

WHEN TO CALL YOUR MIDWIFE - PREGNANCY

To page the midwife on call : 1-778-760-2886

In Pregnancy: Situations requiring an immediate call to the midwife

- Persistent and excessive vomiting
- Vaginal bleeding
- Severe pelvic or abdominal pain that is unrelieved by rest, a warm bath or a hot water bottle/heating pad
- Continuing episodes of dizziness, fainting or disorientation
- Difficulty or burning pain with urinating
- Persistent and severe mid-back pain
- Sudden or unusual swelling of hands and face
- Severe frontal headache
- Blurred or distorted vision, persisting for several hours
- Epigastric (mid-chest - between the ribs) pain
- Initial outbreak of blisters in the perineal or anal area during first trimester
- Rupture of membranes - gush or persistent leaking of clear fluid from the vagina before 37 weeks
- Regular progressively painful uterine contractions before 37 weeks
- Fever: 38 degrees or more on two occasions 4 hours apart
- Any other urgent situations of concern

CHANGES IN PATTERN OF FETAL MOVEMENT

Contact the midwife if there is a **noticeable** change in your baby's pattern of movement. This could be a noticeable decrease; no movement over several hours or no response to stimulation. If you have concerns regarding fetal movements, have something to eat and drink, then rest and count fetal movements over a two hour period. Six movements in a two hour period are considered normal. Toward the end of pregnancy babies have longer sleep cycles and their movements often become slower and more rolling and stretching than rapid kicks.

WHEN TO CALL YOUR MIDWIFE - EARLY LABOUR

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Signs labour may be starting soon:

- Loss of mucous plug or "show" which is bloody-tinged mucous
- Menstrual-like cramps
- Frequent soft, loose bowel movements
- Backache that comes and goes in a fairly regular pattern
- Irregular contractions, these contractions may vary in length

These are not urgent signs. One of these signs by itself may not be indicative of labour starting soon. There are usually two or three of these signs occurring at the same time. It is not necessary to contact us about these signs with a "heads up" call in early labour, as we are always prepared for our clients.

Early labour may take 24-48 hours to become "active-labour". Early labour often involves periods of contractions that can become regular for a while then will decrease in frequency and strength. A hot bath or a good walk may resolve these "prelabour" contractions. This pattern may occur over several days especially if it is your second (or 3+) baby. It is your body's way of preparing for labour. Some contractions may feel quite strong but if they do not get longer and strong and continue in a regular pattern then you are not in established labour.

Do not wear yourself out in early labour. Any rest you can get will benefit you during labour. Early labour is about the cervix becoming soft, shortened and thin. Active labour is about the cervix dilating. Be patient and do not be anxious. Babies need active, well established labour contractions to come out.

Tips for relaxing and sleeping in early labour.

- If any of these occur during the night try to get some sleep, stay in bed!
- Have a warm bath, dim the lights, light candles, have a glass of wine
- Have a glass of hot milk, a calcium magnesium supplement, tea
- Try Gravol: 50-100mg (1-2 tablets) takes the edge off and helps you drift off between contractions

- Use relaxation techniques; breath deeply, consciously relax all your muscles and then do it all over again at least seven times
- Use a heating pad or warm pack (heat in the microwave) on your lower belly or back
- Meditate, visualize resting then waking up refreshed in labour, hypnobirthing techniques, use your own spiritual practice such as prayer
- Do not call people and tell them you think you are in labour
- Listen to relaxing music
- As much as possible try to ignore these early labour contractions - do not think about how much stronger they are going to get or how many hours of labour are ahead. Stay in the now and remember babies always come out!

Early labour during the day

- Make sure you eat and drink
- Ignore your contractions until you cannot talk through them
- Start or work on a project; bake something, crafts, a jigsaw puzzle, scrapbooking, play scrabble, or watch a funny movie
- Have a nap
- Go for a long walk - especially out in nature

IF YOUR WATERS BREAK...

...you have a large gush of fluid or persistent leaking and

ALL OF THE FOLLOWING APPLY

- The fluid is clear,
- The midwife has told you head is well down,
- Your baby is active and moving normally,
- you are **GBS NEGATIVE**,
- you are 37 weeks or over,
- You are not in active labour,
- It is during the night

You can put on a pad, go back to bed, and call us in the morning, unless we have given you other instructions

If your waters break...you have large gush of fluid or persistent leaking and ANY OF THE FOLLOWING APPLY: PAGE IMMEDIATELY

- You are **GBS Positive**
- The fluid is brown, green or very bloody
- The fluid has a unusual or unpleasant odour
- You develop a fever (over 38 degrees) and feel unwell
- You are less than 37 weeks pregnant
- You are having regular, strong contractions
- The baby is not moving normally

INSTRUCTIONS ONCE THE WATERS HAVE BROKEN

- Do not put anything inside the vagina: fingers, tampon...etc.
- Do not have intercourse
- Change any pad you are wearing every two hours
- Do not have a bath until you are in active labour, showers are OK
- Take your temperature every four hours while you are awake, page the midwife immediately if it is over 38 ° C or 100.4 ° F

If you feel something in the vagina, see something at the entrance of the vagina, or something is hanging outside of the vagina: get in a knee chest position on the floor and page the midwife immediately. If you are sure it is the umbilical cord, call 911, then page the midwife.

WHEN TO CALL YOUR MIDWIFE - ACTIVE LABOUR

To page the midwife on call: 1-778-760-2886

Key in your telephone number followed by the pound (#) sign. Ensure your number is correct and keep your line free for the return call. If you do not receive a call back within 10-15 minutes, please page again. If you do not receive a call back within 10 minutes on the second page, please page on more time then call Peace Arch Hospital Maternity Unit at 604-535-4500 ext#757273.

FIRST BABY: use the **4 - 2 - 1 rule**. When you are having a regular strong contractions occurring every 4 minutes, for over 2 hours that are lasting over 1 minute long, then page your midwife.

SECOND (or more) BABY: use the **5 - 1 - 1 rule** unless your midwife has instructed you otherwise. When you are having regular, strong contractions every 5 minutes, for 1 hour that are lasting 1 minute long, page the midwife.

If you are worried about something, or think the labour is progressing rapidly, even if it doesn't follow the 4 - 2 - 1 or 5 - 1 - 1 rules - please page the midwife.

Timing Contractions:

Contractions are timed from beginning of one contraction to the beginning of the next, noting the duration of the contraction. This will give you the frequency. For example: These contractions are approximately 4 minutes apart;

START TIME	[CONTRACTION LENGTH]
4.31	[.....60 seconds....]
4.35	[.....75 seconds....]
4.39	[.....55 seconds....]

Write down the start time of each contraction and the length of it. Time about 5-10 contractions where there is a noticeable change in the pattern or strength of contractions, or every few hours.

Do not start timing early labour contractions that you can talk through or do not have to breathe through.

WHEN TO CALL YOUR MIDWIFE - POSTPARTUM

To page the midwife on call: **1-778-760-2886**

Postpartum Situations requiring a call to the midwife:

BABY

- Difficulty waking, lethargic behaviour
- Decrease in frequency of feedings, too sleepy to nurse
- Temperature more than 37.6 °C or less than 36 °C
- Noticeable yellow colour to skin and/or sclera (whites) of eyes

MOTHER

- Any noticeable increase in postpartum bleeding
- Fever of 38 °C or more
- Any tender lumps, red patches or streaks on breasts
- Tenderness or pain in the pelvic area
- Extreme discomfort while nursing (after initial latch)
- Leg pain with or without inflammation
- Pain or swelling in the vulval/perianal area
- Fatigue or exhaustion, depression, feeling unable to cope