

Mother & Baby Education Guide

Preparing for Birth & Discharge Home

WHAT TO BRING



In order to ensure a comfortable stay before and after your delivery, we ask that you bring the following items to the hospital.

PLEASE BRING THE FOLLOWING ITEMS WITH YOU ON ADMISSION

- Provincial Health Card
- Extended Health Insurance Card: If you are requesting semi or private accommodation, we will bill your insurance company directly.
- Credit Card: Credit card information and signatures are required on the billing consent if you are requesting semi or private accommodation or other non-insured services. It will be used if your insurance company does not remit payment within 45 days or pay the full amount. It is also used for any charges not covered by Provincial Health Insurance.
- Comfortable loose fitting clothes, house coat and slippers
- One or two regular pillows (well labelled)
- Personal care items (lotions, toothpaste, mouthwash, shampoo, soap, facial tissues, lip balm)
- Snacks and drinks for mom and family (the hospital will provide scheduled meals and drinks for the patient only)
- Camera and/or cell phone
- Music/entertainment
- Black pens as you need to complete multiple forms

PLEASE PACK FOR YOUR POST DELIVERY STAY

- Large sanitary pads
- Clothing for your baby (sleepers, onesie, hat)
- Few pairs of underwear as they may be soiled frequently
- 30 Newborn diapers and a package of baby wipes and Vaseline
- Nursing bra or good support bra and breast pads
- Breastfeeding pillow
- Clothes to wear home for mom
- Swaddling blankets
- Clothes to wear home for baby (sleeper, onesie, pant, hat)
- Car seat
- Cell phone and/or breastfeeding app to keep track of breastfeeding times

***The hospital will provide a minimal supply of sanitary pads and diapers. Additional supplies can be purchased from Health Plus Pharmacy located in the main lobby.*

Please do NOT bring valuables as the hospital is not responsible for lost, stolen or damaged items during your stay, including items such as jewelry, wallets and laptops



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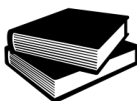
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A comprehensive list of education materials available through Mackenzie Health to support you in the delivery of your baby and additional supports for once you are home.

Mother & Baby Education Guide: Preparing for Birth

VISITOR GUIDELINES

At Mackenzie Health we provide patient and family centered care and we value and respect family as essential partners in providing excellent care. We will take all opportunities to encourage family participation in improving the overall health and wellbeing of our patients.

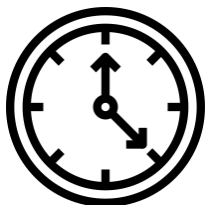
The number of people welcomed at bedside at any one time will be determined in partnership with the patient, family and interprofessional care team. In situations where there are shared rooms, this dialogue will include the other patient and his/her family. To ensure safety, considerations will also be given to the physical limitation of the space.

There may be interruptions and/or restrictions to family presence with respect to, but not limited to, the following reasons:



- To protect the privacy rights of other patients
- To maintain safety and security of hospital staff
- Patient request
- Infection prevention and control

VISITING HOURS



- General visiting hours are from 11am to 8:30pm
- Children under 12 years old **must** be supervised at all times



Family members who are feeling unwell, have an infection, symptoms of respiratory illness or flu-like symptoms are asked not to come to the hospital. In these circumstances, the interprofessional team will endeavor to use technology or other means to ensure family presence, while respecting the health and privacy of others.

PARKING



In addition to daily parking, you can now purchase multi-day parking passes. All parking passes enable non-consecutive use, unlimited in/out privileges and are valid for one year from the activation date.

H Pass Option	Price
5 Day	\$48
10 Day	\$95
30 Day	\$175

INTEGRATED BEDSIDE TABLETS



We have made it easier for you; the Mother & Baby Unit have Integrated Bedside Tablets for each patient room. The paid service includes television, telephone, games and web/internet. The tablets also offer some free services such as books, radio and local weather.

To protect patient confidentiality, telephone calls are not transferred by switchboard to patient rooms in the Labour & Delivery Unit, however **you** may call family and friends after you are admitted.

INTERNET SERVICE



Mackenzie Health offers **FREE Wi-Fi Services** for patients and visitors using your own device. Connect on Patient/Visitor networks and select Free Wi-Fi and agree to the terms of service.

We also offer paid high-speed internet services using your own device. Through your own personal laptop or mobile device, follow these 4 simple steps:

1. Ensure that the wireless adapter is connected and enabled on your laptop or mobile device.
2. Select "PatientVisitor" network, then select Paid Services and agree to terms of service
3. Open your web browser and type in any website URL/address
4. Pick a rate plan, register and enjoy!

All plans must be pre-paid by Visa, Mastercard or PayPal prior to receiving service. The hospital assumes no responsibility for loss or damage to your personal computer should you bring it with you as a patient or visitor at Mackenzie Health.

SMOKE FREE



Mackenzie Health is a smoke-free environment. The use of tobacco products is prohibited in all areas of the hospital including the inside of each building, the exterior grounds and parking lots. This policy applies to staff, volunteers, students, visitors and patients who are within the boundaries of the hospital.

COMPREHENSIVE CHILDBIRTH & BABY CARE SERIES

Our Childbirth and Baby Care class helps parents prepare and understand what will happen upon the arrival of their new baby, for both vaginal and caesarean section births.

You will learn about:

- Changes to your body during pregnancy
- Nutrition tips and Exercise
- What to expect in late pregnancy
- Stages of labour and false labour
- Coping techniques and pain management
- Delivery of your baby
- How you will feel after your baby arrives
- Postpartum care for Mom
- Becoming parents (physical and emotional changes)
- Baby's physical development
- Breastfeeding and feeding baby
- Holding and burping baby
- Changing diapers
- Safe sleep for baby

The fee for this class is \$150.00 per couple.

Class sizes are limited so be sure to register early.

This Class is also offered in Chinese please email for upcoming dates in Chinese.

This Class is offered in two different models:

- **Option 1** is offered on weeknights. Three 3-hour classes offered on consecutive evenings from 6:00 p.m. to 9:00 p.m.
- **Option 2** is offered over a weekend. One full day Saturday class from 9:00 a.m. to 5:00 p.m.

NEWBORN CARE



Babies don't come with manuals! So let us give you the tips and tricks you need to begin your journey into parenthood. Learn about bonding with your baby, calming a baby, establishing a schedule, tests for newborns, feeding and diapering, and more.

This class is 2.5 hours and give you the basics you need to be more comfortable taking your baby home. Cost for this course is \$50.00.

Please note If you have taken or are registered for the Comprehensive Childbirth & Newborn Care class, this information is included in that course.

BREASTFEEDING CLASS



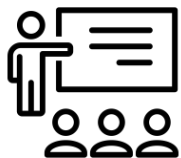
This class is designed for all expectant mothers who plan to breastfeed and is a must for those who have not attended any prenatal class. It is also a good in depth review for those with experience and for those who have attended our full prenatal series.

A lactation consultant will discuss practical information on breastfeeding-latching and positioning, pumping and milk supply, how partners/families can help, along with information on nutrition and medication while breastfeeding.

Partners are welcome and encouraged to attend. This class is 2.5 hours. This class starts at 7:00 p.m.

There is a \$20 fee for this class. Class sizes are limited so be sure to register early.

PRENATAL CLASS AND EDUCATION



Mackenzie Health promotes prenatal education as the most effective way for women to prepare for their childbirth experience and to gain information on how best to care for themselves and their babies following birth. Classes are taught by a highly experienced team of nurses specializing in pregnancy, birth, and newborn care. Each class is designed to assist expectant parents to make informed choices both during and after pregnancy.

Please book your classes early in your second trimester as they fill up quickly. Class sizes are limited so be sure to register early.

Plan to take your prenatal classes between the 26th and 36th week of pregnancy.

To see a list of upcoming class dates, visit www.mackenziehealth.ca, select **Programs and Services** and then **Mother & Baby Care**. All registration is done online.

If you have questions, please email prenatalclasses@mackenziehealth.ca.

CANCELLATION POLICY

Due to the high number of registrations, we will not be able to accommodate rescheduling of class date once Class registration and payment is complete. No refund will be given unless cancellation is received more than 5 business days prior to the class or tour, (exceptions will be made for early delivery or medical reasons with a note).

PAYMENT

Payment is required through our secure server when you register online.

PRENATAL HOSPITAL TOURS



Prenatal Tours offer excellent education and orientation before you arrive to deliver your baby. These 45 minute to 1 hour tours include a complete tour of the Birthing Unit and birthing suites, the postpartum unit and rooms, provide basic overview on the care you can expect to receive at Mackenzie Health, and important information to prepare you to be comfortable during your birthing experience.

The fee for the Prenatal Tour is \$15 for a couple.

VAGINAL BIRTH AFTER CESAREAN SECTION (VBAC) CLASS

For families who had a cesarean section with a previous child to learn all about having a vaginal birth after cesarean section. The VBAC class will review vaginal birth basics, relaxation techniques, breathing patterns and medication options. This class will also provide a Cesarean section review including indications for the procedure and pre/post operative considerations.

There is no cost to attend this Class. Class sizes are limited so be sure to register early.

At the time of registration please confirm if you will be bringing your partner to this class

DISCHARGE PLANNING & LENGTH OF STAY



If you have delivered vaginally, you can expect to be discharged approximately 28 hours after the birth of your child. If you had a caesarean section, you can expect to be discharged two (2) days after the birth.

Discharges are done at anytime throughout the day. Upon discharge, please ensure you have planned your ride home and have an approved Canadian Standards Association (CSA) baby car seat available for your new baby. We must prepare the room for the next patient being admitted.



- You must have a CSA approved infant car seat to take your baby home. You are responsible for knowing how to correctly use this car seat. Nurses are not legally obligated to assist with the car seat set up.
- For assistance with infant car seat installation, please attend a car seat safety check available at no cost throughout York Region. For locations and times, visit www.yorkregionchildseat.ca or contact St. John's Ambulance at 905-773-3394.
- You will need to go to the Finance Office prior to discharge in order to reconcile your account for items not covered by Provincial Health Insurance, such as telephones, medical devices and preferred accommodation.

PLEASE ENSURE YOU HAVE ALL YOUR BELONGINGS WHEN LEAVING



- Provincial Health Card
- Your baby's **temporary** Health Insurance Card
- Forms for Birth Registration and Birth Certification (the registration form can be also accessed through the online website provided to you in postpartum)
- Any other personal belongings
- Discharge checklist and postpartum breastfeeding information

IF YOU HAVE ANY QUESTIONS, PLEASE CALL US



- Labour & Delivery: 905-883-1212 ext. 2125
- Financial Accounts Associate: 905-883-1212 ext. 2075

We hope that the birth of your child will be an amazing event in your life and if there are any concerns or questions, please feel free to bring it to the attention of any staff member.

We look forward to sharing this amazing experience with you!

Mother & Baby Education Guide: Having Your Baby

ARRIVING AT MACKENZIE HEALTH

PRIOR TO COMING TO THE LABOUR & DELIVERY UNIT FOR DELIVERY OF YOUR BABY:



Please phone ahead before coming to the hospital at
905-883-1212 ext. 2125

Ensure child care arrangements are made in advance for small children so that you can concentrate on your birth experience



REGISTERING AT C5 LABOUR & DELIVERY PURPLE, 5th FLOOR, C-WING



Depending on the time you arrive at the hospital, the front doors are locked between 10:30pm and 6:00pm. Please enter the hospital through the Emergency doors after 10:30pm. From the Main Lobby, take the elevators to the C5 Labour & Delivery Purple on the 5th Floor, C-Wing. The department is locked after hours. Please press the intercom button to inform staff of your arrival.

After you register with the Secretary, you will be greeted by a nurse and assessed in our Triage Unit. If you are with a midwife, she will usually do the assessment; otherwise, a doctor will assess you and either treat your problem or admit you to the hospital. If you are in labour, you will be admitted to a private birthing suite. Here you may use the TV, jacuzzi and shower at your convenience. There is also a pull out bed for your support person to rest while you are in labour.

If there is a need for a caesarean section, this will be done in the Labour & Delivery Operating Rooms (OR).

Cameras and recording devices will be restricted during your delivery or caesarean section. No devices will be permitted at the time of delivery. Your nurse and physician will direct you or your family members to take pictures of the baby after delivery. You are encouraged to take photos and videos before and after your delivery to document the welcoming of your baby into the world. Your nursing team is happy to answer any questions you have around when it is okay to take pictures or record video.

If indicated, your doctor may order compression stockings for you following your caesarean section. There is a charge for these stockings and your doctor will discuss this with you. If you know you are having a caesarean section, you may find it easier to purchase the stockings prior to your surgery. Please discuss this with your doctor.

SIGNS OF LABOUR AND WHAT TO EXPECT

Do you know the typical signs of labour?

Understand the changes your body will go through as you prepare to give birth.

Bloody Show: Loss of mucous plug

During pregnancy, a thick plug of mucous blocks the cervical opening to prevent bacteria from entering the uterus. When your cervix begins to thin and open, this plug may fall out. You might notice stringy mucous or a thick discharge. It is typically brown and sometimes tinged with blood.

Loosing the mucous plug is a sign of labour, but it is not a guarantee. Labour may still be days or weeks away.

Rupture of Membranes: Your water breaks



A fluid-filled sac cushions your baby in the uterus. Sometimes the sac leaks or breaks before labour begins. If this happens, you might notice a slow trickle of fluid or a more obvious gush. If your water breaks at home, or if you are uncertain whether the fluid is from the sac, urine or something else, put on a sanitary pad and continue with your daily activity for one hour. If the pad is dry after one hour, it is unlikely that the sac of water is broken. If the pad is wet, please call the Family Birthing Centre at 905-883-1212 ext. 2125. You will be asked to come to the hospital for an evaluation.

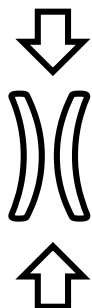
Contractions: When labour pains begin

During the last few months of pregnancy, you might experience occasional, sometimes painful contractions. This is due to your uterus tightening and relaxing. These are called Braxton Hicks (false) contractions. They are your body's way of getting ready for labour. Eventually, Braxton Hicks contractions will be replaced by true contractions. To tell the difference, consider these questions:



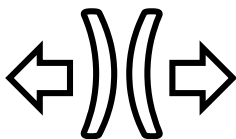
- 1) Are the contractions regular?** Time your contractions from the beginning of one to the beginning of the next. Look for a regular pattern of contractions that get progressively stronger and closer together. True labour contractions come every 3 to 5 minutes. False labour contractions will remain irregular.
- 2) How long do they last?** True contractions last more than 30 seconds at first and get progressively longer up to 90 seconds. The contractions of false labour vary in length.
- 3) Can you stop the contractions?** True contractions continue regardless of your activity level or position. In fact, they often grow stronger with increased activity, such as walking. With false labour, you might be able to stop the contractions by changing your activity or position, lying down or taking a walk.

Effacement: Thinning of the cervix



One of the first signs of labour is your cervix softening and thinning. This mostly happens in the last week before delivery and you would not feel this preparation for labour happening. Instead, your health care provider might check for signs of cervical change with vaginal exams. Thinning of the cervix is often expressed in percentages. The cervix starts out about 4 centimetres (cm) long. When the cervix is 50 percent thinned out, it is half its original thickness, or 2cm. Your cervix must be 100 percent, or completely thinned out, before a vaginal delivery.

Dilation: Opening of the cervix



Another of the early signs of labour is your cervix beginning to open or dilate. For most women, some dilation occurs before labour. Your health care provider will measure the dilation in centimetres from zero to ten.

At first, these cervical changes can be very slow. In fact, some women are dilated 2 to 3cm for days or even weeks before labour actually begins. Dilation is not a good indicator of when labour will begin, but rather a general sign that you are getting ready for labour. Once you are in active labour, expect to dilate more quickly.

False Alarms



Expect false alarms: The difference between your body's preparation for labour and the actual process of labour is not always clear. Some women have painful contractions for days with no cervical changes, while others might feel only a backache or nothing at all.

Remember, no one knows for sure what triggers labor and every woman's experience is unique. Sometimes it's hard to tell when labor begins. Don't hesitate to call your health care provider if you're confused about whether you're in labor. If you have any signs of labor before 36 weeks, especially if you also experience vaginal spotting, consult your health care provider.

At term, labour will nearly always make itself apparent. If you arrive at the hospital in false labour, do not feel embarrassed or frustrated. Think of it as a practice run. The real thing is sure to be on its way.

You can also manage your pain without the use of medication through other techniques including:

Breathing



During contractions, use the breathing technique you learned in your prenatal class. Breathe through your nose and blow out through your mouth. Your nurse or midwife can help you with this.

Positioning/Walking



If you can, walking is helpful. It may speed up your labour and helps to relieve backache. Other positions like standing, sitting, kneeling and leaning forward and/or sitting upright also help to relieve backache and speed up labour. Some people find rhythmic movement helpful and will rock back and forth, rub their abdomen, or even tap their fingers during a contraction.

Music



Music is a way of relaxing and providing distraction through your labour. Some people like soft quiet music, others prefer quick paced and more energetic music. You may want to bring a variety of music that is familiar.

Massage



Massage is another option for pain relief. This can be done with light strokes over your abdomen or more firm pressure over the back, hips, legs, buttocks and arms. It is helpful to use a lotion to help the hands glide over the skin.

Hydrotherapy



Immersing your body in warm water during labour also provides comfort and support relaxation. This is a safe and effective pain relief strategy that also promotes your body to progress through the physiological birthing process.

Imagery



Some people like to use imagery to help them relax and distract them from the pain. This is something you likely already do when you are in a stressful situation or are having difficulty sleeping. Some people bring in pictures to focus on and other people picture images in their mind.

Heat and Cold



Heat can be used to relax muscles and to distract from pain. You can apply heat by having a bath or shower. Warming gel packs may also be used. We ask that you do not use a heating pad in the hospital. Ice can also be placed on areas over the back, hips, neck or forehead to provide pain relief.

PAIN MANAGEMENT IN LABOUR

As you have chosen to deliver your baby at Mackenzie Health, we wish to take this opportunity to familiarize you with options for pain management.

Women experience labour in different ways and some will find it more painful than others. There are many comfort measures available to manage labour pain. These include the use of head/cold massage, showering, breathing/relaxation techniques, walking and position changes. Some women find these techniques very effective for part or all the labour, while others find that comfort measure alone are inadequate to manage the pain of labour.

You may CHOOSE medication at some point during the labour process as your preferred method of relieving pain or, in some cases; you may REQUIRE medication for medical reasons. Your options at Mackenzie Health are: narcotic injection (e.g. Morphine), neuraxial (e.g. epidural or spinal block). There are local anaesthetics available for episiotomy, repair of the perineum or instrumental delivery (e.g. forceps or vacuum).

Narcotic Analgesics, or painkillers, are often given in the form of a needle. You will usually feel relief from pain within 20 to 30 minutes. Pain relief will last 2 to 4 hours. Although your pain will not be eliminated, narcotic analgesics can provide good pain relief with low risk of serious side effects. The disadvantages of using these narcotic medications are that pain is not completely gone, they can cause dizziness, drowsiness, hallucinations, nausea and vomiting.

If you take narcotic analgesics, you will have to stay in bed as you may not be able to walk safely. These medications can cause your newborn baby to be sleepy. The drowsy effects can be corrected with an injection of a medication called Narcan®.

Although the disadvantages may sound upsetting, narcotic pain relievers are considered safe for both mother and baby. The side effects are usually easy to correct.

Epidural Block is the injection of an anaesthetic through a catheter into the epidural space surrounding the spinal cord. It is usually administered once active labour is fully established. The anaesthetic causes a marked decrease in the sensation of pain associated with uterine contractions. It does not remove all discomfort associated with contractions or the sensation of pressure at the time of delivery. An epidural block utilizing more potent anesthetic solutions can also be used for Caesarean births or forceps delivery. The advantages and risks of epidurals are discussed in detail later on this information page.

A **Spinal Block** is the injection of an anaesthetic into the fluid-filled spinal space (just beyond the epidural space). It is more intense than an epidural block and is used for a Caesarean birth. It usually takes more than two hours to wear off. Potential side effects and complications of a spinal block are similar to those of an epidural block.

General Anaesthesia is reserved for operative vaginal delivery and caesarean birth. The woman is asleep for the delivery, and her support person is unable to participate in the birth experience. The baby may be sleepy and less responsive.

CONSENT FOR EPIDURAL BLOCK



Written consent will be required just prior to your epidural/spinal block by the attending Anaesthesiologist.

HOW SAFE IS THE EPIDURAL?



An epidural is generally very safe with your cooperation and the help of our trained nurses/midwives. There are some risks associated with epidurals, but we do everything possible to minimize them. The anaesthetists and nurses/midwives have been trained to anticipate and prevent complications, and to manage any which may occur despite all precautions being taken.

You must know about the potential risks before signing the epidural consent. For this reason, we want you to read and understand the following information. When considering the potential risks of epidurals, you may also wish to consider the possible benefits.

HOW IS THE EPIDURAL BLOCK ADMINISTERED?



The procedure involves placement of a thin plastic tube or catheter into the epidural space, and is performed by an Anaesthesiologist.

A hollow epidural needle is inserted in the lumbar area of the back, after freezing the skin with a local anaesthetic. The catheter is threaded through the needle, and the needle is then removed. The catheter is securely taped along the woman's back.

Throughout the procedure, it is important that you remain still; a nurse will assist you with this and to maintain proper position.

The Anaesthetist injects local anaesthetic through the catheter. Relief is generally felt within 30 minutes after the injection. A bag of anaesthetic solution is attached to the epidural catheter to administer a continuous dose throughout the remaining labour.

Note: The support person may be asked to leave the birthing room while the anaesthetist inserts the epidural.

PATIENT CONTROL EPIDURAL ANAESTHESIA (PCEA)



PCEA consists of a control button that allows you to deliver a fixed amount of additional medication if you are experiencing pain. This is a safe method of pain relief and you cannot overdose yourself. Your nurse will monitor you very closely and assess your level of pain and motor block.

POTENTIAL SIDE EFFECTS OF AN EPIDURAL



Shivering:

This is the most common side effect. It is likely a direct effect of the local anaesthetic. It generally subsides after a short time.



Low Blood Pressure:

The epidural block causes the veins to dilate and therefore to hold more blood. This means less blood returns to your heart. This may cause your blood pressure to fall and gives you a dizzy or nauseous feeling. To counteract this effect, an intravenous is started prior to inserting the epidural to provide extra fluid. In addition, a wedge is placed under your right hip to tilt your uterus slightly to the left side. This reduces the pressure on the large veins that return blood from the lower extremities to the heart. Occasionally, medications may be required to raise the blood pressure.



Temporary Reduction in Blood Flow to Baby:

This may occur if your blood pressure drops and is corrected by giving you oxygen by mask and intravenous fluid.



Inability to Move Your Legs:

The nerves that control the leg muscles may be blocked so that you are unable to move them. The movement will return gradually as the medication wears off.



Less Effective Pushing During Second Stage:

This is due to loss of sensation in the perineum and is alleviated by reducing the dose administered by continuous infusion when necessary.



Inability to Empty Bladder:

A catheter may be required to drain the bladder.



Fever:

This is due to the effect of the epidural on the body's temperature regulating system.

POTENTIAL COMPLICATIONS OF AN EPIDURAL

NOTE: The following complications are rare

IMMEDIATE COMPLICATIONS

Local anaesthetic enters a blood vessel in the epidural space, causing light-headedness or dizziness, ringing in the ears, a metallic taste, and tingling around the mouth:

This condition could progress to seizures and unconsciousness. However, immediate recognition and treatment followed by full recovery is usual.

Local anaesthetic enters the spinal space and travels too far upwards:

This could progress to breathing difficulties or unconsciousness. Again, immediate recognition and treatment followed by fully recovery is usual.

NOTE: The Anaesthetist and nurse/midwife do not leave the room until they are sure you are safe.

LATER COMPLICATIONS

Total or partial paralysis of the legs and lower body or a chronic nerve problem called “arachnoiditis”

We do not know how or why these complications arise nor can we predict who they will affect. This occurs in only 1 in 100,000 to 1 in 200,000 cases.

Blood vessels in the epidural space bleed, forming a large collection of blood which would potentially press on the spinal cord:

A spinal operation may be required. This would not normally occur unless a bleeding disorder was present.

LESS SERIOUS COMPLICATIONS

Backache at the site of the epidural (10 – 15%):

This is due to bruising of the tissues during placement of the catheter. It may last a couple of weeks to a couple of months, but usually requires no treatment and will improve steadily. Backache can occur following labour even without an epidural.

A spinal tap (0.5 – 1.0%):

The epidural needle punctures the fine membrane between the epidural and spinal space and spinal fluid leaks out of the spinal canal. This is NOT dangerous; however, it can cause a severe headache lasting for several days or weeks. If the woman lies flat for 24 to 48 hours, this headache will be minimized and may be prevented. There are procedures available to treat the headache and full recovery is expected.

Infection:

Infection at the site of the needle is a potential risk and is treated with antibiotics. An epidural abscess that requires a spinal operation is very rare.

MORE INFORMATION ON EPIDURALS

DOES THE EPIDURAL ALWAYS WORK?

Occasionally there may be a poor anaesthetic response. The epidural may either not work or work on one side only. Trying a stronger anaesthetic solution may help. Repositioning the catheter may also correct the problem. Sometimes, repeating the whole procedure may be required. If all else fails, a general anaesthetic may be necessary for either caesarean birth or instrumental delivery (e.g. mid-forcep delivery) .

AM I GUARANTEED AN EPIDURAL BLOCK IF I WANT ONE?

Some women may not have an epidural. This includes women with a history of serious back injury or surgery, chronic back pain or abnormal anatomy of the back, bleeding disorders, local or generalized infection and allergy to local anaesthetics. The anaesthetist will review the completed anaesthetic questionnaire to identify risk factors and advise you accordingly.

If your baby shows signs of fetal distress during labour, and must be delivered quickly, there may not be sufficient time to administer the epidural/spinal block. In this case you may require a general anaesthetic.

WHAT ARE THE BENEFITS OF AN EPIDURAL BLOCK?

- It provides relief from pain while allowing you to remain alert during the birth experience.
- It provides rest/sleep for women experiencing long and difficult labour.
- It may be in place for the entire labour process including the 2nd stage of labour (pushing).
- It may improve the process of labour in the case of maternal exhaustion or ineffective uterine contractions.

WHAT IF I HAVE QUESTIONS/CONCERNS ABOUT THE EPIDURAL BLOCK?



If you have any questions or concerns about the epidural block, risk factors, or the consent for this procedure, please notify your primary care provider. He/she will arrange a consultation with an anaesthetist before your due date.

SKIN-TO-SKIN CONTACT

The first hour of birth is a crucial time for your baby's transition to life outside the womb. To help with this adjustment, we believe that all healthy, stable babies and mothers should be given the opportunity to practice Skin to Skin Contact practice immediately after delivery.

Skin to Skin Contact (SSC) is placing a naked newborn prone on mother's bare chest immediately after birth. This practice based on intimate contact within the first hours of life will facilitate mother-infant behaviour and interactions through sensory stimuli such as touch, warmth and odour. All stable babies and mother could benefit from SSC immediately after birth, including those that do not intend to breastfeed. Babies who are not stable immediately after birth can receive skin to skin contact later when they are stable. In situation where the mother is not stable or able to respond to her baby, the baby can be put skin to skin with the father or partner.



With your consent to this practice, after delivery, including after caesarean section, your health care providers will ensure that there is uninterrupted skin to skin contact between you and your baby. Skin to skin contact may continue for at least one hour after birth or until completion of the first feeding, or as long as you wish. A longer period of SSC is recommended if your baby has not suckled by one hour after birth.

Benefits

- Calms the mother and the baby
- Helps stabilize the baby's heartbeat and breathing
- Keeps the baby warm with heat from the mother's body
- Enables colonization of the baby's gut with the mother's normal body bacteria gut, provided that she is the first person that holds the baby and not the nurse or others
- Reduces infant crying, thus reducing stress and energy
- Facilitates bonding between the mother and baby, as the baby is alert in the first one to two hours
- Allows the baby to find the breast and self-attach, which is more likely to result in effective suckling than when the baby is separated from his/her mother in the first few hours
- Reduces the need for analgesia during the invasive procedures, for example, vitamin K injection
- Baby will lose less weight
- Enhances mother and infant interaction
- Extends duration of successful breastfeeding
- Hormonal interaction reduces risk of postnatal depression for the mother

For more information on SSC practice, please ask your nurse.

Mother & Baby Education Guide: Your Mother and Baby Stay

POSTPARTUM STAY



Following the delivery, you and your baby will be transferred to C5 Mother & Baby Orange or, if you are with a midwife, you may be able to go home directly from the Labour & Delivery in less than 24 hours.

ACCOMMODATIONS



We will make every effort to provide you with your choice of accommodation on the Mother & Baby Unit. However, there may be times where your first choice for room accommodation is not available. In this event we will make every effort to move you into your first choice for room accommodation as rooms become available. If you wish to change your choice of accommodation, please inform the nurse on admission. Well-newborns stay in the mother's room (24-hour rooming in).

In a "Ward Room" you may share a room with up to three other mothers unless you request a semi (two beds) or private room at an additional cost.

BREASTFEEDING SUPPORT



Breastfeeding provides the best nutrition for your newborn(s). Nurses and Lactation Consultants will work with you to support your breastfeeding experience in a number of ways. This will include providing you with an information package and support you to increase your knowledge and skills in breastfeeding. They will review with you the best position for baby at the breast, how the baby "latches", and signs that your baby is getting adequate nutrition and help you understand your baby's feeding patterns.

CORD BLOOD COLLECTION



The merits of saving cord blood have been explained to you by your physician.

If you choose to proceed with cord blood collection (stem cells) or umbilical cord collection, please be aware that a \$75 fee plus HST will be collected by Mackenzie Health upon discharge. This \$75 fee covers the collection, processing and packaging of the cord blood kit in the hospital. If you are planning to donate cord blood, please notify your nurse upon your arrival to the Labour & Delivery Unit to ensure a fee is not applied to cord blood that is donated.

Please note that the hospital fee is collected separately from the physician fee. Your physician will bill you for **their** services through their office.

If there are any questions or concerns regarding these fees, please contact your physician's office of the Financial Accounts office at Mackenzie Health (905-883-1212 ext. 2075).

Please visit <http://parentsguidecordblood.org/en> for the full range of choices available for families.

To learn more visit <https://www.blood.ca/en/cordblood> or visit <https://www.blood.ca/en/cord-blood/how-do-i-donate> to learn about donating cord blood.

IF YOU ARE REQUESTING A CIRCUMCISION FOR YOUR SON



Newborn circumcision is no longer covered by Provincial Health Insurance (OHIP). You will be required to pay prior to the procedure. If you are having your baby circumcised, please ask your nurse for the fee structure, which covers staff time, supplies and physician fees, plus applicable taxes. There are two (2) fees involved in circumcision payment. One fee for the hospital and a separate fee set by the paediatrician performing the procedure.

INFANT HEARING PROGRAM



All new born babies in Ontario should have their hearing screened, either in the hospital when they are born, or in a community setting. There is no charge for the screening. It is a simple, reliable process that is quick, completely safe and comfortable for your baby. The technology used involves placing a small earphone in the baby's ear.

Soft sounds are played through the earphone and the ear's response is measured and recorded. Your baby will probably sleep comfortably through the whole experience and you will get the results right away.

If for some reason your new baby misses the hearing screening before you go home from the hospital, you will be provided with follow-up information to go to the closest regional offices to ensure this test is done.

Even though most babies pass the hearing screening, some babies will have a "refer result". This means the baby will need a hearing assessment. The hearing assessment is performed by an audiologist who is an expert in testing babies' hearing. Your regional Infant Hearing Program will arrange an appointment for you. Most babies who receive a refer result have perfectly normal hearing. Debris in the ear canal or fidgeting during the screening are the most likely reasons for a refer result. However, if your baby does have a hearing problem, the audiologist will direct you to the services and supports that are available to help you and your child.

JAUNDICE

If your baby's skin tone appears yellowish, s/he may be jaundiced. A blood test will be done prior to discharge at approximately 24-36 hours after birth. The result will be reviewed with you.

NEWBORN SCREENING ONTARIO



To ensure that your baby gets the best start in life and stays healthy, your newborn will be screened for at least 29 rare disorders. Although most babies with these disorders look healthy at birth, they may be at risk of having serious health problems if their disorder is not detected and treated. Early identification is key to effective treatment.

In order to perform the screening test, a small sample of blood is taken from your baby by pricking the heel. The blood is collected on a special paper card and then sent to the Newborn Screening Program Laboratory for testing. Blood samples can be taken anytime between one day (24 hours) and seven days after your baby is born. A screening test only shows whether there is a high or low risk that your baby has a disorder. It is important to understand that the test does not make a diagnosis of a disorder, but only identifies babies who need further testing.

Once the Newborn Screening Program Laboratory has received and analyzed your baby's blood sample, one of the following will occur:

- 1) Your baby screens negative for all the disorders. The Newborn Screening Laboratory will send a report by mail to your hospital and/or health care provider.
- 2) The Newborn Screening Laboratory may need another blood sample. It may be that the first sample was not taken properly, there wasn't enough blood to complete the testing, or there was some other problem with the sample. In this case, your baby's health care provider will contact you and arrange for another blood sample to be taken as soon as possible.
- 3) Your baby screens positive for one of the conditions. A screen positive **does not necessarily mean** that your baby has a disorder, but only that further testing is needed. Your baby's health care provider will contact you right away to make arrangements for follow-up at a hospital where specialists can do further testing. If a diagnosis of a disorder is made, the hospital will provide your baby with treatment and your family with counselling and advice.

To learn more about Newborn Screening Ontario, visit <https://newbornscreening.on.ca>

Mother & Baby Education Guide: Discharge Education

POSTPARTUM CARE

VAGINAL DELIVERY

- Sooth any wounds with ice, sitz baths, or Tucks pads
- Keep any wounds clean by continuing to use the peri bottle to squirt warm water.
- Inflatable donut shaped pillow may help with sitting comfort.
- Do Kegel exercises through out the day (Tightening/relaxing vaginal muscles)
- Vaginal discharge will start out heavy (with small gushes from position changes) then will taper off and change colour from red to brown/pink to white. This may last 6 weeks. **Do NOT** use tampons during this time. Soaking a pad every 1-2 hours is too heavy. Seek treatment.

CESAREAN SECTION (C-SECTION)

- Pain medications may be needed for discomfort at the incision site for a few days.
- It is very important to walk around to prevent complications.
- Vaginal discharge that will taper off and change colour from red to brown/pink to white. This may last 4-6 weeks. Do NOT use tampons.
- Support your incision site when coughing/ laughing or sneezing. Be careful with deep bending and on stairs.
- Keep your incision dry and clean.
- No bath until your incision is healed but showers are encouraged
- Stay hydrated and monitor bowel movements, you may need an over the counter stool softener to help with constipation. Discuss this with your Dr.
- Do not lift anything heavier than your baby for the first 4-6 weeks.
- Do not drive for the first 4-6 weeks.

WHAT IS NORMAL?

- Uterine contractions and tightening after delivery with breastfeeding.
- Hemorrhoids (swollen sore bumps on/in your anus).
- Pain from incision site.
- Swollen ankles and hands
- It takes 4-6 weeks for the incision to heal.
- Full, heavy breasts a few days after delivery.

ONCE HOME, MAKE SURE YOU...

- Phone your Obstetrician or Midwife to book a 6 week follow up appointment. Some may request to see you sooner. Discuss with Dr/MW.

FOR MORE INFORMATION....

- Visit the Additional Resources page at the end of this guide for links to more information around postpartum care.

EXERCISE GUIDELINES

It is natural to want to get back in shape as soon as possible. It is also important to allow yourself time to recover, and then to begin exercise gradually.

You will find that a little exercise can be refreshing and can be a great stress reliever. Walking is a great way to keep fit. The following exercises will one up all muscles that have been stretched during your pregnancy. **Perform each exercise 10 times, 2 or 3 times a day.**

EXERCISES WHILE LAYING ON YOUR BACK

Pelvic Floor Contractions

Legs straight with ankles crossed. Straighten knees, press thighs together, tighten stomach muscles and buttocks, and “pull up” between legs (i.e. as if to hold back flow of urine).

Pelvic Tilting

Knees bent with feet flat on the floor. Tighten the abdominal muscles and press the hollow part of the lower back into floor. If difficult, place hand under lower back and squash fingers into floor. Hold, slow count of three.

Abdominal Exercise (lumbar roll)

Knees bent, feet flat on the floor, arms out at shoulder level. Tip knees as far as possible to one side and then to the other. Keep shoulders flat. Progression: Draw knees up to the chest and then rotate the lower legs first to the right and then to the left. Return to midline and then slowly lower the legs down.

Abdominal Exercise (modified curl-up)

Knees bent, feet flat on the floor. Inhale and with exhalation, tilt pelvis, tuck chin in and lift head and shoulders as you reach toward your knees and come down.

Oblique Abdominal Exercise

Knees bent, feet flat on the floor. Inhale and with exhalation, tilt pelvis, tuck chin in and lift head and shoulders as you reach with the left arm towards right knee and then come down. Alternate, reaching toward left knee and come down.

When you can do these abdominal exercises easily, you should progress your ability and increase your endurance in one of the following ways:

- come up into full sitting
- lock your hands behind your head as you lift into sitting OR
- hold at the mid-position of your lift for five seconds OR
- increase the number of repetitions of the exercise

EXERCISES WHILE STANDING

Pelvic Tilting

Stand with back against the wall and heels 3 to 4 inches from the wall. Tighten the abdominal muscles and tilt the pelvis so that the low back flattens against the wall and relax.

Side Bending

Bend to side as far as you can. Alternate. Maintain pelvic tilt.

Back Rounding

Kneeling on hands and knees, push middle of back toward ceiling, keeping arms straight, and tuck head under. Hold for count of three and relax to straight back position. Avoid “dropping down” hard as it can hurt your back.

If you have any discomfort while doing these exercises - STOP. After waiting one hour, try again. If you still have discomfort notify your Primary Health Care Provider.

EMOTIONS & SEXUAL ACTIVITY

NEW MOTHER EMOTIONS

Baby Blues

50 to 80% of new Moms experience Baby Blues which occurs in the first 3 to 5 days and goes away in 1 to 2 weeks and may include:



- Crying
- Feeling sad
- Feeling frustrated
- Feeling tired
- Difficulty concentrating
- Difficulty sleeping

Post Partum Depression

10 to 15% of new Moms experiences Post Partum Depression which can start suddenly or slowly any time within the first year after birth and may include:



- Crying/irritability
- Exhaustion
- Appetite Changes
- Feelings of doubt about parenting
- Guilt
- Feeling overwhelmed
- Having no feelings for your baby
- Loss of interest in usual activities

SEXUAL ACTIVITY



- It is recommended to wait until after your 6 week appointment with your OB or Midwife. This allows your bleeding to stop, any tears/episiotomy/incision to heal, and your cervix to close
- Your OB/Midwife can discuss resume sexual activity and a method of birth control (if desired)
- You can ovulate prior to your first menstrual cycle returning
- There are safe birth control options you can use while breastfeeding
- Remember exhaustion from being a new parent may impact your interest in sex, communicate with your partner

FEEDING YOUR BABY

As a new parent, you are faced with many decisions about what is best for you and your baby. Exclusive breastfeeding (feeding only breastmilk) for six months is the healthiest decision. Breast milk is made especially to meet the needs of your baby. Babies who are breastfed receive many health benefits that commercial infant formulas or other milks do not offer. Breastmilk will provide valuable nutrition for your baby's growth and development. If you decide to give your baby something other than breastmilk, commercial iron-fortified infant formula is the recommended choice.


During your pregnancy, talk with your partner about how you want to feed your baby. Ask your health care professional for more information and about the supports that are available to you.

Some people think that everyone needs to be able to feed the baby in order to create a strong bond. However, family members have different ways that they can bond with baby. Along with feeding, mothers and fathers can bond with their baby through many other activities (such as cuddling, diaper changes, bathing, talking, singing, and reading stories to baby). Siblings can tell stories to help or by bringing supplies at baby's diaper change time, grandparents can diaper or cuddle baby, sharing their support with the family.


BREASTFEEDING

Breastfeeding your baby provides many benefits.

Breastmilk

- 
- Is easily digested
 - May lower rates of gastrointestinal, respiratory, and ear infections. Babies who receive breastmilk may also have decreased chances of developing obesity, Sudden Infant Death Syndrome (SIDS), asthma and eczema. Studies in these areas are on-going.
 - Has growth factors and hormones to help normal growth and development
 - Is always fresh and at the right temperature
 - Changes to meet your growing baby's needs
 - Conflicts to breastfeeding are rare; ask your health care provider if you have any questions about medications you are taking or any other health concern you are unsure of that may create a problem with breastfeeding

Breastfeeding

- 
- Helps you feel close to your baby
 - May help you lose weight and get back into shape
 - Helps your uterus return to normal size
 - Helps decrease your risk for breast and ovarian cancer
 - Is convenient (no need to mix formula or clean bottles or carry formula and bottles when travelling)
 - Is much cheaper than formula feeding
 - Is environmentally friendly

Health Canada and the Canadian Pediatric Society recommend exclusive breastfeeding up to 6 months and continue to breastfeed for up to 2 years and beyond.

BREASTFEEDING

Partner, family and friends can support breastfeeding knowing that:

- Human milk is made for human babies and supports the development and protection of the baby after birth
- Mother and the baby need time together, which helps them both recover from childbirth and learn to breastfeed.
- Babies cuddle skin-to-skin on their mother's chest will show feeding cues from mother to follow
- Frequent breastfeeding, 8 to 12 times in 24 hours, will help your baby get enough breastmilk
- In the first few weeks, feedings take about an hour, this includes feeding on both breasts, diaper changes and burping.
- It takes about 4 to 6 weeks for most mothers to feel confident with breastfeeding and for breastfeeding to seem convenient
- Your continued encouragement and support is very important to the new mother

A baby needs a lot of attention during the first months of life. You can help by:



Changing the baby



Bringing the baby to
mother to breastfeed and
burping the baby



Cooking meals and
making snacks for the
family and grocery
shopping



Tidying up the house



Doing laundry (you will be
amazed at how much one tiny
baby can create!)



Encouraging the new mother
to rest when her baby does



Screening visitors and
phone calls

Breastfeeding has many benefits for you and your baby. Please be patient with yourself and your baby as breastfeeding is a new skill for both of you to learn. Ask lots of questions and your baby's nurse will be pleased to assist you.

Your baby's stomach is as small as the amount of colostrum you produce. You will produce anywhere from 10-100mls (approx. 1/2-3oz). During the first 24 hours, baby may feed as often as every hour and a half or may feed only once or twice even though you have tried to feed baby more frequently. Both are okay. Your baby will have at least one wet diaper and one bowel movement the first day. Baby's bowel movements are black in colour.

Some of the major signs that your baby is getting enough breast milk:

- 6-8 wet diapers a day (once milk is in and breastfeeding well). Also refer to baby's bladder patterns/voiding (see chart below)
- Bright eyed, alert baby
- Audible swallowing
- The suckling at the breast should be a long, deep, slow and rhythmic pattern of sucking with a pause in between
- Baby does not slip off or fuss at the breast
- Regain birth weight by the age of two to three weeks, doubling birth weight at 5-6 months
- Once milk is in, mother's breasts are softer at the end of feeding
- 2- 3 large stools per day in the first 4 weeks
- Grows out of his/her clothing
- Reasonably content between feeds. Remember babies have a growth spurt at 2-3 weeks, 6 weeks, 3 months and 6 months. By feeding more often for 2-3 days you will increase your milk supply
- Moist mouth

BABY'S BLADDER PATTERNS/VOIDING

Initially, your baby should void within the first 24 hours. The following should be used as a guideline to help you assess if your baby is getting enough to eat:

	Day 1	Day 2	Day 3	Day 4	Day 5
Min. # of Wet Diapers	1	2	3	4	At least 6 (from now on)
Min. # of Dirty Diapers	1	2	3	3	3

Once your milk comes in, your baby should have a minimum of 6 to 8 wet diapers in 24 hours.

If your baby is having fewer wet diapers than this or if the urine is very dark and concentrated and your baby is sleeping longer than 5 hours at a time in the first 2 weeks please call your health care provider or visit your Emergency Department. Your baby may be getting dehydrated.

CUES BABY IS HUNGRY

EARLY CUES - "I'm hungry"



- Stirring



- Mouth opening



- Turning head
- Seeking/rooting

MID CUES - "I'm really hungry"



- Stretching



- Increasing physical movement



- Hand to mouth

LATE CUES - "Calm me, then feed me"



- Crying



- Agitated body movements



- Colour turning red

SIGNS OF AN INEFFECTIVE LATCH

- Baby falling asleep at the breast after only a few sucks
- Only nipple in baby's mouth
- Pinching sensation during feeding
- Sore painful nipples
- Baby showing feeding cues after taken off the breast
- Baby unsettled/crying
- Smacking or clicking noises with each suck

If this occurs, break the baby's latch then attempt to have the baby latch again.

If you experience any difficulty with latching, please ask your nurse/midwife for assistance.

BREAKING THE LATCH

When your baby is finished breastfeeding s/he will usually change his/her sucking pattern from long, slow deep sucks to quicker and more shallow sucks. If you are ending the feeding yourself and have to "break" the latch, you may do this by inserting one of your fingers into the corner of your baby's mouth. If this does not release the hold on your breast, insert your finger between baby's gums and turn it to open them up a bit.

ATTACHING BABY

When baby is beautifully lined up with the breast you are ready to attach baby.



- 1) With baby's chin pointing at the breast and your nipple above baby's top lip, opposite the nose. Tease baby's lips & chin with the breast & areola.
- 2) Wait for baby to respond with a wide-open mouth, tongue down.
- 3) Swiftly & firmly push between baby's shoulders bringing baby onto the breast.
- 4) Position baby's bottom lip a good 3-4cm below the nipple. The deeper the bottom lip is below the nipple the more breast baby takes.
- 5) Watch the chin sink into the breast and the nipple brush under baby's top lip. If needed you can use your finger or thumb to help guide the breast and then the nipple into the baby's mouth.
- 6) This places the baby's tongue well under the breast, the nipple rolls back near the soft palate, baby will form a good "latch" and begin feeding.

ADDITIONAL RESOURCES

[Click here](#) for a more comprehensive guide to latching and breastfeeding your baby, including nutrition for mom, how family can support and a mom's survival guide for the first 2 weeks.

Make sure you are in a comfortable position for feeding. Four positions you can try for breastfeeding are: the football hold, the side lying hold, the cradle hold and the modified cradle hold.

YOU HAVE ALL BABY NEEDS

Your breasts will produce exactly the right amount of milk required on each day if baby is frequently latching on and drinking well.

THE FOOTBALL HOLD

Sit in a chair using pillows to support your shoulders and back, or in an armchair.



- 1) Place an additional pillow on the chair arms or on the bed beside you to rest your arm on. Many mothers find that placing the armchair beside the hospital bed facilitates the football hold.

- 5) Raise the bed to the same level as the armchair.
- 6) Place a pillow so it comes underneath your breast and it bridges the armchair to the bed.
- 7) Support your baby's neck and shoulders with your hand and tuck your baby under your arm so that his/ her feet are at your back and the pillow supports his/her body.
- 8) Use your other hand to support your breast by placing your fingers under your breast and your thumb on top of your breast behind the areola (darkened area).
- 9) Express a small amount of colostrum and stroke your baby's lips with the nipple.
- 10) When your baby opens his/her mouth wide and tries to grasp the nipple, tuck him/her in closely so that he/she can get as much of the nipple and areola in his/her mouth as possible

THE SIDE-LYING POSITION

Lie on the side you are going to begin feeding from.



- 1) Bend your knees to take the strain off your back.
- 2) Extend the arm of the side you are laying on, above your head, and pull

your pillow over your arm and shoulder, and under your head.

- 5) Lay your baby on his/her side facing you.
- 6) Express a small amount of colostrum.
- 7) Bring your baby onto the nipple and areola when he/she opens his/her mouth and tries to grasp it. You will probably need assistance from your nurse if you are using this position order to position and latch properly.
- 8) As your baby becomes more experienced, he/she will be able to latch on without the assistance of another person.

THE CRADLE HOLD



- 1) Sit in a chair using pillows to support your shoulders and back, or in an armchair with your feet slightly elevated on a stool or the lower rung of your bed rail.
- 2) Put a pillow on your hip to support your baby.
- 3) Hold your baby so that his/her head is cradled by your elbow. Turn your baby 90 degrees or turn toward you so that he/she is on his side facing the nipple and his tummy is facing your tummy.
- 4) Use your other hand to support your breast and your thumb on top of your breast behind the areola (darkened area).
- 5) Express a small amount of colostrum and stroke your baby's bottom lip with your nipple.
- 6) When your baby's mouth opens, tuck him in closely so that he/she can get as much of the nipple and the areola in his/her mouth as possible.

MODIFIED CRADLE HOLD (CROSS CRADLE)



- 1) Sit in a chair using a pillow to support your shoulders and back, or in an armchair with your feet slightly elevated on a stool or on the lower rung of your bed rail.
- 2) Put a pillow on your hip to support your baby.
- 3) Support your baby's neck and shoulders firmly with the hand opposite to the feeding breast and use your forearm to hold your baby's body close to you.
- 4) Use your other hand (same side as the breast) to support your breast with your fingers and your thumb behind the areola. This makes a C-HOLD.
- 5) Gently stroke your baby's lower lip with the nipple. When the baby's mouth opens wide, pull your baby to the breast so he/she can latch to the nipple and as much of the areola as possible into his/her mouth.

With all positions, keep your baby tucked in close to you during the feeding. Check periodically to ensure that your baby is not slipping to the end of your nipple. You can tell this is happening if the latch becomes uncomfortable or if more areola is showing than when he/she first latched on. When your baby starts suckling, do not compress your breast as this may prevent the milk flow. Babies have flat noses and if they cannot breathe they will pull off the breast as they can only breathe with their nose while sucking. Ensuring the baby is supported close to you with their buttocks pulled closely, will angle the baby and allow his/her head to extend and the nose to be free of the breast. Pressing the breast away from the baby's nose may loosen the baby's grasp of the nipple, causing him/her to slip off the areola or to let go of the nipple. Stroking the infant's cheek to stimulate suckling is not recommended as baby will turn his/her head towards the stroking and possibly unlatch him/herself.

It is common for babies to suck and pause periodically during feedings. You will notice that the pauses tend to get longer as your baby becomes full. Stimulate baby's chin to encourage your baby to suckle or perform breast compressions. When the pause periods become longer than the suckling, it's time to stimulate baby to suckle or take your baby off your breast.

WHEN DO YOU NEED TO CALL FOR ADVICE?

Have your baby checked by a professional supportive of breastfeeding (i.e. Health care provider, public health nurse, lactation consultant) within 2-3 days of discharge from the hospital or sooner, if your baby;

- Does not have the minimum number of wet/soiled diapers according to your baby's age.
- Does not have a bowel movement for 2 days and baby is under 6 weeks old
- Baby is refusing feedings
- Baby is very sleepy and will not feed
- You are worried about your baby's feeding
- Either you or baby has a temperature (fever) greater than 38 degrees
- If your baby's skin is getting increasingly yellow

GENERAL BREAST CARE

- Wash breasts daily, preferably avoiding soap in the nipple area, as it can dry out the nipples
- Wear a bra that fits well and is not too tight. Do not wear a bra with underwires, as pressure caused by the wires can lead to blockage or infection of the breasts.
- After breastfeeding, hand express some breast milk onto the nipples. Allow it to air-dry before putting on your bra.

CARING FOR BREASTS THAT ARE HARD

Hard breasts may make it difficult for your baby to feed. To soften your breasts, try the following:

- Take a warm shower
- Gently massage your breasts in the shower, or with a warm wet towel
- Hand express some milk until the area around the nipple feels soft, then try breastfeeding again
- Ensure that you breastfeed every 1.5-3 hours so that your breasts remain soft.
- After feeding, place a cold wet towel on your breasts for comfort and to decrease swelling.
- You may wish to place some cabbage leaves under your bra for approximately 30 minutes to soften your breasts
- On the third to fourth days post partum, breasts may become full as breast milk forms. Breasts may feel hard, warm and tender. This is called engorgement.
- A mild pain relief medication (acetaminophen or ibuprofen)
- Cold packs to the breasts
- Placement of cold, raw cabbage leaves inside your bra
- Firm supporting bra
- A mild pain relief medication (acetaminophen or ibuprofen)

Good nipple care is important! Our suggestions for care of your nipples include the following:

- Wash your breasts once a day when you shower. Do not use soap or perfumed lotions or creams that must be washed off prior to feeding.
- Express a small amount of colostrum or breast milk and spread it over the nipple or areola after the feeding. Allow to air dry for at least 10 minutes
- Air your nipples briefly after each feeding before you put your bra back on.
- If your breasts leak after feeding, use breast pads without plastic backing and change your breast pads whenever they are wet.

NIPPLE SORENESS

Many new mothers experience nipple soreness. Your nipples may be tender in the first week after birth, however this should improve each day. Breastfeeding should NOT however be painful. If your nipples are painful, try the following:

- Pull down on baby's chin when it feels like he or she is pinching your nipple, thus opening the mouth more
- Ensure that baby is properly latched – his or her lips should be turned out, tongue down, and chin pressed into your breast
- You may try flicking the baby's lips outwards – sometimes the lips are turned in, causing pinching.
- Use a variety of positions for feeding so that baby does not suck on the same part of the breast with every feeding.
- Do not let your baby fall asleep at your breast.
- Do not offer your baby a bottle supplement or soother as this may teach your baby to develop an ineffective sucking pattern.
- After feeding, hand-express some breast milk onto the nipples, letting it dry before putting on your bra
- Some creams and ointments may help, such as Purelan – ask your nurse or lactation consultant for more information on these products.
- Using pain medication and deep breathing exercises may help ease nipple soreness

If none of these measures work, check inside your baby's mouth for white patches on his/her tongue or cheeks. If the white patches cannot be wiped away, contact your doctor as you and your baby may have a yeast infection called "thrush" that could make your nipples sore.

BABY CARE

FEEDING



- Babies need to eat frequently and around the clock
- 8 to 12 times in 24 hours is normal
- Babies typically eat every 1 to 3 hours if breastfed and every 3 to 4 hours if bottle fed
- Minimum of 8 feeds in 24 hours for the first few weeks - Until baby is back to birth weight and feeding well

SAFETY AT HOME



- Never leave baby unattended on a couch, bed or in the tub
- Baby will only need one layer more than what you wear. No need to overdress baby. In fact, hats are not needed indoors as this is how baby's cool themselves. Room temperature 18-22 degrees for sleeping
- No loose blankets
- We recommend a cool mist humidifier in the room baby sleeps in during winter months to moisten the air (35-40% humidity is optimal)

HOW TO DRESS BABY



- Babies do not regulate their body temperature well during the first few months of life. **Do not** over dress your baby. Dress him/her according to the weather. One extra layer more than what you are comfortable wearing is a good guideline.
 - If baby's skin feels warm and damp from sweating, your baby is too warm and may be uncomfortable. Remove one layer of clothing to help cool baby down.
 - If your baby still feels warm, check your baby's temperature. Contact your baby's health care provider if your baby has a fever.

BABY'S SECOND NIGHT



- Baby is often fussy
- Finds comfort in being on your chest or partners chest (hears heartbeat, warm, safe)
- Baby may feed frequently at the breast with periods of sleeping on the breast
- It is normal for baby to not want to be put down in the cot.

DID YOU KNOW



- Babies lose approximately 7% of their birth weight in the first few days. By day 5 they start gaining and should be back to birth weight by 10-14 days.
- Babies poop will turn from the dark meconium poop to green, brown then yellow by day 5.
- Babies need to eat at night, Mom and Dad should take naps when they can.

BATHING



- If you clean up spills and spit up, and keep the diaper area clean, your baby only needs a bath 2 to 3 times per week
- **DO NOT** give your baby a tub bath until:
 - The umbilical cord is off and the belly button has normal-looking skin
 - The circumcision site has healed (if your baby is a boy and was circumcised). Until then, only use a sponge bath.
- Pick a time of day when you can relax and enjoy this time with your baby. Avoid bathing just before or after feedings.
- Never leave your baby alone on a high surface where he or she can roll off
- Always keep a hand on your baby while giving a bath. Never leave your baby alone in a bath.
- To keep your baby warm, cover your baby with a cloth or towel except where you are sponge bathing. Have a towel ready close by to wrap your baby in immediately after bathing.

Steps to Bathe Your Baby

- Wash your hands with warm water and soap
- Get all of the needed equipment ready for the baby, including:
 - Basin filled with 2 to 3 inches (5.1cm to 7.6cm) of warm water. Always check the water temperature with your elbow or wrist before bathing your baby to make sure it is not too hot
 - Mild baby soap and baby shampoo
 - A cup for rinsing
 - Soft washcloth and towel
 - Cotton balls
 - Clean Clothes and blankets
 - Diapers



- Start the bath by cleaning around each eye with a separate corner of the cloth or separate cotton balls. Stroke gently from the inner corner of the eye to the outer corner, using clear water only. **Do not** use soap on your baby's face. Then, wash the rest of your baby's face with a clean wash cloth, or different part of the wash cloth.



- **Do not** clean the ears or nose with cotton-tipped swabs. Just wash the outside folder of the ears and nose. If mucus collects in the nose that you can see, it may be removed by twisting a wet cotton ball and wiping the mucus away, or by gently using a bulb syringe. Cotton-tipped swabs may injure the tender area inside of the nose or ears.



- To wash your baby's head, support your baby's neck and head with your hand. Wet and then shampoo the hair with a small amount of baby shampoo, about the size of a nickel. Rinse your baby's hair thoroughly with warm water from a washcloth, making sure to protect your baby's eyes from the soapy water. If your baby has patches of scaly skin on his or her head (*cradle cap*), gently loosen the scales with a soft brush or washcloth before rinsing.



- Continue to wash the rest of the body, cleaning the diaper area last. Gently clean in and around all the creases and folds. Rinse off the soap completely with water. This helps prevent dry skin.
- During the bath, gently pour warm water over your baby's body to keep him or her from getting cold.
- For girls, clean between the fold of the labia using a cotton ball.
 - Some babies have a bloody discharge from the vagina. This is due to the sudden change of hormones following birth. There may also be white discharge. Both are normal and should go away on their own.
- For boys, wash the penis gently with warm water and a soft towel or cotton ball. If your baby was not circumcised **do not** pull back the foreskin to clean it. This causes pain. Only clean the outside skin. If your baby was circumcised, follow your baby's health care provider's instructions on how to clean the circumcision site.
- Right after the bath, wrap your baby in a warm towel.

UMBILICAL CORD CARE



- Your newborn's umbilical cord was clamped and cut shortly after he or she was born. When the cord has dried, the cord clamp can be removed.
- The remaining cord should fall off and heal within 1 to 4 weeks.
- The umbilical cord and the area around the bottom of the cord do not need specific care, but they should be kept clean and dry.
- If the area at the bottom of the umbilical cord becomes dirty, it can be cleaned with plain water and air-dried.
- Folding down the front part of the diaper away from the umbilical cord can help the cord to dry and fall off more quickly.
- A small amount of sticky drainage or blood before the umbilical stump falls off is normal.
- You may notice a bad odour before the umbilical cord falls off. Call your health care provider if the umbilical cord has not fallen off by the time your newborn is 4 weeks old. Also, call your health care provider if:
 - There is redness or swelling around the umbilical area
 - There is drainage from the umbilical area
 - Your baby cries or fusses when you touch the area around the cord

There are a number of things you can do to keep your baby safe while he or she is napping or sleeping.

DO:



- Place your baby to sleep on his or her back unless your baby's health care provider has told you differently. This is the best and most important way you can lower the risk of sudden infant death syndrome (SIDS).
- The safest place for a baby to sleep is in a crib that is close to a parent or caregiver's bed. A safety-approved bassinet or portable play area may also be used for sleeping.
- Use a crib and firm crib mattress that meet the safety standards of the Consumer Product Safety Commission and the American Society for Testing and Materials.
- Use a light, thin blanket tucked in at the bottom and sides of the bed, and place it no higher than your baby's chest.
- Give your baby plenty of time on his or her tummy while he or she is awake and while you can supervise. This helps your baby's muscles and nervous system. It also prevents the back of your baby's head from becoming flat.
- Once your baby is taking the breast or bottle well, try giving your baby a pacifier that is not attached to a string for naps and bedtime.
- If you bring your baby into your bed for a feeding, make sure you put him or her back into the crib afterward.
- Dress your baby lightly for sleep.


































DO NOT:



- Routinely put your baby to sleep in a car seat, carrier, or swing.
- Over-bundle your baby with clothes or blankets. Adjust the room temperature if you are worried about your baby being cold.
- Cover your baby's head with blankets.
- Put quilts, comforters, other loose bedding, toys and stuffed animals in the crib. This also includes sheepskins, crib rail bumpers and pillows.
- Do not let your baby get too hot. The baby should not feel hot to the touch and should not be sweaty.
- Place babies to sleep on adult beds, soft mattresses, sofas, cushions, or waterbeds.
- Smoke around baby, especially when he or she is sleeping. Babies exposed to second hand smoke are at an increased risk for sudden infant death syndrome (SIDS). If you smoke when you are not around your baby or outside of your home, change your clothes and take a shower before being around your baby. Otherwise, the smoke remains on your clothing, hair, and skin.
- Sleep with your baby or let other adults or older children sleep with your baby. This increases the risk of suffocation. If you sleep with your baby, you may not wake up if your baby needs help or is impaired in any way. This is especially true if you have been drinking or using drugs, have been taking medicine for sleep or may make you sleep, or you are overly tired.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

GUIDELINES FOR NURSING MOTHERS

Your Baby's Age	1 WEEK							2 WEEKS	3 WEEKS
	1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS	6 DAYS	7 DAYS		
How Often Should You Breastfeed? Per day, on average over 24 hours	        <p>At least 8 feeds per day (every 1 to 3 hours). Your baby is sucking strongly, slowly, steadily and swallowing often.</p>								
Your Baby's Tummy Size	 <p>Size of a cherry</p>		 <p>Size of a walnut</p>		 <p>Size of an apricot</p>		 <p>Size of an egg</p>		
Wet Diapers: How Many, How Wet Per day, on average over 24 hours	 <p>At least 1 WET</p>	  <p>At least 2 WET</p>	  <p>At least 3 WET</p>	  <p>At least 4 WET</p>	      <p>At least 6 HEAVY WET WITH PALE YELLOW OR CLEAR URINE</p>				
Soiled Diapers: Number and Colour of Stools Per day, on average over 24 hours	  <p>At least 1 to 2 BLACK OR DARK GREEN</p>		   <p>At least 3 BROWN, GREEN, OR YELLOW</p>			   <p>At least 3 large, soft and seedy YELLOW</p>			
Your Baby's Weight	Babies lose an average of 7% of their birth weight in the first 3 days after birth.				From Day 4 onward your baby should gain 20 to 35g per day (½ to 1½ oz) and regain his or her birth weight by 10 to 14 days.				
Other Signs	Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding.								

FOLLOW UP FOR BABY

- Phone your family Dr. / Pediatrician / or midwife for an **appointment 2 to 3 days after discharge** from the hospital. Baby needs to be seen, weighed and assessed by your health care provider.
- **Breastfeeding clinic** available for follow up for Mom and baby by calling **905-883-2060 from Richmond Hill** or **905-832-4554 ext. 2060 from across Vaughan**.

CONTACT BABY'S HEALTH CARE PROVIDER IF...

- Baby has a fever (Temperature above 38 degrees Celsius/100 degree Fahrenheit, check under arm) or if consistently 37.5, 37.6 and baby is not overheated
- Baby is unusually distressed
- Baby is unusually drowsy and hard to wake up
- If baby is not feeding a minimum of 8 times in 24 hours
- If baby has no stool over a 24 hour period in the first week
- If baby has fewer diapers than expected (more is okay)

	Day 1	Day 2	Day 3	Day 4	Day 5
Min. # of Wet Diapers	1	2	3	4	At least 6 (from now on)
Min. # of Dirty Diapers	1	2	3	3	3

- Baby's skin or eye becomes yellow in colour
- Baby's umbilical cord area becomes red
- Foul odor or fluid leaking from umbilical area
- *Rapid or laboured* breathing pattern (babies normally fluctuate their breathing rate/pattern)

What to do if you cannot reach Health Care provider?

- Call Telehealth for free help over the phone with medical concerns and breastfeeding, open 24 hours a day/ 7 days a week at **1-866-797-0001**
- Call York Region Public Health (**Health Connection**): for information on caring for yourself or your baby at **1-800-361-5653/ 905-895-1231**
- Go to the **Emergency Department**
- If breastfeeding related connect with a **Lactation Consultant** in the community or book an appointment in our clinic using the number above.

HEALTH CARD (OHIP)



- Fill in baby's name. If you haven't decided on the first or middle names, leave these blank but make sure to have last name.
- Parent information in middle section
- Be sure to sign and date the form and hand the top portion to your nurse. The bottom portion is the temporary health card and will be used for all appointments for baby.
- Take a picture of the number and keep it safe.

Once the baby's name has been decided, call the 1-800# on the back of the bottom portion of the form to update Service Ontario.

SERVICE ONTARIO

You can register your newborn for all items listed below at www.orgforms.gov.on.ca/IBR. The birth of every child **must be registered within 30 days** following the birth. If the birth is not registered, you cannot request a birth certificate or get access to other important services for your child.

- Register your baby's birth using the information provided on the baby's Newborn birth report
- Request a birth certificate
 - Plan on getting a passport? Choose the "long form" birth certificate
- Sign up for Canada (Ontario) tax benefits

Registration Fees:

Registration	Fee
Birth Registration	FREE
Short-Form Birth Certificate	\$25
Long-Form Birth Certificate (required for passport applications)	\$35
Social Insurance Number (SIN)	FREE
Canada Child Benefits (including Ontario Child Benefits)	FREE



Car Seat Safety

Clip at under arm level →



CORRECT



← Clip too low

INCORRECT

Pinch Test →



SNUG



NOT SNUG



To keep baby warm in the car during the colder months, consider using a car seat cover that has an elastic cover, similar to a shower cap, or a thick blanket over the harness. While bunting bags and sleeping bag type of covers look extra comfortable for baby, they actually pose a danger in the case of an accident. Snowsuits and bunting bags will interfere with buckling up your baby securely and may void your car seat warranty in the case of an accident.

Mother & Baby Education Guide: Additional Resources

Mackenzie Health is pleased to provide several additional resources to support mothers and families before and after birth of their new baby. Resources can also be accessed by visiting www.mackenziehealth.ca/motherandbaby or clicking any of the links below.



PRENATAL EDUCATION & RESOURCES

- [Fetal Movement Count Chart](#)
- [RhoGAM Fact Sheet](#)
- [Group B Strep in Pregnancy](#)
- [Vaginal Birth after Caesarean Section \(VBAC\) and Elective Repeat Caesarean Section \(ERCS\)](#)
- [Foley Inductions](#)
- [Cervical Ripening Inductions](#)



POSTPARTUM EDUCATION & RESOURCES

- [Postpartum Care After a Caesarean Section](#)
- [Postpartum Care After a Vaginal Delivery](#)
- [Kangaroo Mother Care](#)
- [Breastfeeding Guide](#)
- [Expressing Breast Milk](#)
- [Jaundice](#)

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