



# Patient Information Sheet:

## Signs and symptoms to tell your Midwife/Doctor about

There may be times during your pregnancy or around the onset of labour when you are unsure whether you should contact your midwife or doctor. Please do not hesitate to contact us, even if it seems a small question, because we will be able to guide you and alleviate some of your worries.

There are some more important conditions that we do need to know about, so we ask you to call us if any of the following signs & symptoms occur.

**Pain or burning** when passing urine which can indicate urinary tract infection.

**Irritating** vaginal discharge or genital sores may indicate vaginal thrush or herpes infection.

**Vaginal bleeding** at any time – especially if associated with pain - may indicate problems with the placenta partially separating, premature labour or in the first 20 weeks this may indicate threatened miscarriage. If “spotting” occurs after intercourse, you should avoid intercourse for a few weeks but still keep your midwife or doctor informed.

**Leaking of fluid from your vagina** which may be like a gush or a trickle. This may be from your waters breaking (membrane rupture) and indicate that labour will follow. If this occurs before 37 weeks, it may indicate that a premature labour will follow. When your waters have been leaking for more than 24 – 48 hours there is a risk of infection reaching your baby.

Please take notice of the color of the fluid and wear a non-perfumed sanitary pad before calling your midwife.

**Regular and strengthening contractions**, lower backache, cramps or pelvic pressure before 37 weeks are a sign of possible premature labour. Early treatment to prevent extreme prematurity can be initiated so do not hesitate to call us.

**Baby** movements have slowed down noticeably or seem to have stopped. Contact the midwives if ever your baby’s activity concerns you.

**Sudden increase** in swelling of hands, feet and face or generalised swelling – may be a sign of pre-eclampsia.

**Severe headaches or altered vision** e.g. flashing lights, or severe abdominal or epigastric pain like heartburn. This may indicate pre-eclampsia in a more severe form and needs prompt attention.

### A note on Pre-Eclampsia (PE)

There is no simple known cause of PE and no evidence that it can be prevented. It is a complex and enormously variable condition which only occurs in pregnancy and affects both the mother and the unborn infant. Generally it occurs during the 2<sup>nd</sup> half of about 10% of 1<sup>st</sup> pregnancies, with about 1% being the more severe form. The condition involves changes to the small arteries and the kidneys, and when severe can affect the liver. High blood pressure is one of the early signs of this disease, and protein in the urine may occur due to kidney involvement.

Treatment will depend on various test results, the severity of the condition and the development of your baby. Your doctor will keep you informed and monitor you more closely if this condition is suspected.

Reference: Pre-eclampsia handout © Bronny Handfield 1996; Southern Healthcare Network. Childbirth Education Committee. 13/11/98

**Please speak to the midwife if you would like more information**