

Call the Midwife

If you have any questions or concerns that are not urgent, please use the client portal messaging system to message your midwife. You can expect a response within one to two business days. If you are not participating in the portal, please email your midwife or call the office during business hours (Monday-Friday, 9am to 5pm).

You will be given your midwife team phone numbers for urgent matters.

Please do not text your midwife with urgent concerns.

When to call your midwife during your pregnancy:

- A fever higher than 100 degrees Fahrenheit or chills
- Severe or persistent vomiting
- Severe diarrhea
- Dizziness or fainting spells
- Pain, burning, or difficulty urinating
- Vaginal bleeding
- Unusual vaginal discharge (for example, a gray or whitish discharge with a foul, fishy odor)
- Unusual swelling in your face, hands, or fingers
- Blurred vision or spots before your eyes
- Sore, cracked, or bleeding nipples
- Severe or long-lasting headaches
- Pain or cramping in your arms, legs, or chest
- Unusual or severe pelvic cramping or abdominal pain
- Difficulty breathing or worsening shortness of breath
- A decrease in your baby's movements after 28 weeks (for example, if you count fewer than 10 movements within two hours)
- Signs of premature labor:
 - Regular tightening or pain in your lower abdomen or back
 - Any bleeding in the second or third trimester
 - Fluid leaking from your vagina
 - Pressure in your pelvis or vagina

When to call in labor:

Always call your midwife as soon as your membranes rupture (water breaks). We will want to know whether you felt the baby move since your water broke, how much fluid came out, and the color and smell of the fluid.

Call us when you have regular contractions. It is usually a good idea to call when your contractions are every four minutes apart (timing from the start of one to the start of the next), lasting a minute, for an hour, but this will vary according to your needs and whether this is your first baby or not, and what your family and previous labor history is.

Usually you won't want to head to the birth center or have your birth team come until you are in active labor, but by now you should be in communication with your midwife on call and you will be able to discuss when to come to the birth center or when she should arrive at your home.

When to call after the birth regarding mother:

Please read your postpartum instruction handout. It explains what is normal during the postpartum period. Call your midwife team if any of the following happens to you:

- You have sudden, severe pain in your belly.
- You passed out (lost consciousness).
- You have severe vaginal bleeding: passing blood clots larger than the size of a golf ball and soaking through a pad each hour for two or more hours.
- Your vaginal bleeding seems to be getting heavier or is still bright red four days after delivery.
- You are dizzy or lightheaded, or you feel like you may faint.
- You are vomiting or cannot keep fluids down.
- You have a fever over 100.6
- You have swelling, discharge, increasing pain or redness at the site of your vaginal tear, IV needle, or c-section incision.
- You have new or more belly pain.

- Your breasts have red, tender areas, warm to the touch, particularly if accompanied by fever, chills, muscle aches, or fatigue.
- You have an urgent or frequent need to urinate, along with a burning feeling.
- You have severe pain, tenderness, or swelling in your vagina or the area between your rectum and vagina.
- You have severe pains in your chest, belly, back, or legs.
- You have feelings of severe despair or great anxiety.
- You have severe or persistent headaches, particularly if accompanied by double vision, blurred or dim vision, flashing spots or lights, and high blood pressure.
- You experience pain, tenderness, and warmth in one leg, or if one leg is more swollen than the other..

When to call after the birth regarding baby:

Please read your newborn instruction handout. It explains what is normal during the newborn period. Reach your midwife team if any of the following happens to your baby:

- Dehydration: fewer than three wet diapers per day, acting excessively sleepy or lethargic, dry mouth and lips
- Intestinal problems: No bowel movement in the first 48 hours at home, especially if accompanied by throwing up bright green bile or vomit that looks like dark coffee grounds
- Poor appetite or suck: feeding fewer than six times in a 24-hour period, sucking that becomes noticeably weaker
- High or low temperature: a rectal temperature of 100.4 degrees F or higher or lower than 96.8 degrees F
- Breathing problems: Grunting, flaring of the nostrils, chest retractions (sucking in the skin above the collarbone, between the ribs, or below the ribs), consistently fast breathing (more than 60 breaths per minute), heavy, noisy breathing (audible wheezes, whistling sounds, or crackly sounds during inhalation and exhalation), cyanosis around mouth (blue lips and blue tinged around mouth).
- Umbilical cord stump problems: foul odor, pus, or persistent bleeding from the umbilical cord stump; redness or swelling around the navel, which could be a sign of an infection
- Jaundice: yellow color in the eyes, chest, abdomen, arms, or legs especially if accompanied by lethargy (see extreme sleepiness below)
- Extreme sleepiness: A sleepy baby who will not wake up enough to feed three or four hours after the last feeding
- Prolonged crying: inconsolable crying for longer than half an hour
- Signs of illness: coughing, diarrhea or paleness; forceful vomiting at more than two feedings in a row