**Pregnancy After Hours FAQ**

These pregnancy issues and associated recommendations were developed by our obstetricians and are their recommendations for common clinical scenarios.

Please see our “Safe Medications in Pregnancy and Breastfeeding” document for medications that are safe in pregnancy and breastfeeding for a variety of complaints. You can also consult with your local pharmacist.

**CONCERNS WHEN YOU ARE LESS THAN 14 WEEKS:**

**A. If you are less than 14 weeks and having vaginal bleeding AND have had an ultrasound which shows you have a pregnancy in your uterus:**

 1. If the bleeding is spotting or light bleeding, please call the office during the next normal business day.

 2. If the bleeding is requiring you to change a pad because it is saturated once an hour or more for 3-4 hours in a row OR you are dizzy or lightheaded because of the heaviness or duration of the bleeding, please go to the emergency room.

**B. If you are less than 14 weeks and having pelvic pain or cramping AND have had an ultrasound which shows you have a pregnancy in your uterus:**

 1. If the pain is cramping, dull, aching and without an associated fever, please call the office during the next normal business day.

 2. If the pain is severe and/or unrelenting, please go to the emergency room.

**C. If you are less than 14 weeks and having vaginal bleeding or pelvic pain AND have NOT had an ultrasound which shows you have a pregnancy in your uterus:**

 1. If the bleeding is spotting or light bleeding AND you do not have pelvic pain, please call the office during the next normal business day.

 2. If the bleeding is requiring you to change a pad because it is saturated once an hour or more for 3-4 hours in a row OR you are dizzy or lightheaded because of the heaviness or duration of the bleeding, please go to the emergency room.

 3. If you are having significant pelvic pain with OR without vaginal bleeding, please go to the emergency room.

**CONCERNS WHEN YOU ARE BETWEEN 14-23 WEEKS:**

1. Round ligament pains are sharp, shooting, or stabbing pains that are in the area from the sides of the uterus, down through the groin, and/or into the vagina. It can be on one side or both. It is typically brief and goes away on its own. It’s usually worse with movement, changing position, etc. These are normal pains during the second and third trimester of pregnancy.
2. If you are between 14-23 week and having vaginal bleeding that is not spotting OR is spotting but you also have cramping or pelvic pressure, please report to the emergency room.
3. If you are having decreased fetal movement, this is very common. Babies usually do not have regular movement patterns at this point in pregnancy. Please call during normal office hours and you can come in to get a fetal heart tone done.
4. **For other emergent questions NOT addressed above, please call the office at 330-956-5300 and press 8 when you get the after-hours message to have a physician paged.**

**CONCERNS WHEN YOU ARE BETWEEN 24-37 WEEKS:**

1. Round ligament pains are sharp, shooting, or stabbing pains that are in the area from the sides of the uterus, down through the groin, and/or into the vagina. It can be on one side or both. It is typically brief and goes away on its own. It’s usually worse with movement, changing position, etc. These are normal pains during the second and third trimester of pregnancy.
2. If you are between 24-37 weeks and having vaginal bleeding that is not spotting OR is spotting but you also have persistent cramping or pelvic pressure, please report to labor and delivery.
3. If you are having decreased fetal movement:

During a normal day, without focusing on movements, you should feel your baby move 10 times in 12 hours ONCE your baby has established daily movement patterns. Your baby will have normal cycles of being less active throughout the day and night where he or she is sleeping or resting. This is normal. As you get further in pregnancy, your baby will develop patterns of movement. If you are not feeling your baby’s normal patterns, please do fetal kick counts (please see attached information). If you do not get the fetal kick counts OR you do but are not reassured, report immediately to labor and delivery.

1. If you are having contractions that you can time 5-10 minutes apart for 1-2 hours OR if you think your water broke (large gush of fluid or persistent trickling of fluid), report to labor and delivery.
2. **For other emergent questions NOT addressed above, please call the office at 330-956-5300 and press 8 when you get the after-hours message to have a physician paged.**

**CONCERNS WHEN YOU ARE 37 WEEKS AND BEYOND:**

1. Round ligament pains are sharp, shooting, or stabbing pains that are in the area from the sides of the uterus, down through the groin, and/or into the vagina. It can be on one side or both. It is typically brief and goes away on its own. It’s usually worse with movement, changing position, etc. These are normal pains during the second and third trimester of pregnancy.
2. If you 37 weeks or later and having vaginal bleeding that is not spotting OR is spotting but you also have persistent cramping or pelvic pressure, please report to labor and delivery.
3. If you are having decreased fetal movement:

During a normal day, without focusing on movements, you should feel your baby move 10 times in 12 hours ONCE your baby has established daily movement patterns. Your baby will have normal cycles of being less active throughout the day and night where he or she is sleeping or resting. This is normal. As you get further in pregnancy, your baby will develop patterns of movement. If you are not feeling your baby’s normal patterns, please do fetal kick counts (please see attached information). If you do not get the fetal kick counts OR you do but are not reassured, report immediately to labor and delivery.

1. If you are having contractions that you can time 3-5 minutes apart for 2 hours OR if you think your water broke (large gush of fluid or persistent trickling of fluid), report to labor and delivery. If you have had a baby before, you may want to consider going in when they are 5 minutes apart for 1-2 hours as labor may go faster than with your first child.
2. If you have any of the following you go to labor and delivery.

• Severe headache unrelieved with Tylenol and cold compress

• Visual changes, such as blurring, dimness or flashes of light in front of your eyes, that do not go away.

• Nausea, vomiting, and/or diarrhea that does not go away.

• Severe heartburn that does not go away with usual measures like Tums, Pepcid, or Protonix

• Severe pain in the right upper part of your abdomen by your liver.

**For other emergent questions NOT addressed above, please call the office at 330-956-5300 and press 8 when you get the after-hours message to have a physician paged.**