

Postpartum Warning Signs

When you get care, say: "I had a baby on (insert date)." This helps the provider understand your health better.

Your OB office phone number: _____

REASONS TO CALL YOUR OB PROVIDER



Feeling very sad, worried, angry, or guilty. Especially if it makes it hard to sleep, take care of yourself, or care for your baby



Swelling, tenderness, redness or heat in your lower leg



Fever higher than 100.4 degrees Fahrenheit



Uncontrolled pain or sudden increase/change in your pain



Redness, swelling, or drainage from your stitches



Bleeding that fills a pad in less than an hour or blood clots larger than an egg



Pain or redness in your breast



If your blood pressure is equal to or higher than 140 (top number) or 90 (bottom number)



Bad smelling odor from your vaginal discharge



Blurred Vision. Headache that does not get better with medications, fluid or rest



Having trouble pooping or pain when peeing



Using or considering using substances (nicotine, cannabis, alcohol, opioids, or other) to cope

REASONS TO CALL 911



Thoughts of hurting yourself or your baby



If you fear for your safety or the safety of your baby



Feeling very sleepy, weak, or passing out (fainting)



Chest pain or trouble breathing



Seizure or if your blood pressure is higher than 160 (top number) or 110 (bottom number)

Trust your instincts. If something doesn't feel right, get help. You are not alone, and support is always available.

Postpartum Care Summary

If you have any of the warning signs, take this sheet with you when you go for care. It helps your doctor or nurse understand what's going on and treat you correctly.

YOUR NAME & YOUR BIRTH DATE	
NAME & CONTACT INFO FOR YOUR SUPPORT PERSON	
DID YOU HAVE A VAGINAL OR C-SECTION BIRTH	
YOUR BABY'S BIRTH DATE	
WHERE WAS YOUR BABY BORN?	
WHAT DATE DID YOU GO HOME FROM THE HOSPITAL?	
HOW MANY TIMES HAVE YOU BEEN PREGNANT?	
HOW MANY WEEKS PREGNANT WERE YOU WHEN YOUR BABY WAS BORN?	
ARE YOU BREASTFEEDING/CHESTFEEDING, BOTTLE FEEDING OR BOTH?	
DO YOU HAVE ANY MEDICAL CONDITIONS?	
DID YOU HAVE ANY COMPLICATIONS DURING YOUR PREGNANCY OR BIRTH?	
WHAT MEDICATIONS ARE YOU TAKING?	
DO YOU HAVE ANY ALLERGIES?	