nausea gone. folic lmg OD Drinks Beer 3-4/day. Reviewed alcohol/preg Return to clinic 4/52 - OB
01/6/15	16	app	117	—	150/6	N	N	100/58	Well. Social work referral NCV 4/52-OB
01/7/13	20	19	118	—	146/√	N	N	102/64	To "New Choices". Trying to cut back - 4/52-OB
01/8/10	24	22 1/2	119	—	150/√	N	N	104/64	Slow wt gain. To dietician - 4/52 OB
01/9/7	28	27	119	ceph	144/√	N	N	105/62	Drinking less, not every day, no bringing-OB Rebooked - OB
01/9/21	30								
01/9/28	31	28	121	ceph	140/√	N	N	110/60	Well. Had URTI. Reviewed preterm labour-OB
01/10/12	33	31	122	ceph	144/√	tr	N	119/62	Well. RTC 2/52 - OB



Date	GA	Result
01/7/0	19	=dates Anatomy NAD Placenta clear
01/9/17	29+	=dates EFW = 1250 gm

Selected tests	Result
1. Pap	NAD
2. GC/Chlamydia	Neg
3. HIV	Neg
4. B. vaginosis	Neg
5. Group B strep	Neg
6. Urine culture	Neg
7. Sickie dex	n/a
8. Hb electro	n/a
9. Amnio/CVS	n/a
10. Glucose screen	—
11. Other	

Comments:
Prenatal Classes to start in September
Hospital Registration ✓

Referral Plan <input type="checkbox"/> Obstetrician <input type="checkbox"/> Pediatrician <input type="checkbox"/> Anesthesiologist <input checked="" type="checkbox"/> Social worker <input checked="" type="checkbox"/> Dietitian <input type="checkbox"/> Other	Discussion Topics <input checked="" type="checkbox"/> Drug use <input checked="" type="checkbox"/> Smoking <input checked="" type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Exercise <input checked="" type="checkbox"/> Work plan to Nov/16 <input checked="" type="checkbox"/> Intercourse <input checked="" type="checkbox"/> Dental care <input checked="" type="checkbox"/> Travel <input checked="" type="checkbox"/> Prenatal classes yes <input checked="" type="checkbox"/> Breast feeding yes <input checked="" type="checkbox"/> Birth plan <input checked="" type="checkbox"/> Preterm labour <input checked="" type="checkbox"/> PROM <input checked="" type="checkbox"/> Fetal movement <input checked="" type="checkbox"/> Admission timing <input checked="" type="checkbox"/> Labour support/trial <input checked="" type="checkbox"/> Pain management <input checked="" type="checkbox"/> Depression <input checked="" type="checkbox"/> Circumcision <input checked="" type="checkbox"/> Car safety <input checked="" type="checkbox"/> Contraception <input type="checkbox"/> On call
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Signature of attendant: **Orville Brown MD** Date (yyyy/mm/dd): **2001/05/18**