

HOW TO REACH YOUR MIDWIFE

Depending on the urgency of the matter, you may choose to reach your midwives through messaging in Maternity Neighborhood or calling the clinic phone urgently or non-urgently. (Please note that messaging your midwife through social media is always discouraged and that texting your midwife is not protected or HIPAA Compliant. See the communication consent for contact preferences)

HIPAA refers to the Health Insurance Portability and Accountability Act of 1996 and is US legislation that provides data privacy and security provisions for safeguarding medical information

***Phone (Urgent) 360-385-6667.** To reach me urgently please call this number twice immediately back to back and then leave a voicemail. This double calling will be how I know the call is urgent and will break through "Do Not Disturb" if I have it on. A double call with voicemail should be responded to within 10 minutes. If you have not heard back from your midwife within 10 minutes after paging, please repeat this process.

Phone (Non-urgent) 360-385-6667. To reach me by phone non-urgently, call this number. If I don't answer, please leave a voicemail and I will typically get back to you within 24hrs. If you don't leave a voicemail, I won't know to call you back.

Messaging (Non-urgent)- You can message your midwife (or our billing company) through the electronic medical records system "Maternity Neighborhood". It is checked at least twice a day, and generally responded to within 24-48hrs.

If your situation is urgent or emergent and you cannot reach your midwife, please call 911 or go to the nearest emergency department.

WARNING SIGNS DURING PREGNANCY

Double call your midwives at once if you notice any of the following signs. These are potentially life-threatening conditions for you or your baby. If for any reason you feel worried or anxious about yourself and/or your baby for *any* reason, please page. If you are unable to reach your midwives, please call 911 or go to the nearest Emergency Department.

- Bleeding from the vagina: Light spotting is not unusual, especially after intercourse or a vaginal exam, and is typically nothing to worry about. But if the amount of bleeding is the same as or greater than a menstrual period, and/or you are also cramping.
- Severe or continuous nausea or vomiting: If you are unable to keep any food down for over 24 hours.
- Continuing severe headache: Headaches are not unusual in pregnancy. If you are frequently troubled by them, please inform your midwife. If you have an unusually severe headache, one that does not respond to treatment and/or includes visual disturbances.
- Swelling or puffiness of the face, hands, feet or ankles: Swelling is common in pregnancy, especially in the ankles or feet after you have been upright for some time. If the swelling comes on suddenly, is much greater in amount than previously or is suddenly in your face and hands for the first time.
- Blurring of vision or spots before the eyes: Any unusual visual disturbances should be reported immediately.
- A sudden decrease in the amount of urine: Especially unrelated to a decrease in fluid intake or increase in vomiting.
- Pain or burning while passing urine: This can also be associated with a constant urge to urinate or possibly blood in urine and can be signs of a urinary tract infection (UTI). UTIs in pregnancy need immediate treatment as they can be associated with preterm labor.
- Chills and fever: Fever is defined as temperature above 100.4F.
- Sharp or continuous abdominal pain: Abdominal aches and pains are common complaints in pregnancy due to stretching of the ligaments and muscles as the uterus expands. However, an unusually severe pain, especially one that does not stop could be a sign of something more serious.
- Sudden gush of water from the vagina: This is an indication that the sack around the baby is leaking amniotic fluid. It may be a big gush or a series of small involuntary trickles. Any suspicion of a leaking sac should prompt immediate contact.
- Sudden decrease in baby's movement: Even in the uterus, babies alternate between sleep and activity, so a period of inactivity is nothing to worry about. If the baby has not moved for several hours though, it could be in distress. It is possible that the baby has been moving but you are busy and/or have become accustomed to it and thus have been unaware. If after paying careful attention, you still feel that the baby's movement has decreased or stopped, contact immediately.
- Suspected labor symptoms prior to 37 weeks gestation: Regular and time-able uterine contractions (>3 in 1 hr) especially when associated with increasing strength, length and frequency, vaginal spotting or leaking. (Please see "When to Call in Labor" Handout given by your midwives for when to contact us with suspected labor at >37 weeks.)