

# Naval Hospital Rota Maternal Newborn Discharge Instructions

You may need to be seen if you have any of the following symptoms:

- **Fetal Movement:** If your baby has less than ten movements in **two** hours or if you notice a sudden increase in fetal movement followed by no fetal movement please call labor and delivery.
- **Vaginal Bleeding:** Bright red bleeding like a period. It is possible to have “spotting” following a recent cervical check or intercourse. Tell the staff the time, amount, and color (bright red, dark red or brownish), and if there are any clots.
- **Uterine Contractions (Labor Pains):**
  - **Pre-Term: (less than 37 weeks)** regularly occurring contractions, **6 or more in 1 hour.**
  - **Term:** Regularly occurring contractions **every 5 minutes or less.**
- **Water:** If your water breaks, or you are not sure if it was your water. It may be a sudden gush of fluid or a slow trickle. Tell the staff the time, color, amount, and if the fluid had an odor.
- **Pain:** under your right breast or if the pain is excruciating or constant.
- **Other:** Dizziness, fainting, severe headache, blurred vision, sudden swelling in your hands or feet.

## HOME INSTRUCTIONS:

MEDICATION	DOSAGE	TIME TO TAKE	INSTRUCTIONS

- Drink 2-3 glasses of water or juice. Lie down on your side. Empty your bladder frequently.
- You have received \_\_\_\_\_ medication in Labor & Delivery,  
**DO NOT DRIVE A CAR OR WORK AROUND STOVE/MACHINERY FOR AT LEAST 8 HOURS.**
- Comfort Measures for early labor includes: warm shower or bath, music, massage, relaxation with use of breathing techniques.
- **OTHER INSTRUCTIONS:**

If you have any questions, please feel free to call this number: **956-82-3655**. Experienced nurses are here to answer questions all day and night.

“I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND HAVE THEM ANSWERED TO MY SATISFACTION.”

Patient’s Signature **X** : \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Nurse/MO’s Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Patient’s Name/Sponsor’s SSN:

White Copy: Prenatal Chart

Yellow Copy: Patient

**PRIVACY ACT STATEMENT:**

The authority to request this information is contained in 5 USC 301, Department Regulations. The principle purpose of the information is data collection