

Emergency warning signs and when to call doctor



Why emergency warning signs matter around birth

The period around birth is physiologically demanding. Blood volume, cardiac output, coagulation activity, respiratory effort, immune response, and fluid balance all shift substantially. These changes are usually well tolerated, but they can also mask early deterioration. For example, mild shortness of breath may occur in late pregnancy, while sudden severe breathlessness, cyanosis, chest pain, fainting, or a sense of impending collapse is not normal and should be treated as an emergency.

Medical emergencies are not defined only by pain intensity. A person may be critically unwell with confusion, altered mental status, severe weakness, uncontrolled bleeding, seizures, or a sudden change in consciousness. General emergency guidance consistently emphasizes calling emergency services for trouble breathing, chest or upper abdominal pain, fainting, sudden severe headache, uncontrolled bleeding, poisoning or overdose, and thoughts of harming oneself or others.

In obstetrics, the threshold for seeking care is intentionally low. Conditions such as hemorrhage, hypertensive emergencies, infection, thromboembolism, placental complications, fetal distress, and postpartum cardiomyopathy can

evolve quickly. Calling early does not mean overreacting; it means giving clinicians time to assess vital signs, fetal status, bleeding, uterine tone, oxygenation, and neurologic symptoms before a problem becomes more dangerous.

Call emergency services now for life-threatening symptoms

Call the local emergency number immediately if the birthing person, pregnant person, or postpartum person appears unstable. Do not drive yourself if there is severe pain, heavy bleeding, fainting, confusion, impaired consciousness, seizure activity, or breathing difficulty. Emergency medical services can begin assessment and treatment en route and can alert the hospital before arrival.

Emergency symptoms include:

Severe trouble breathing, gasping, blue lips, or inability to speak in full sentences.

Chest pain, pressure, or pain radiating to the arm, jaw, back, or upper abdomen, especially if it lasts more than a few minutes.

Fainting, collapse, new confusion, sudden severe dizziness, or sudden weakness.

Seizure, severe head injury, suspected stroke symptoms, or a sudden severe headache unlike previous headaches.

Uncontrolled bleeding, passing large clots, or soaking pads rapidly.

Poisoning, overdose, severe allergic reaction, or suspected carbon monoxide exposure.

Any immediate risk of self-harm, harm to others, or inability to stay safe.

While waiting for help, keep the person lying on their side if they feel faint or are vomiting, loosen restrictive clothing, and avoid giving food or drink if surgery or anesthesia might be needed. If there is heavy bleeding, note the number of soaked pads, the size of clots, and the time bleeding began. If the person is pregnant and there are concerns about fetal movement, contractions, or fluid leakage, tell dispatch and emergency clinicians.

Pregnancy warning signs that need urgent contact

During pregnancy, contact maternity triage or the clinician urgently for symptoms that may suggest preterm labor, hypertensive disease, placental problems, infection, or fetal compromise. If any symptom is severe or

accompanied by instability, call emergency services rather than waiting.

Urgent pregnancy warning signs include heavy vaginal bleeding, persistent abdominal pain, severe headache with visual changes, new swelling of the face or hands with neurologic symptoms, right upper quadrant or epigastric pain, fever, painful urination with flank pain, persistent vomiting with dehydration, or sudden shortness of breath. Reduced fetal movement assessment is also time-sensitive. A noticeable decrease or absence of fetal movement after the usual pattern is established should be discussed promptly with maternity triage, not postponed until the next routine appointment.

Water breaking without contractions should also be reported, especially if the pregnancy is preterm, the fluid is green or brown, there is fever, the fetal movements are reduced, or the umbilical cord is felt or seen. Green or brown fluid can indicate meconium-stained amniotic fluid and may require closer fetal assessment. A gush or continuous trickle of fluid before 37 weeks can be part of preterm labor warning signs and needs prompt evaluation.

Call urgently for regular contractions before 37 weeks, pelvic pressure, low backache with tightening, menstrual-like cramping, or a change in vaginal discharge. These findings do not prove preterm labor, but clinicians may need to assess cervical change, membrane status, infection risk, and fetal well-being.

Labor and birth: when to call the doctor or maternity triage

Many labor questions are urgent but not always emergencies. Maternity triage exists for exactly this uncertainty. Call when contractions become regular according to the plan your care team gave you, when pain is difficult to manage, when membranes rupture, or when you are unsure whether it is time to come in. Some hospitals use timing guidance such as the 5-1-1 rule for contractions, but individual instructions may differ for high-risk pregnancy, prior cesarean birth, group B streptococcus status, distance from hospital, or rapid previous labor.

Call immediately or go in for evaluation if there is vaginal bleeding heavier than spotting, severe constant abdominal pain between contractions, fever, reduced fetal movement near term, or abnormal fetal heart rate concerns if you

are already being monitored. Intense rectal pressure with an urge to push, especially with rapid labor history, may mean birth is close and should prompt immediate guidance.

During labor, clinicians pay close attention to maternal vital signs, contraction frequency, amniotic fluid color, cervical change, pain pattern, and fetal status. Continuous fetal heart monitoring may be recommended in some circumstances, such as induction, epidural use, meconium-stained fluid, prior uterine surgery, or suspected fetal compromise. If you are at home and something changes suddenly, describe it clearly: when it started, whether it is worsening, whether fluid or blood is present, and whether fetal movement has changed.

If birth seems imminent outside the hospital, call emergency services. Do not attempt to drive while pushing or while having contractions too frequent to safely sit restrained. Follow dispatcher instructions, keep the environment as clean and warm as possible, and avoid pulling on the baby or cord if delivery occurs before help arrives.

Postpartum emergencies: the first hours through six weeks

The postpartum period is not medically "over" after discharge. Hemorrhage, infection, hypertensive complications, thromboembolism, cardiomyopathy, wound complications, and severe mood symptoms can appear days or weeks after birth. Heavy vaginal bleeding after birth is an emergency if bleeding soaks a pad in an hour or less, clots are large, dizziness or fainting occurs, or the person looks pale, clammy, or weak. An obstetric bleeding emergency requires rapid assessment because blood loss can be underestimated.

Call urgently for fever, chills, worsening uterine tenderness, foul-smelling lochia, increasing wound redness or drainage, severe perineal pain, or breast redness with systemic illness. These may indicate infection requiring timely clinical evaluation. Severe headache, visual disturbance, shortness of breath, chest pain, right upper abdominal pain, or new severe swelling can be associated with postpartum hypertensive disease or cardiopulmonary conditions and should not be dismissed because the baby has already been born.

One-sided leg swelling, calf pain, warmth, or sudden shortness of breath may

raise concern for venous thromboembolism or pulmonary embolism; sudden breathing difficulty or chest pain warrants emergency services. Mental health emergencies are equally real. If the postpartum person has thoughts of self-harm, harming the baby or someone else, hallucinations, extreme agitation, paranoia, or inability to sleep for prolonged periods with escalating distress, seek emergency help immediately.

Support people should take postpartum complaints seriously. Fatigue is common, but collapse, confusion, heavy bleeding, severe pain, or a statement such as "something is very wrong" deserves urgent action.

How to decide whom to call and what to say

A useful decision rule is simple: call emergency services for symptoms that are life-threatening, rapidly worsening, or unsafe to transport by private car.

Call maternity triage or the doctor for urgent maternal warning signs when the person is stable but needs same-day obstetric advice. Use primary care or urgent care for non-life-threatening problems when the obstetric team agrees that pregnancy-specific or postpartum assessment is not required.

When calling, provide concise clinical information:

Gestational age or postpartum day, and type of birth if already delivered.

Main symptom, time of onset, severity, and whether it is worsening.

Bleeding amount, pad counts, clot size, fluid color, or odor if relevant.

Fetal movement pattern if still pregnant.

Contraction timing, membrane rupture time, and any fever.

Blood pressure readings, if available, and major conditions such as preeclampsia, diabetes, placenta previa, anticoagulant use, prior cesarean, or hemorrhage history.

Current medications and allergies.

If you are told to come in, ask where to go: labor and delivery triage, emergency department, obstetric assessment unit, or another location. If the person becomes worse while preparing to leave, call emergency services. If you are uncertain, it is reasonable to call emergency services or the healthcare provider for guidance. Medical teams would rather evaluate a false alarm than miss a preventable emergency.

