

NUMBERS TO PUT BY YOUR PHONE

When you feel your labor is beginning or if you have any other concerns please call me. I will begin to schedule my day and make any other necessary arrangements. Don't worry about calling too soon or in the middle of the night. If your waters break, call immediately.

Ginnie 920-528-7072 Cell 920-918-9596

YOUR EMERGENCY SERVICES:

Mother's complete legal name _____

Husband's name _____

Your address (include the fire number if applicable) _____

Doctor Back-up:

Name _____ Phone _____

Hospital _____ Phone _____

Address _____

Closest Hospital with 24hr obstetric coverage:

Name _____ Phone _____

Address _____

Your Ambulance Service: _____ Phone _____

Dispatches From _____ Time from your home _____
(Fire department, paramedics, private) – may vary county to county

Pediatrician or Family Doctor that will care for your infant:

Name _____ Phone _____

Are you pre-registered at the hospital? Y N What Hospital? _____

DANGER SIGNS OF PREGNANCY

Get consultation immediately if you experience any of the following:

BLEEDING FROM THE VAGINA

SUDDEN OR PERSISTANT SWELLING OF THE FACE, EYES OR FINGERS

SEVERE HEADACHE DURING THE LAST THREE MONTHS OF PREGNANCY

DIM OR BLURRY VISION

NO FETAL MOVEMENT FOR 24HOURS, AFTER THE FIFTH MONTH

SEVERE PERSISTENT ABDOMINAL PAIN

PAIN UPON URINATION

ILLNESS WITH VOMITING, DIARRHEA OR FEVER ABOVE 100.4 FOR OVER 24HOURS

