

# WHEN TO CALL YOUR MIDWIFE PREGNANCY

**To page the midwife on call: 604-443-1982**

**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 or a warm bath

Episodes of dizziness, fainting or disorientation

Difficulty or burning pain with urinating

Persistent and severe mid-back pain

Swelling of hands and face

Severe headache

Blurred 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

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

## **Change 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 rather than rapid kicks.

# WHEN TO CALL YOUR MIDWIFE EARLY LABOUR

**To page the midwife on call: 604-443-1982**

## 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, usually non-painful

Contractions less than 45 seconds long and more than 5 minutes apart

- 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 call us immediately but you may notify the midwife on call during the day or the clinic midwife if you have an appointment scheduled.
- 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<sup>rd</sup> +) baby. It is your body’s way of preparing for active labour. Some contractions may feel quite strong but if they do not get longer and stronger 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 some candles, have a glass of wine
- Have a glass of hot milk, a calcium magnesium supplement, calming tea
- Try Gravol: 50 – 100mg (1-2 tabs) takes the edge off and helps you drift off between contractions
- Use relaxation techniques; breathe deeply, consciously relax all your muscles and then do over again for 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
- Ask your partner for some soft, stroking massage
- Do not call people and tell them you think you are in labour
- Listen to relaxing music
- As much as possible 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, scrap-booking, play scrabble, watch a funny movie,
- Have a nap
- Go for a long walk – especially out in nature

### Heads up Calls:

**Day: (between 9 am and 9 pm)** If you are having regular contractions and think you are in labour or if your waters have broken, page the midwife on call. A heads up call can assist us in planning our day, arranging our visits etc.

**Night: (between 9pm and 9am)** We do not need a heads up call during the night and we appreciate the opportunity to sleep if we are not needed immediately. You will appreciate a fresh, well-rested midwife during your labour!. If your contractions are just beginning to become established, you are able to talk through them, and they are occurring every 5 minutes or more and lasting less than 1 minute long you do not need to call us.

## 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 the head is well down and
- 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 a large gush of fluid or persistent leaking AND ANY OF THE FOLLOWING APPLY: YOU NEED TO PAGE US RIGHT AWAY:**

- 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 two hours while you are awake, page the midwife immediately if it is over 38 degrees celsius or 100.4 fahrenheit

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: 604-443-1982**

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 one more time and then call your nearest hospital maternity unit.

**FIRST BABY:** Use the **4 – 2 – 1 rule**. When you are having regular strong contractions occurring every 4 minutes, for over 2 hours that are lasting over 1 minute long, then call the 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 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 to the beginning of the next, noting the duration of the contraction. This will give you the frequency. For example: These contractions are approximately 6 minutes apart;

START [ CONTRACTION ]	BREAK
4.31 [.....45 seconds.....]	5 minutes
4.37 [.....55 seconds.....]	5 minutes
4.43 [.....50 seconds.....]	5 minutes 10 seconds

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

Do not start timing early labour contractions that you can talk through, do not have to focus on or use breathing techniques throughout.

# WHEN TO CALL YOUR MIDWIFE POSTPARTUM

**To page the midwife on call: 604-443-1982**

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 degrees or less than 36.0 degrees

Noticeable yellow colour to skin and/or sclera (whites) of eyes

## **Mother:**

Any noticeable increase in postpartum bleeding

Any noticeable odour (foul-smelling) of your flow

Fever of 38 degrees or more

Any tender lumps, red patches or streaks on breasts

Tenderness or pain in the pelvic area that has increased since the birth

Extreme discomfort while nursing (after initial latch)

Cracked and bleeding nipples

Leg pain with or without inflammation

Pain or swelling in the vulval/perianal area

Fatigue or exhaustion, depression, feeling unable to cope