



PAGING INSTRUCTIONS

MATERNITY CARE MIDWIVES

THE MIDWIVES

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BLUE AND GREEN TEAM: Victoria
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PAGING



PAGER:
(807) 624-1260



OFFICE:
(807) 344-2229

CALLING THE CLINIC: For appointment rescheduling, lab/ultrasound results, off work letters, and prescriptions.

CALLING THE PAGER: The operator will need to know your **TEAM COLOUR, NAME, PHONE NUMBER**, and whether your concern is **URGENT** or **NON-URGENT**.

For **URGENT** concerns, please call the pager. A midwife will return your call within 15 minutes. Examples: vaginal bleeding, decreased fetal movement

For **NON-URGENT** concerns, please call the office during working hours (M-Th 9:00-4:30, F 9-12), or the pager on evenings or weekends. A midwife will return your call within 2h. Examples: signs of a bladder infection, medication safety for colds

After you page your midwife, please keep your phone nearby and stay off the line until your call is returned. Your midwife will call from a blocked number. If you have not heard back in the allowed timeframe, first check your messages then re-page.

BIRTHING PARENT

- If you are going to the ER for any reason. If you are 20 weeks pregnant, your midwife needs to listen to the fetal heart rate and confirm you are not in labour before you are assessed in the ER.
- Fever above 38.0°C (100.4°F)
- Severe abdominal pain
- Severe nausea and vomiting, and you can't keep fluids or food down for 24h
- Vaginal bleeding
- Signs your water has broken
- Decreased fetal movement after 28 weeks
- Active labour (strong, regular contractions less than 5 minutes apart)
- Regular, rhythmic abdominal cramping with a constant low, dull backache
- Constant frontal headache (forehead or temples) that doesn't go away with Tylenol, rest, and drinking water
- Vision changes (blurry, seeing stars or spots)
- Signs of a bladder infection: Burning or pain with peeing, blood in your urine, concentrated or cloudy urine, or feel like you can't fully empty your bladder
- Changes in vaginal discharge (bad smell, yellow/green, cottage-cheese texture) and/or vaginal itching or irritation
- Hot, red, swollen lump in one breast, intense breast pain, fever, and/or flu-like symptoms
- Swelling in one leg, calf skin that is red in one spot or warm to the touch, calf pain not caused by activity
- Redness, swelling, warmth, pus, discharge, or pain at the C-section incision site
- Abnormal bleeding after baby: soaking a pad within an hour, bleeding like a faucet, passing more than one fist-sized clot, or feeling dizzy, tired, confused, have cold/clammy skin, and/or racing heart rate.
- Mental health concerns

BABY

- Poor feeding, lethargy, and you can't wake your baby to feed.
- Armpit temperature above 37.5°C (99.5°F) or below 36.5°C (97.7°F).
- Rapid breathing (more than 60 breaths every minute) for longer than 10 minutes (and your baby is not crying, being active or overdressed).
- Difficulty breathing - nasal flaring and grunting that lasts longer than a few minutes, skin that seems to be pulling in sharply around the ribs or base of the throat when he or she breathes, or skin colour changes.
- High-pitched crying almost all the time
- Limp tone and not interacting when awake.
- Repeated, projectile vomiting (more forceful than spitting up) or bright green vomit
- No wet diaper in a 24-hour period.
- Jaundice (skin and the whites of the eyes are yellow) that is worsening

LABOUR PAGES

- **Vaginal bleeding**
 - Mucousy blood-tinged discharge called bloody show is normal in labour.
 - Page with any continuous, bright red, or period-like bleeding.
- **Your water breaks**
 - Feel or hear a “pop” inside your vagina, feel a large gush or continuous leak of fluid from your vagina, and soak a pad within an hour
 - Make note of the time, amount, colour, smell, and your GBS status.
 - Put a pad on and monitor the amount of fluid. Bring your pad(s) with you when you meet your midwife.
 - Do not put anything in your vagina (no fingers, tampons, or sex).
 - Do not take baths (showers are okay).
- **Active labour** - Strong, regular contractions that require coping
 - First baby: Contractions every 2-3 minutes, lasting at least 60 seconds, and the pattern has been going on for 2 hours
 - You’ve already had a vaginal birth: Contractions every 7-10 minutes, lasting at least 60 seconds, with moderate to strong intensity, and the pattern has been going on for 1 hour
- **Decreased fetal movement**
 - Babies will move even in labour. If you are having difficulty feeling your baby move, do a “fetal kick count.” Lie on your left side with your hands on your belly. Count fetal movements (e.g., hiccups, kicks, rolling movements, flutters). Page if you don’t get 6 movements in 2 hours or less.
- You are worried for any other reason or need reassurance.

HOW TO TIME CONTRACTIONS

- Download a free “Contraction Timer” app on your phone.
- Ignore your contractions as long as you can. Start timing your contractions when they are strong enough that coping is required (you must use breathing or relaxation techniques, are bracing yourself on surfaces, and are unable to talk through contractions).

