

Having your Baby at Humber River Health

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Thank you for choosing to have your baby at Humber River Health. We hope this information will help you as you get ready for the birth of your baby.

Whether you will be a new parent or you are already an experienced parent, remember that your healthcare providers are here for you if you need help or have questions to ask.

Please bring this booklet with you:

- To your Prenatal Clinic appointments (if you have one)
- On the day of your delivery or caesarean section.



HOSPITAL SERVICES

Where are we located?

Maternal and Child Program Humber River Health

1235 Wilson Ave.,
Toronto, Ont. M3M 0B2

We are located on the 4th floor.

When you arrive at the hospital, take the Central Elevators to the 4th floor.

Tel: (416) 242-1000

Birthing Unit/Obstetrical Assessment

Mother Baby Unit

Neonatal Intensive Care Unit

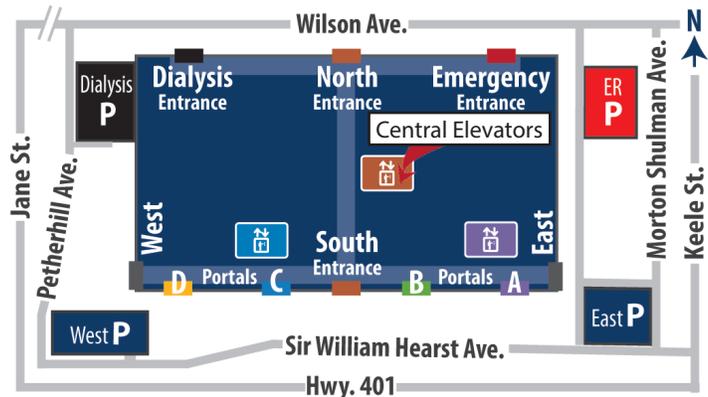
Maternal and Child Program Outpatient Clinic/Prenatal Clinic/Lactation Clinic

Ext. 45300 or Ext. 45200

Ext. 45100

Ext. 45400

Ext. 21450



Visiting Hours

In the Birthing Unit: We allow two (2) people of your choice at any one time to stay with you, to support you and to be present at the birth.

For your safety, if you would like your children to be present in the birthing unit, please have an adult there to supervise them at all times. **The staff will not be responsible to supervise your children.**

On the Mother Baby Unit: Your new baby's father/mother, siblings and grandparents are important members of the family and we encourage them to visit. An adult, other than yourself, must supervise any children (under the age of 14), at all times. We strongly encourage children to sleep at home overnight.

Please speak with your nurse about which family members and/or significant others you wish to be involved in your care while on the Mother Baby

Unit. We will welcome them 24 hours a day, based on your preference and care needs.

We encourage quiet time for moms between 2:00 p.m. and 4:00 p.m. During this time, we ask that family or friends leave so you are able to rest. We may also do some teaching with you.

Babies will stay in your room during visiting hours. Parents, please make sure that all visitors sanitize (wash) their hands before entering your room and touching or holding your baby.

FAMILY AND VISITOR HOURS:

Family	24 hours a day <i>For family arriving between 10:00 p.m. and 6:00 a.m.:</i> Please enter through the Emergency Department or the South Main entrance.
Visitors	10:00 a.m. to 9:00 p.m.

Members of your Healthcare Team

Dietitian: A dietitian is available to provide nutrition counselling and education for you and your baby.

Social Worker: A social worker is available to provide support and counselling. They can also make referrals to appropriate community resources.

Lactation Consultant: A lactation consultant provides counselling and helps with breastfeeding while you are in the hospital or after discharge home in the outpatient Breastfeeding Clinic.

Chaplains/Spiritual Care Providers: Multi-faith chaplains/spiritual care providers can provide spiritual counselling and support. There is also a quiet room/Spiritual Centre in the hospital for patients and family to use.

Ask your nurse or doctor if you would like to speak to other healthcare team members. OHIP (Ontario Health Insurance Plan) covers all of these services.

Integrated Bedside Terminal (IBT)

The IBT is an all-in-one device available for our patients while at the hospital. You may use it to access telephone, TV or internet services for a fee. You can also listen to the radio, read books or health information or view menus for your meals for free.

Smoking

We are smoke-free facility. Please do not smoke in the hospital or on hospital grounds.

Patient & Family Resource Centre

(Level 0)

The Patient & Family Resource Centre can help you find information on illness, diagnostic tests, drugs, community resources and more.

Food Court/Coffee Kiosks

The Food Court is located on level 0 of the hospital. Food options include Tim Horton's®, Cultures®, Pizzaville®, Paramount Fine Foods® and Thai Express®. There is a coffee kiosk on level 1 (on Main Street): Tim Horton's® Express.

Parking Passes

You can purchase a parking pass from any of the pay stations in the East or West parking garages or at the East or West entrance at level 1 of the hospital. There is also a parking office located in the East parking garage. There are special rates for weekly or monthly passes for your convenience.

Interpretation Service

HRH provides free interpreter services at any time to help you communicate with your health care providers. Spoken languages and American Sign Language (ASL) interpreters are available 7 days a week, 24 hours a day. To request an interpreter, ask any member of your healthcare team.

Should I attend prenatal classes?

We recommend prenatal classes for all parents. The classes can help you prepare for the birth of your baby. You will also learn to care for yourself and your baby after birth.

To find prenatal classes in your area, see the Yellow Pages™ in the telephone book or online. There may be a cost for these classes. If you live in Toronto, Public Health offers free online prenatal and postnatal information, such as the “Welcome to Parenting Online Program” found on their website.

For more information about classes in your area, call Toronto Health Connection (Monday to Friday, 8:30 a.m. to 4:30 p.m.) or refer to the “New Parent’s Resource List” (Appendix A) on page 33 for the contact information of other public health departments.

What are some healthy eating tips I can follow during my pregnancy?

During your pregnancy, it is healthy for you and the baby to eat regular meals and snacks each day. Eating nutritiously while pregnant will help you gain a healthy weight, support the growth of your baby, have a healthy weight baby, get the nutrients you and your baby need, and help you feel well and have energy.

Here are some tips:

- Follow “Eating Well with Canada’s Food Guide” to get the right type and amount of food for you and your baby.
- Try not to skip meals.
- Drink 6 to 8 glasses of water a day.
- Extra vitamins, minerals and nutrients, especially iron, calcium, vitamin D and folic acid are important for both you and the baby. Take a

prenatal multivitamin that has at least 400 to 1000 mcg (or 0.4 to 1 mg) of folic acid and 16 to 20 mg of iron. For more information on which supplements you need while pregnant, talk to your doctor.

- Eat at least 150 g (5 oz) of cooked fish each week. Fish contains omega-3 fats and other important nutrients for pregnancy.
- Avoid foods and drinks that may not be safe (for example, alcohol, raw fish, etc.).
- Follow food safety advice. For example, make sure you handle foods safely and cook foods properly. Please see Health Canada’s “Food Safety for Pregnant Women” for more information (URL: <https://www.canada.ca/en/health-canada/services/food-safety-vulnerable-populations/food-safety-pregnant-women.html>).

For more healthy eating tips during pregnancy, see the HRH booklet, “Nutrition During Pregnancy.”

How do I prepare for my planned caesarean birth?

If you are having a planned caesarean birth, your doctor will send you to the Maternal and Child Program’s Outpatient Prenatal Clinic at the hospital. There, you will:

- Have blood work done 3 to 4 days before surgery (no earlier)
- Complete paperwork
- Learn what to expect before and after surgery.

What should I arrange before my hospital visit?



BEFORE YOU COME TO THE HOSPITAL FOR THE BIRTH OF YOUR BABY:

- Know where you are having your baby. Your doctor will send copies of your prenatal record to the hospital and will tell you which HRH site to go to.
- Plan your transportation in advance.
- If you do not speak English or are hearing impaired, let us know in advance. Over-the-phone and video remote interpretation is available.
- Your other child(ren) may attend the delivery. However, please make sure there is someone to supervise them at all times.

What should I bring to the hospital?

It is helpful to pack your bags and prepare your baby's bag several weeks before your expected delivery. Bring a small bag with the things you will need while you are in the Birthing Unit. After you give birth, you may want someone to bring a larger bag for the rest of your hospital stay.



FOR THE BIRTH, BE SURE TO BRING:

- Private insurance information (if applicable)
- HRH hospital card (if we gave you one on a previous visit)
- Ontario Health card
- Lip gloss or lip balm (such as ChapStick®)/petroleum jelly
- Mouthwash, toothpaste, toothbrush, comb
- Soap, shampoo, lotions
- Slippers and socks
- Watch, pen, and paper
- Any medicines you are taking, in their original containers (if applicable)
- Glasses (if applicable)
- Pillow for breastfeeding with coloured pillow cases (if desired)
- Snacks and a change of clothes for your labour partner
- A camera.



Please leave jewelry and valuables at home.



FOR THE MOTHER, AFTER THE BIRTH:

- 2 to 3 nightgowns or pyjamas (front opening for breastfeeding)
- Housecoat or lounge wear
- Nursing bras, nursing pads
- Tissues, one package of sanitary maternity pads and underwear
- Fresh set of clothes to go home in.



FOR YOUR BABY:

- Diapers (5 to 10 per day, newborn or size 1)
- Baby wipes
- Baby pyjamas and diaper shirts (3 to 4)
- Clothing to take the baby home in such as a gown, baby pyjamas, blanket or sweater and knitted hat, if the weather is cold
- A CSA-approved car seat. By Ontario law, your baby must always ride in an approved infant car seat. Please put the seat together before coming to the hospital and check the expiry date on the car seat. Please see "Car Seat Safety" (Appendix B) on page 35.

When should I come to the hospital?

BEFORE 37 WEEKS, come to the hospital or call your doctor if you have any of these signs, especially if they are a change from what you normally have:

- Cramps, stomach pains that do not go away
- Bleeding, or a trickling or gushing of fluid (water breaks) from your vagina
- An increased amount of vaginal discharge
- Lower back pain/pressure, a change in lower backache
- A feeling that your baby is pushing down
- A fever, chills, dizziness, vomiting or bad headache
- Blurry vision or spots before your eyes
- Sudden or severe swelling of feet, hands, or face
- A change in strength or number of contractions
- A significant change in your baby's movements.

**Seek medical advice, no matter what day or time!
You may feel signs from this list at anytime.**

AFTER 37 WEEKS, come to the hospital if you:

- Feel a trickle or gush of fluid from your vagina (water breaks) with or without pain
- Have bright red vaginal bleeding, with or without pain
- Have pains or contractions that are getting stronger and closer together.

If you pass your due date and you have no signs of labour, do not worry. Your doctor will continue to monitor your pregnancy and, if necessary, book an **induction**. This is when the doctor starts your labour rather than waiting for it to begin naturally.

What happens when I arrive at the hospital?

Before coming to the hospital, call the Birthing Unit at (416) 242-1000 ext. 45200 or 45300.

Go to the Birthing Unit. When you arrive at the Birthing Unit, a nurse will:

- Discuss your labour symptoms
- Time your contractions
- Take your blood pressure and temperature
- Check your baby's heartbeat.

The nurse may also do a vaginal examination.

The nurse will let your doctor know you are in the hospital. We will discuss with you if you are ready for admission. If you are in early labour, we may tell you to walk around. We will then check to see if your labour has progressed. If you are not in labour, we may send you home.

How can I manage my pain during labour?

All women experience pain during childbirth. Pain is a personal experience and is different from one person to the next. Many women express concerns about the pain they may experience during labour and birth. They are also concerned about the possible effects of pain medicines on their baby.

Pain relief (or management) is not necessary for normal childbirth. Some women choose to use comfort measures, while others may choose other options. The choice is yours for the birth of your child.

Your obstetrician, family doctor, anesthesiologist or nurse will work with you to provide the information you need so that you can choose the pain management option that is best for you.

There are three options for pain management:

1. Relaxation techniques and comfort measures
2. Narcotic analgesics
3. Regional anesthesia, such as an epidural

Relaxation Techniques and Comfort Measures

Breathing: During contractions, use the breathing technique you learned in prenatal classes. Breathe through your nose and blow out through your mouth. Your nurse 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, 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, or even tap their fingers during a contraction.

Music: Music is a way of relaxing and providing distraction for your labour. Some people like soft quiet music, while others prefer quick-paced, more energetic music. It helps to bring music you are familiar with.

Touch/Massage: Touch is another option for pain relief. You can use light stroking or massage. It is helpful to use a lotion to help the hands glide over the skin. You or your support person can put pressure on any area of your choice.

Heat: The stress of labour can cause muscles to become tight. Heat may help relieve pain by relaxing your muscles. You can try:

- A warm bath or shower
- A warm blanket or compress.

Cold/Cool: Cold can help relieve or lessen back pain from labour by numbing the pain. You can try:

- A cool shower
- A cool cloth
- A cold compress.

Distraction: Thinking about something else can help take your mind away from the pain. Try to:

- Think about something calming
- Concentrate on a special picture or object
- Listen to music.

Narcotics (Pain Killers)

We will often give narcotic analgesics or “pain killers” in the form of a needle. You will feel relief from pain usually within 20 to 30 minutes. Relief usually lasts for 2 to 4 hours.

The benefit of using these medicines is that they usually provide quite good pain relief. There is also a low risk of serious side effects.

The disadvantage of using these medicines is that they do not completely take pain away. They can cause dizziness, drowsiness, hallucinations, nausea, and vomiting.

If you take narcotic analgesic, you will have to stay in bed, as you may not be able to walk safely. These medicines can cause your baby to be sleepy. Although this may sound upsetting, narcotic pain relievers are considered safe for both mother and baby. The side effects are usually easy to correct.

Epidurals

An epidural is the most effective and widely accepted method of pain relief in labour. Your doctor may order an epidural if you request it. Only a qualified anesthesiologist can perform this procedure.

The anesthesiologist will inject a combination of a local anesthetic (freezing medicine) and narcotic medicine (pain medicine) in your back, into a space around the spinal sac, called the epidural space. This will block the pain signals from the uterus and birth canal. It will also reduce pain in the lower body but you may still feel pressure in the lower abdomen or back.

Although this medicine reduces pain, you will still feel the pressure of the contractions. This means, you will be able to experience the pleasure of childbirth without too much discomfort.

An epidural will not cause drowsiness for you and your baby.

How do we give you the epidural?

- You will sit at the edge of the bed or lie on your side with your legs bent at the knees and head flexed forward so that your chin is almost touching your chest. This position will make it easier to insert the epidural. Your nurse will ask you to stay very still. They will also ask you to tell them when you feel a contraction starting.

- This is a sterile procedure. We will clean your lower back with an antiseptic solution. The anesthesiologist injects a small amount of freezing into the skin over the lower back. It will sting, but only for a second.
- You may feel a sudden tingling down one leg. It will not last long and will not cause any harm.
- During the first injection, you may feel a cool sensation over the skin on your back.

How quickly will the epidural start to work?

- It usually takes the anesthesiologist about 10 to 15 minutes to perform an epidural.
- You may feel 2 to 3 contractions before the pain begins to decrease. It takes about 20 to 30 minutes for the epidural to fully work.
- The nurse will stay with you for the first 30 minutes after we give the epidural. We will check your blood pressure, your baby's heart rate and your level of pain regularly.
- After 30 minutes, if you are still not comfortable, we will give you more medicine. On rare occasions, we may need to repeat the epidural procedure if you are not satisfied with your pain relief.

How will we give the pain relief medicine?

- We will give the medicine continuously through a tube (catheter) that is attached to a pump.
- If you have patient-controlled epidural analgesia, we will show you how to use it. This will allow you to give yourself an extra dose of medicine if you need it by pressing a hand held button. We have many safety checks to make sure you do not get too much.

What will I feel after having an epidural?

- You should feel considerable relief from pain. You may not even be aware of your contractions after we give you the epidural.

- You may feel a tightening or pressure sensation.
- Your legs may feel warm and you may have some numbness.
- You may also feel your legs are harder to move.

Will I be able to push?

- An epidural will allow you to rest while your cervix is still opening, which will give you more energy for pushing. We will give the epidural to reduce the pain, but it is important that you feel the pressure to push well.

Will the epidural hurt my back?

- An epidural does not usually cause an aching back. You might have some soreness or bruising at the needle site for several days after the birth.
- Pregnancy and childbirth itself may cause backache due to stretching and changes in posture. This may occur whether or not you have an epidural. It usually goes away on its own.

Will the epidural slow down labour?

- Contractions may slow down for a little while after we give the epidural. Many women are surprised that after their pain is relieved, they are more relaxed and their labour progresses faster.

Can the epidural harm my baby?

- No. The epidural has little or no direct effect on the baby.

When can I have the epidural?

- You may ask for the epidural when you feel pain or if the methods you used until now do not give you enough pain relief. The epidural can last as long as you are in labour.

Can every woman have an epidural?

There are some situations when a woman cannot have an epidural. These include:

- Poor blood clotting
- Infections and rashes

- Previous surgery to the lower back
- Shock due to blood loss
- Low platelet count
- Tattoos, depending on their location.

What are the risks of an epidural?

Most risks are common, minor and easily treated.

They are:

- **A drop in blood pressure:** We can give medicines to correct any drop in blood pressure, if needed.
- **Shivering:** This is a very common reaction during labour and birth and may happen even if you do not have an epidural. Keeping warm will help reduce shivers.
- **Itching:** This usually goes away after a few hours.
- **Difficulty emptying your bladder:** Try to empty your bladder often during labour. If you are unable to pee, your nurse will place a catheter (tube) into your bladder to empty the urine.
- **Headache:** If you get a headache, we will treat it with fluids, Tylenol® and complete bed rest. We may need to give you extra treatment if your headache continues.

There are some very rare complications that may occur. The anesthesiologist will explain these to you.

What happens after I give birth?

You will stay in the Birthing Unit for about 1 hour before we transfer you and your baby to the Mother Baby Unit. If you choose to breastfeed, this is the best time to start. We will also encourage you or your support person to start skin-to-skin care as soon as possible after the delivery (see page 14 for more information on skin-to-skin care).

My caesarean birth is booked for:

Date: _____

Time: _____

If you go into labour before your caesarean date, please go to the hospital.



What is a caesarean birth?

A caesarean is the birth of a baby through an incision (cut) in the mother's abdomen (tummy area). You may have a planned (elective) or unplanned (emergency) caesarean birth. It may be the best choice for birth when there are problems with the safety of either the mother or the baby.

How do I prepare for my caesarean birth?

- Do not drink or eat anything after the midnight before your surgery, unless your doctor tells you otherwise. Do not chew gum or suck on candies. You can brush your teeth.
- If you take any medicines, check with your doctor if you should take it before your surgery and how.
- Let your doctor or nurse know if you have a cold or illness within 7 days of your surgery date.
- Have a shower/bath before you come to hospital.
- Do not wear makeup, nail polish, bulky hairstyles (buns, ponytails), jewelry or hair clips/pins/elastics.
- If you wear glasses, contact lenses, body piercings, dentures or removable bridgework, please remove them before your surgery. Bring a case to store them safely.

What happens on the day of my caesarean birth?

- Come to the hospital at least 2 hours before your booked caesarean time.
- Go directly to the Birthing Unit, where we will admit you to the hospital.
- A nurse will prepare you for your surgery.

If your partner or support person will be coming into the operating room (OR) with you, they will need to change into OR clothes at this time.



What are my options for anesthesia (freezing medicine)?

We can perform a caesarean birth with a spinal epidural or general anesthetic. Discuss with your doctor, which of these forms of anesthesia would be best for you.

With a spinal epidural anesthetic: You are awake but “frozen” from the waist down and you will be able to hear and see your baby immediately after the birth. We allow your partner or support person to sit beside you in the OR for the birth of the baby unless a medical reason arises.

With a general anesthetic: You will be “asleep” through the surgery and wake up in the recovery area. Your partner/support person cannot be in the OR with you during the surgery but will see you in the Post-Anesthetic Care Unit (PACU) or recovery room.

What can I expect after the caesarean birth?

You will go to the recovery area for about an hour or until your condition is stable. Then you will go to your room on the Mother Baby Unit.

For the first 24 hours after surgery, you may be sleepy. You will have a dressing covering your incision. You may have the intravenous drip and bladder catheter in place for up to 24 hours.

We will encourage you or your support person to start skin-to-skin care as soon as possible after the delivery. We will also encourage and support you to begin to breastfeed your baby as soon as possible after the birth if this is your choice.

You can expect to go home within 2 to 3 days after your surgery.

How do I care for myself after my caesarean birth?

For the first few days...

Exercise:

- Do deep breathing, coughing and leg exercises often while in bed.
- Hold a pillow over your incision for support, when you move or cough.
- Gradually increase your activity, including walking, several times a day to help promote healing.

Pain Relief:

- Your doctor will order medicines for pain relief. Let your nurse know if you are feeling pain.
- The pain medicine is safe for breastfeeding. It is important that you are comfortable and relaxed, to help you recover.

Nutrition:

- You decide what food your body can tolerate. You may go slowly from fluids to solid foods, or you may have solid foods as early as you feel ready.
- To reduce gas pains:
 - Walk as often as you can
 - Avoid carbonated drinks
 - Do not use straws for drinking
 - Lie on your left side to help pass gas

Hygiene:

- The nurse will help you sponge bathe the first day. You will be able to shower after we remove your dressing. Pat your incision dry with a towel. Do not use soap, creams, or lotions on your incision.
- You will have vaginal bleeding after your caesarean birth. Change your sanitary pads often and use warm water to clean yourself.

Stitches:

- We have closed your uterine (womb) incision with stitches. These will dissolve as you heal.
- We have closed your skin incision with stitches or staples. If we used staples, we will remove them before you go home, or later during a doctor or clinic visit.
- The area around your incision may feel numb or have a tugging or pulling sensation. It should be completely healed within a few weeks. You may still feel some tenderness/numbness for up to 2 months.

At home...

- Slowly return to your normal activities. Avoid heavy lifting over 10 lb (or 4.5 kg), or pushing or pulling for about 6 weeks.
- Continue to do gentle postpartum exercises.
- Do not wear girdles or tight clothing.
- Discuss with your doctor when it is safe to resume sexual intercourse.

**Call your doctor if you:**

- Have a fever over 38°C (100.4°F), chills or flu-like symptoms
- Feel pain when passing urine
- Have bleeding that is heavier than a normal period
- Have redness or leakage at the incision site or if you see the incision opening up
- Feel severe abdominal (tummy) pain
- Have sudden leg pain or shortness of breath
- Feel sad to depressed after the first few days (see page 31 for more information).



For Safety's Sake... Your Baby's Safety

Baby safety begins from the moment of birth.

- At birth, we will give your baby, you and your baby's father/support person identification bands.
- We will also put an infant protection bracelet around your baby's ankle. This bracelet helps to keep your baby safe by keeping track of your baby's location while in the hospital. If your baby gets too close to doors, the doors will lock. Elevator doors will stay open and will not move.
- Know who your nurse is. Hospital staff must wear picture identification badges. Give your baby only to staff you know and that are wearing identification badges.
- Never leave your baby alone. You or a family member must watch your baby at all times (for example, if you must leave the room for any reason or you wish to take a shower, ask a family member to watch your baby).

Where will my baby stay?

Once you and your baby are in the Mother Baby Unit, your baby will stay in your room all day and night, unless there is a medical reason. This will help you and your family to get to know your baby, learn how to care for them and establish breastfeeding. You may also find that you are more at ease and can rest better when your baby is close by.

Your nurse and/or support person will help you care for yourself and your baby. The nurse caring for you and your baby can also answer any questions you may have.

We care for babies who need special care in the Neonatal Intensive Care Unit (NICU). Your baby's nurse will give you information about what to expect while your baby is in the NICU. Parents may visit their baby in the NICU at any time. Your baby's grandparents, brothers and sisters may visit when accompanied by one of the baby's parents.

How do I register my baby's birth?

During your hospital stay, your baby will have the mother's last name. To give your baby a first and

last name of your choice, you will need to register your baby's birth with Service Ontario.

Before you leave the hospital, we will give you information on how to register the birth of your baby. You can register online at <https://www.ontario.ca/page/register-birth-new-baby>. This will allow you to get a birth certificate, apply for a social insurance number (SIN) and sign up for Canada child benefits (including Ontario child benefits),

How do I get health coverage for my baby (a health card)?

Before you leave the hospital, we will also give you a form that you need to fill out to apply for an OHIP (Ontario Health Insurance Plan) number for your baby. We will give you an OHIP number on paper that you will use as a health card until you receive the baby's health card by regular mail.

You will need to show this paper for every visit at the doctor's office and hospital until you receive the health card. It is important to have this paper (with your baby's OHIP number) with you for each visit.

Should I have my baby boy circumcised?

Discuss the pros and cons of circumcision with your doctor. To help you make your decision, you may wish to include religious, social, and financial considerations.

If you choose to have your son circumcised, please know that **circumcision is not covered by OHIP**.

If we circumcise your baby in the hospital, there are 2 costs - one for the hospital and one for the paediatrician (baby's doctor). If you wish to wait after you and your baby leave the hospital, speak to your baby's doctor about the fee.

Skin-to-Skin Care for your Baby

What is skin-to-skin care?

Skin-to-skin care is holding your baby closely, with your bare chests touching. Mothers/support persons can provide skin-to-skin care to the baby.

Why should I do skin-to-skin care?

Skin-to-skin care benefits you and your baby.

Skin-to-skin care helps **you**:

- Bond with your baby
- Read your baby's cues better
- Feel more relaxed
- Feel more confident in caring for your baby
- Increase breastfeeding success.

Skin-to-skin care helps **your baby**:

- Feel less pain during procedures (such as blood tests or injections)
- Have a lower risk of infection
- Feel more relaxed
- Feed better, cry less, breathe easier, sleep longer, gain weight and go home sooner.

How do I provide skin-to-skin care?

1. Remove your baby's clothing and remove or open your shirt (You may want to keep your baby's diaper on).
2. Sit in a comfortable position and place the baby on your bare chest, facing toward you.
3. Cover your baby's back with a light blanket.
4. You can relax together as long as you are both comfortable.

Skin-to-skin care is working if you and your baby are calm and relaxed



The Canadian Paediatric Society, Dietitians of Canada, Health Canada and the World Health Organization recommend *exclusive breastfeeding for the first 6 months of life.*

Breast milk:

- Is the best food you can give your new baby
- Is designed by you for your baby's needs
- Has the right amount and quality of nutrients for your baby.

At about 6 months of age, begin to introduce solid foods and continue to breastfeed until age 2 or older.

Does my baby need anything else to drink besides breast milk?

Breast milk is the only fluid your baby needs until they are 6 months old. **Do not** give your baby any other fluids such as water, tea, honey, sugar-water, herbals.

What is colostrum?

Colostrum is the first milk you make. It is a golden-yellow color and thick. It is very rich in antibodies, which help to protect your baby from infections. Colostrum slowly changes to mature milk within a few days to a couple of weeks.

How do I know it is time to feed my baby?

The best time to start feeding is when your baby shows early signs of hunger. Your baby will latch easier and feed better.

COMMON INFANT HUNGER CUES	
Early	<ul style="list-style-type: none"> • Smacking or licking their lips • Opening and closing their mouth • Sucking on their lips, tongue, hands, fingers, or clothing.
Active	<ul style="list-style-type: none"> • Rooting around on the chest of whoever is carrying them • Fidgeting, fussing and breathing fast.
Late	<ul style="list-style-type: none"> • Moving head frantically from side-to-side • Crying.

How do I breastfeed my baby?

There are different positions that you can hold your baby. Use whatever position works best for you and feels most comfortable. You and your baby will find a technique that works for you after some practice.

How do I know if my baby is getting enough breast milk?

Signs your baby is getting enough breast milk include:

- You hear swallowing sounds when your baby is breastfeeding
- Your baby has wet and soiled diapers (peeing and pooing)
- Your baby is growing and gaining weight
- Your baby is content (happy or comfortable) after feeding.

The *Daily Feeding Diary* (Appendix C) on page 37 can help you keep track of the times you feed your baby, provide skin-to-skin and the number of wet and soiled diapers.

Does my baby need vitamin D?

Like all kinds of milk, breast milk does not have enough vitamin D. Babies who are breastfed should get 400 International Units (IU) of vitamin D every day. Babies who drink baby formula also need vitamin D until they are drinking about 1000 mL (32 oz) of formula each day.

Babies who are born premature may need extra vitamins and iron. Your baby's doctor or dietitian will let you know which extra vitamins to give your premature baby.

What do I feed my baby if I cannot breastfeed?

Expressed Breast Milk: If you choose not to or are unable to breastfeed directly from your breast, giving your baby expressed breast milk is the next best thing you can do.

Expressing your breast milk can also help if:

- Your breasts are engorged (very full and sore) and your baby is having difficulty latching on. Expressing can relieve the pressure and make latching on easier.
- You are going to be away from your baby during feeding times.

Store expressed breast milk in a clean, sterile glass or plastic bottle or container. Write the date and time on the bottle or container. For a healthy, full-term baby, you can store breast milk at room temperature for 4 to 6 hours, or in the refrigerator for about 6 days.

Baby Formula: If you cannot breastfeed or give expressed breast milk, an acceptable supplement to breast milk is store-bought, iron-fortified baby (infant) formula. The formula should be cow's milk-based. Feed your baby soy-based baby (infant) formula only if your baby cannot have cow's milk products for health, cultural or religious reasons (talk to your doctor first).

If you are feeding your baby formula, it is very important that you make it safely. Baby (infant) formula comes in 3 different ways. All 3 ways give your baby the same nutrition, vitamins and minerals.

3 TYPES OF BABY (INFANT) FORMULA

Ready-to Use Liquid	<ul style="list-style-type: none"> • Use directly out of the container. Do not add water. • This is a sterile product. • This is the most expensive type of formula.
Liquid Concentrate	<ul style="list-style-type: none"> • You must add water as directed on the formula label.
Powder	<ul style="list-style-type: none"> • You must add water as directed on the formula label. • This is not a sterile product. You must prepare it correctly following the instructions on the containers. • Powdered formula is the cheapest form.

For detailed information on feeding your baby, see the booklet, *"Feeding Baby: From Birth to 6 Months."*

At about 6 months of age, your baby should be ready to eat solid foods (baby food). Continue to breastfeed until your child is 2 years of age and beyond. For more information on feeding your baby solid foods, see the HRH handout, *"Starting your Baby on Solids."*

How do I care for myself while breastfeeding?

Breastfeeding is the natural way to feed your baby and child. Sometimes feeding can be overwhelming for a new family and may not come easily to you. Do not be afraid to ask for help.

What is engorgement?

Engorgement is fullness in the breast due to a combination of milk staying in the breast and edema (swelling from your body retaining water). It usually appears on third or fourth day after delivery. You can prevent engorgement by getting the baby latched on to your breast well from the very beginning or removing milk often if your baby is not latching.

Engorgement goes away within 1 or 2 days even without any treatment, but can be uncomfortable during that time. Continue to breastfeed.

Can I still breastfeed if I am sick?

If you are sick, ask your doctor or lactation consultant for information about breastfeeding your baby. You can still breastfeed even if you are taking most prescription drugs. Only small amounts will pass through breast milk, and there are usually no problems for the baby. There are only a few exceptions.

What should I eat when I am breastfeeding?

There is no special diet for breastfeeding.

- Try to eat a variety of foods from all food groups.
- Enjoy healthy, nutritious meals and snacks every day and drink plenty of fluids.
- Continue to take your prenatal multivitamin daily while breastfeeding.

If you would like more information on healthy eating while breastfeeding, refer to the HRH handout, "*Nutrition during Breastfeeding.*"

If you have already left the hospital, contact a lactation consultant, public health nurse, or your doctor, if you have:

- Cracked or painful nipples, nipple sores, or blisters
- A lump in your breast
- Pain in your breast
- Swelling of the breast, with soreness and/or fever – this is a sign of breast infection (called mastitis).

DO NOT stop breastfeeding.

Ask your doctor or lactation consultant for help if:

- Your breasts are engorged for 2 or more days
- You are not sure the medicine you are taking is safe while you are breastfeeding.

If you have questions about breastfeeding or feeding your baby, please contact:

Humber River Health, Maternal and Child Program

www.hrh.ca

Tel: (416) 242-1000

Registered Dietitian
ext. 21416

Lactation Consultant
ext. 21450

La Leche League Canada

www.lllc.ca

Breastfeeding line for a referral to someone in your community

Tel: 1 (800) 665-4324

Unlock Food

www.unlockfood.ca

Health811 (formerly Telehealth)

Speak with a dietitian.

Tel: 8-1-1

TTY: 1-866-797-0007

Web: ontario.ca/Health811

Toronto Public Health

www.toronto.ca/community-people/health-wellness-care

Tel: (416) 338-7600

GETTING TO KNOW YOUR NEW BABY

This is the time to get to know one another, to learn what is normal for your baby and to learn how to care for them.

What does my newborn baby look like?

Not all babies look the same at birth. They can surprise you. You will see different shapes, colourings and marks, which are perfectly normal. Some are your baby's alone and some are a result of the birthing process.

In general, your baby usually keeps their body curled up. They keep their elbows and knees bent. They may look bow-legged. Even their feet may be curved.

Your Baby's Head

- Your baby's head looks too big for their body. Their face might look lopsided. There might be bumps on their head. This will all soon straighten out.
- There are two soft spots (called fontanelles) - one at the top of your baby's head and one at the back. These are spaces that stay open for a while to let the head grow. They are covered with a tough inner skin that protects your baby's brain.
- Some babies are almost bald, while others have a lot of hair. You will find that some of your baby's hair falls out over the next few weeks, then grows back.
- Your baby's eyes will be closed most of the time. Your baby may look cross-eyed for a few months. They can see things that are close up best. They like to look at big, bright objects and faces. They do not like bright light.
- At first, your baby has dark brown or gray eyes. The colour will start to change in a few months.

- There may be red spots in the whites of the eyes from the birth. These will go away.
- Newborn babies do not usually have tears when they cry.
- Your baby's ears may be soft and look flattened or folded. They will look normal in a couple of months.
- Your baby can hear and will turn their head in the direction of a sound. They love voices, especially yours. Talk and sing to them.

Your Baby's Skin

You might see the following on your baby's skin. All of these will soon disappear:

- A cheesy white coating (vernix)
- Soft downy hair
- Redness
- Tiny white spots on the nose (milia)
- Blue hands, feet
- Puffy face
- Wrinkling
- Dryness/peeling.

Babies often have some birthmarks:

- It is common for babies to have flat, pinkish spots over the eyelids, on the forehead and the back of the neck. These are "storkbites." They will gradually fade away.
- Your baby may also have bluish patches that look like bruises. They are usually on the lower back, but can also be on the arms and legs. They are called "mongolian spots". These patches are common and likely to be found on babies of Asian, African and Mediterranean heritage.

- Your baby may have a blotchy, red rash over the entire body, called “normal newborn rash.” It will disappear on its own and needs no treatment.

Your Baby's Abdomen

- Your baby's belly looks soft and round. The umbilical cord is whitish and moist the first day after birth. It will then dry, shrivel up and become dark brown in colour. The cord falls off in 10 to 14 days.
- Some babies, boys and girls, can have swollen breasts and may leak small amounts of milk. This is from mother's hormones and will go away. If your baby's breasts leak, do not squeeze the milk out, as you can damage your baby's breasts.

Your Baby's Genitalia

- **Baby girl:** Your baby girl's genitalia may look red and swollen. There may be mucus and even blood coming from their vagina. This is caused by hormone changes and is normal. It will go away in a few days.
- **Baby boy:** Your baby boy's testicles may seem quite big. This is normal. A protective skin (called foreskin) covers the tip of the penis. Do not try to pull it back. The foreskin will loosen when the child is older and will be able to be easily pulled back for cleaning by age 3 to 4 years. The white discharge under the foreskin is normal.

Your Baby's Behaviour

- Your baby will breathe through their nose. They may sneeze often to clear dust and mucus from their nose.
- Your baby will breathe faster than you do. Their stomach goes up and down when they breathe. Their breaths are irregular - sometimes faster, sometimes slower. They also have a fast heartbeat.

- Your baby will make lots of snorts, wheezes, groans and gurgles when they sleep. Babies get hiccups often and it does not seem to bother them.
- Your baby may startle, jump, or shake when they hear a loud noise or feels a sudden movement.
- Your baby will turn their face towards a touch or stroke on the cheek, searching for a nipple to suck. Your baby will love to suck, for food, comfort and pleasure. They will suck on just about anything, including fingers, nipples and pacifiers. Sucking helps them calm down.
- Your baby will make stepping motions with their legs and will push against solid surfaces with their feet.
- Your baby can grasp and hold onto things touching their palms, with their curled fingers.
- Your baby can smile. Usually you see this while they are sleeping. Your baby can imitate your expressions and facial movements.
- Your baby can smell, taste and feel by touch. They like soft, smooth textures.
- Your baby will cry because they have needs or wants. They may be hungry, tired, lonely or uncomfortable, scared or overexcited. All babies are different, some are calm, some are fussy. You will soon learn what your baby's cry means. You will not spoil your baby by picking them up when they cry. They need you and will learn to trust you to take care of them. They may not stop crying, but at least they know you are there.

Do not be afraid to hold, touch and cuddle your baby. Do not feel guilty or worried if you do not feel instant love for your baby.

Being close to your baby (skin-to-skin) and spending time with them will help you to grow together and learn about each other.

How do I hold my baby?

- Always support your baby's head and back firmly with your arm and hand. Your baby cannot hold their head up alone until they are about 3 months old, because their neck muscles are still weak.
- Your baby feels secure if you use a firm, smooth, gentle touch when handling them.

How do I safely position my baby at sleep or play?

Lay your baby down to sleep on her back. **For safety reasons, do not let your baby sleep on her tummy. Babies who sleep on their tummy have a higher chance of Sudden Infant Death Syndrome (SIDS).**



- Do not use a pillow under their head or blankets in the crib.
- Use firm sleeping surfaces. No water beds, beanbags, or soft pillows.
- To keep your baby from getting a flat head and to strengthen their neck muscles, let them play while on their tummy ("tummy time"). Make sure you are watching them during tummy time.

How do I change my baby's diapers?

- Wash your baby's bottom with each diaper change and pat dry. Urine and stool can irritate your baby's skin.
- Always wipe from front to back to clean the genital area.
- If you use baby wipes, choose ones without alcohol or fragrance.

- You can expose your baby's bottom to air for a while to help heal any rashes.
- If their skin is a bit red, soothe it with diaper cream, like zinc ointment.
- Fold the top edge of the diaper down, so that you do not cover their umbilical cord.

YOUR BABY'S PEE (URINE)

- At first, your baby will not pass much pee (urine). Expect at least 1 wet diaper the first day, 2 the second day and 3 the third day.
- By day 5, your baby should have 5 to 6 heavy wet diapers in a 24-hr period. The urine should look pale yellow and have almost no smell (see the *Daily Feeding Diary* (Appendix B) on page 37).
- You may notice a reddish-pink stain on the diaper. These are uric acid crystals in the urine and will clear up as your baby gets more milk to drink.

YOUR BABY'S POO (BOWEL MOVEMENT)

- Your baby's first poo (bowel movements) are thick, greenish-black colour and sticky. This is called meconium.
- As your baby begins to digest milk at age 2 to 3 days, her poos will change from brownish-green to yellow, and be runny, seedy or soft and pasty, with a mild smell. Formula-fed babies will have firmer, grayish-yellow poos.
- Expect your baby to have 2 to 3 large poos every day. Some babies have small poos each time you feed them.
- After 1 month, your baby may only have 1 poo every few days. As long as the poo is soft and your baby is healthy, this is normal.

How do I give my baby a bath?

Your baby's bath is a time to clean their skin, look them over from head to toe, comfort them, touch, play and talk to them. Give your baby a bath when you can take your time and enjoy your baby, without interruption. Pick a time of day that works for you.

General Bathing Tips:

- You do not need to do a complete bath every day. Every 2 to 3 days is enough. Wash your baby's face and diaper area daily.
- Wait about 2 hours after feeding to bathe your baby.
- Choose a warm, draft-free area.
- Have all of your supplies ready before you start.
- Wash your hands.
- Use only a few inches (about 3 inches) of comfortably warm water. Check the water temperature with your inner wrist.

Washing your baby:

- Use a soft cloth and clear water to wash your baby's **face first**.
- Wash your baby's **hair** 1 to 2 times per week. Lather a few drops of mild shampoo or soap onto their scalp. Rinse well and rub dry gently.
- **For the rest of the bath, lower your baby into the water.**
- It is best to use just water on your baby's skin, especially in the first 4 days of life. Afterwards you can use a small amount of mild soap.
- Be sure to clean the **skin folds** around your baby's neck, and creases under the arms, behind the knees, and between the fingers and toes.
- Wash the **genital area** from front to back.

Drying your baby:

- Pat them dry quickly.
- Pat the **umbilical cord** dry.
 - Do not use alcohol on the cord.
 - Expose the cord to air to help it dry and heal.
 - The cord usually falls off 10 to 14 days after birth.
 - At first, the cord is white and soft. It quickly becomes dry, hard and black. There may be a few drops of blood when the cord separates. This is normal.



Tell your doctor if:

- the cord has a bad smell, yellow-green discharge or
- the area looks reddened.



Bathing Safety Tips:

- **Hold your baby safely. Always keep a firm hold on your baby. They can be very slippery. Never turn your back or leave your baby alone.**
- Clean only parts of your baby that you can see. Do not push cotton-tipped swabs into your baby's ears or nose.
- Do not use baby powder. Your baby can breathe it into their lungs.
- You do not need to use baby lotions, oils and creams. They can cause skin irritation, especially if they are coloured or have a scent.

How do I take my baby's temperature?

- If your baby feels warm, they may have a fever. Check your baby's temperature with a thermometer.
- Follow the instructions on how to use the thermometer you have. The instructions will also give the normal temperature range for that type of thermometer. Compare your baby's temperature to this normal range.

Call your baby's doctor or Health811 at 8-1-1 (TTY 1-866-797-0007) if:

- Your baby's temperature is above or below normal.



How do I cut my baby's nails?

Your baby's nails are soft but sharp and they can easily scratch herself.

- Cut your baby's nails while they are sleeping.
- Use round-tipped nail scissors.
- Hold each finger and carefully cut the nail straight across.
- Do not use clippers, as they can nip the skin accidentally.

How should I dress my baby?

Dress your baby in as many layers of clothing as you are wearing and add a layer. Do not overdress your baby.

- A hat or bonnet is important to protect your baby's head and keep your baby warm in cool weather. You can also use it in hot weather to protect your baby's head from sun and heat.
- Be careful not to catch their fingers and toes on loose threads or seams.
- Wash your baby's clothing in a mild detergent and hot water, then rinse well to remove any soap that can irritate your baby's skin.
- Choose clothing that is soft and materials that are non-flammable.

How do I use a bulb syringe?

If your baby has a lot of mucus in their mouth and nose, you can help them breathe by removing these secretions with a bulb syringe.

- Do their mouth first, then their nose.
- Squeeze the bulb and hold it.
- Insert the tip of the syringe into the side of your baby's mouth and release the bulb. The syringe will suck the mucus into it.
- Take the syringe out and squeeze the bulb onto a tissue or cloth. This will squirt the mucus out of the syringe.
- Repeat the steps to clean your baby's nose. Hold the tip of the syringe at your baby's nostrils. Do not push it into their nose.

Your baby's first doctor's check-up should be within 48 to 72 hours after discharge home from the hospital. The doctor will monitor their weight, growth, overall health and nutrition. The doctor will schedule your baby for follow-up visits and for their immunizations to prevent illness as they get older. The check-ups are a good time for you to talk to the doctor about any questions or concerns you might have.

Your baby's weight: It is normal for your baby to lose up to 10% of their birth weight in the first few days of life. By 2 weeks of age, they should be back to their birth weight and then will gain on average 110 to 230 g (4 to 8 oz) per week for the first 3 to 4 months. A general rule is that a baby will double their birth weight by 6 months and triple their birth weight by 1 year.

What is newborn screening (NBS)?

Newborn screening (NBS) is a blood test that your baby will have at least 24 hours after birth. It tests for treatable diseases that are not usually noticeable in the newborn period. If we can detect these diseases early, we can treat your baby and prevent serious health problems, even saving their life.

Your healthcare provider will give your baby a heel prick. We collect a small amount of blood on special filter paper. Newborn Screening Ontario (NSO) receives this sample, and they will test it for 29 diseases.

What is cardiac screening?

This test is also known as pulse oximetry screening. It can help us find congenital heart disease in some babies at a time when they are not yet showing any signs or symptoms. By doing this test early, it can tell us if your baby may have a heart condition that needs further testing. It will also give your baby the best chance for a good outcome.

A nurse attaches a monitor to your baby's hand and foot with a sticky wrap. The monitor can see the level of oxygen in their blood. It only takes a few minutes to perform this test.

If your baby has a negative test, your baby does not need further follow up at the hospital. Once you leave the hospital, your family doctor/your baby's doctor will do a routine follow up for your baby to test if they may have a congenital heart defect later in life.

What is jaundice?

Jaundice is a yellow colouring of your baby's skin. The whites of your baby's eyes may also be yellow.

Most jaundice in newborn babies is normal and is not serious.

Why does jaundice happen?

Jaundice may happen for a number of reasons:

- **Normal Jaundice:** Your baby's liver is not ready to get rid of the yellow pigment called bilirubin, on its own. The bilirubin comes from the breakdown of old red blood cells. This type of jaundice starts when your baby is 2 or 3 days old. It goes away by the time your baby is 2 weeks old. This happens in about half of all babies and is not harmful.
- **Breast milk Jaundice:** It is normal for breastfed babies to have jaundice. It usually occurs at 10 to 21 days of age, and can last for 2 to 3 months. As long as your baby is gaining

weight, passing lots of clear yellow pee (urine) and is pooing (having bowel movements), there is no need to be worried. It is not harmful.

Do not stop breastfeeding.

- **Rh or ABO problems:** Jaundice can happen if mother and baby have different blood types. This type of jaundice most often starts the first day of life. Ask your doctor and nurse for further information.

Your baby can also get jaundice if your baby:

- Was born too early
- Was bruised from the birth
- Has an infection or disease.

How do you treat jaundice?

- Feed (especially breastfeed) your baby often in the first hours and days after birth. This will also help to reduce the risk of jaundice.
- When your baby looks jaundiced, we will do a blood test to check the level of bilirubin and help find the cause. Ask your nurse about your baby's level of bilirubin. We check the bilirubin level of all babies at about 24 hours of age, prior to discharge.
- We may expose your baby's skin to light. This process is called phototherapy. The lights change the bilirubin, so that the liver can get rid of it easier.
 - We cover your baby's eyes to protect them from the bright light.
 - During phototherapy, your baby may have skin rashes or loose, greenish bowel movements. This is temporary and should stop when your baby finishes phototherapy.
 - Phototherapy is safe, but we will use it only when your baby needs it. Your baby's doctor will look at baby's blood test results and decide how long they need to be under phototherapy.

What can I do if my baby has jaundice?

- Babies with jaundice are often very sleepy. Try to keep your baby awake for feedings by undressing them and massaging their shoulder or back. You can also try stroking under their chin, lifting their arms up and down, changing their diaper, or washing their face. If your baby sleeps more than 4 hours, wake them for feeding. This can help lower the bilirubin.
- Place your baby near a bright, sunny window if possible.
- If you are breastfeeding, feed your baby every 2 hours. To increase the milk flow, squeeze your breasts, as the baby sucks.
- If you are bottle-feeding, feed your baby every 2 to 3 hours.



Call your baby's doctor or Health811 at 8-1-1 (TTY 1-866-797-0007) if:

- Looks yellow. In darker-skinned babies, look at the colour of the nose, mouth and eyes.
- Is getting sleepier.
- Is not getting enough milk (refer to the section, "Feeding your Baby" on page 15).
- Has less than 2 to 3 good-sized, green/brown/yellow poos (bowel movements) every day.
- Has less than 3 to 6 wet diapers every day.

What are some other common conditions my baby may have?

Cradle cap

- Cradle cap is scaly or crusty patches on a baby's scalp. It is common in the first few months after birth.
- Soften the crusts with mineral oil or baby oil, comb the hair with a fine-toothed comb and then wash the scalp with a mild soap or shampoo.



Colic

- If you cannot soothe your baby or your baby seems to cry all the time, they may have colic. They will seem to be in pain and cry loud and long, especially in the evening hours. Colic usually last about 3 months. No one knows what causes it.
- Wrapping your baby snugly in a blanket and rocking them or walking with them might help. A car or stroller ride often soothes the colicky baby. **Never shake your baby. Talk to your baby's doctor for other suggestions.**

Gas pains

- Babies swallow air with crying or drinking.
- Burp your baby part way through and at the end of the feeding to help them bring up the air. Sit them up in your lap or hold them over your shoulder and rub or pat their back for a few minutes. Protect yourself with a cloth, in case they spit up.
- Rub your baby's tummy softly or slowly bring their knees up to their chest to also soothe gas pains.

How can I keep my baby safe?

The most common causes of injury to babies under 6 months of age are:

- Car accidents
- Burns
- Falls from tables, sofas, and other furniture
- Inhaling or choking on small objects and suffocation.
- Crib injuries

The following page has tip on how to prevent injury and keep your baby safe.

Is my baby sick?

Once you leave the hospital, watch for these signs from your baby. **Call your baby's doctor or Health811 at 8-1-1 (TTY 1-866-797-0007) immediately if you see:**

- **Fever** - a temperature above 38°C (100.4°F) or **coldness** - a temperature less than 36°C (96.8°F).
- **Poor feeding or little interest in food.** Your baby refuses to eat 2 feedings in a row and appears sleepy.
- **Vomiting.** Your baby throws up forcefully (projectile) more than once or throws up frequently over a 6-hour period. Spitting up small amounts of feeding is normal.
- **Diarrhea.** Your baby's poo (bowel movement) is watery, green or is tinged with blood, has an unusual odour.
- **Constipation.** Your baby has not passed poo in 2 days or your baby's poo become like small, hard stones and they have difficulty passing them.
- **Peeing less.** Your baby has less than 5 to 6 wet diapers in 24 hours. The urine becomes dark yellow. Your baby's mouth is dry.
- **Sleepiness.** You have trouble waking your baby. They sleep longer than 6 hours.
- **Crying or continuous high-pitched cry.** Your baby does not respond to comforting.
- **Bleeding** or a smelly yellow-green **discharge** from the **umbilical cord area.** **Redness** around the area.
- **Drainage** from the **eyes.**
- **A diaper rash** that will not go away. The skin becomes shiny and red, breaks open, or develops white pimples or blisters.
- **Jaundice.** A yellowness in their skin that does not go away by 2 weeks of age. If the whites of your baby's eyes appear yellow, bring your baby to the doctor.

Breathing difficulties. Your baby is breathing hard or making grunting or wheezing sounds. Their skin becomes pale or bluish in colour.

****** Call 9-1-1 immediately ******

From falls from tables, sofas, other furniture:

- Never leave your baby alone on a bed, sofa or table. Even newborns can move and roll off.
- When you use an infant carrier, do not put it on a chair, table or counter where it could get knocked off. Put the carrier on the floor.

From crib injuries:

- Never put your baby on a pillow, beanbag, or water bed to sleep. Also, do not put large floppy toys, pillows, or loose plastic sheets or bumpers in the crib.
- Do not put your baby on their tummy to sleep.
- Check your baby's crib for safety.

Car accidents:

- An infant carrier will not keep your baby safe in a car. Use a CSA (Canadian Safety Association)-approved infant car seat. Please see "*Car Seat Safety*" (Appendix B) on page 35.

Burns:

- Check your baby's bath water temperature with your wrist or elbow. Never hold your baby under running tap water. The temperature of the water can change quickly and burn your baby.
- Keep cribs and playpens away from heat sources.
- Choose non-flammable materials for your baby's clothes and bedding.
- Install smoke and CO (carbon monoxide) detectors on every floor of your home. Check them once a month. Replace batteries twice a year.
- Do not eat or drink hot foods or beverages when you are holding your baby.
- Be careful when heating up expressed breast milk, formula or other foods for baby. Do not use a microwave oven. It heats foods unevenly. Shake or stir the food thoroughly and check the temperature before feeding your baby.

Inhaling or choking on small objects and suffocation:

- Do not tie anything around your baby's neck, like a pacifier on a ribbon, a necklace, or a drawstring on clothing.
- Keep cribs and playpens away from window blinds and drapery cords, electrical cords and outlets.
- If your baby uses a pacifier, make sure it has a large shield around the base and is built so that your baby cannot pull it apart or inhale it. The ring attached to the pacifier should be hinged, collapsible or flexible, so that the pacifier is not forced into your baby's mouth if they roll over onto it. Throw away any rubbery, soft, worn out nipples and pacifiers. Wash pacifiers often.
- Make sure that toys have no small or loose parts (including batteries) that your baby could pull off and swallow or inhale. Also watch for sharp edges, long cords or brittle materials.
- Always hold the bottle when feeding your baby. Do not prop it against anything. Do not leave your baby alone while they are feeding.

Other:

- Never leave your baby alone when bathing them, not even for a second.
- Do not expose your baby to any kind of smoke (such as cigar, cigarette, marijuana/joints). Smoke can increase his risk of SIDS or respiratory illness.
- Never leave your baby alone with your pet dogs, cats or other animals. You do not know how the animal will behave.
- Watch older brothers or sisters around the baby. They may feel jealousy or resentment towards the baby, or try to hold or play with baby inappropriately.
- Never shake your baby. Never swing them or throw them up in the air vigorously.

CARING FOR YOURSELF AFTER THE BIRTH OF YOUR BABY

On the Mother Baby Unit at Humber River Health, we care for mothers and babies together, in the same room (unless separated for medical reasons). You may find this helps you feel more at ease and can rest better. The nurse caring for you and your baby will help you and answer your questions.

Please call for help before you get out of bed for the first time. Some women feel very dizzy the first time they are up. When you feel strong enough to walk to the washroom, a nurse will go with you. She will show you how to care for yourself after using the toilet.



What can I expect after having my baby?

Perineal Care

The perineum is the area between your vagina and rectum. This area may be bruised and swollen after giving birth. You may feel sore if you have stitches or a tear. You may also have some pain or itchiness from hemorrhoids.

Do perineal care every time you use the toilet, until your vaginal discharge goes away and you are no longer sore. This will help you feel better, prevent infection, and help healing.

To do perineal care (or pericare):

- After you use the toilet, rinse your perineum with warm water, using a plastic cleansing bottle. Use toilet paper to dry yourself, wiping from the front to the back.
- To minimize stinging, use the plastic cleansing bottle to spray warm water over your stitches at the same time as you are passing urine.
- You can use a hair dryer, set at low, to help dry your stitches.
- Change your sanitary pad at least every 4 hours and every time you go to the toilet.

You can also try a **sitz bath**, which is a portable plastic basin with warm water that rests on the toilet bowl. Sitting on warm water can help clean, heal and soothe your perineum.

If you need this, your nurse will show you how to use the sitz bath the first time.

- Use comfortably warm water.
- Tighten your buttocks (bottom muscles) and keep them tight as you sit down. Relax after sitting.
- Sit in the bath for about 10 minutes, or until the water becomes cool.
- Use the sitz bath 2 to 3 times a day.

If you have stitches, leave them open to air as much as possible. You may notice the stitches falling out onto your sanitary pad as they heal and dissolve over the next few weeks. This is normal. The stitches look like black threads.

Vaginal Discharge

Do not use tampons or douches until after your 6-week postpartum visit with your doctor.



You will be bleeding from your vagina after the birth of your baby.

At first, the bleeding (called lochia) will look like a heavy period and will be dark red. As your uterus

(womb) shrinks back to normal, your lochia will become less and change in colour from red to pink, then brown and finally to white. Your lochia may last for 3 to 6 weeks. Your lochia may be heavier when you first get up or after breastfeeding.

Tell your nurse if:

- Your bleeding gets heavier or bright red
- You pass any clots (lumps of blood). Show these to the nurse
- Your lochia has a bad odor.

Urination and Bowel Movements

You may have some trouble trying to pass urine. It may hurt or sting. Drink lots of fluids.

Tell your nurse if you:

- Do not pass your urine by 8 to 12 hours after your delivery
- Have any problems passing your urine

Over the next few days, you may find that you are passing your urine often. Your body is getting rid of extra water that it needed during your pregnancy.

Some women find it hard to have a bowel movement after giving birth. Expect to have your first bowel movement in 2 to 3 days. Drink at least 8 glasses of fluids including water.

Hemorrhoids

Hemorrhoids are swollen veins around the rectum. They can be very sore or itchy after you give birth.

To help you feel better:

- Lay cold cloths or ice packs on the hemorrhoids.
- Do not sit for long periods. Lie on your side as much as possible to relieve pressure.

- Keep your bowel movements soft by eating a diet high in fibre. Try to eat a variety of fruits, vegetables, and whole grains. You can also help stimulate your bowels by going for short walks.
- Ask your doctor or nurse about hemorrhoid cream or suppositories and stool softeners, if needed.

“After Pains”

You may feel “after pains” (abdominal cramps). Your uterus is going back to its normal size. The “after pains” may last a few days or a week. They might be stronger during and after breastfeeding.

Mothers who have had children before, may feel more “after pains” than first-time mothers. Their uterus has been stretched with other pregnancies and has to work harder to get back to normal.

Breast Changes

As your milk supply increases, your breasts may become engorged (a full or tight feeling in your breasts).

- To ease any discomfort, use cold compresses or ice packs on your breasts or take pain medicine.
- If you have difficulty latching the baby to your breast, try to express some milk by hand before feeding, until your areola (nipple) are soft encourage your baby to nurse.
- Breastfeed at least every 2 to 3 hours. Do not skip feedings.

If you are breastfeeding, your milk will change from the colostrum you had in the last few weeks of pregnancy, increase in amount and look thinner by 3 to 5 days after giving birth. After feeding, your breasts will feel softer.

If you are not breastfeeding, your body will still produce milk, usually about 3 to 5 days after the birth of your baby. The milk dries up if it is not removed from the breast. It takes about 24 to 48 hours.

To dry up your milk:

- Wear a firm bra
- Do not massage or stimulate your breasts
- Apply cold compresses.

Consult your doctor or a lactation consultant if:



- Your breasts feel hard, painful and you have a fever.

Breast Care

If you are leaking breast milk, use breast pads and change them when they are damp.

If your nipples feel a bit sore, express a bit of milk onto them and let them air dry. If the soreness continues, ask your nurse to check how the baby is latching onto the breast and if there are any problems.

In the hospital, your nurse or lactation consultant can help you. A Public Health Nurse or a lactation consultant can help you if you are having breast feeding problems after you are discharged from the hospital.

Swollen Hands, Feet and Ankles

You may find that your hands, feet and ankles are still swollen. The swelling can last 2 to 6 weeks.

- Remove any tight rings from your fingers or toes.
- Wear comfortable shoes or slippers, loose socks.
- Put your feet up when you are resting.
- Do not cross your legs when you are sitting.

Menstrual Period

You can expect to have your first menstrual period about 6 to 8 weeks after giving birth.

Your first period may be heavy and contain clots.

Wt may start, stop and start again. Your second period should be more or less normal.

If you are breastfeeding, you may have a delay in the return of your menstrual period, but you may still ovulate and become pregnant if you are not using some form of birth control. If you do not want to become pregnant, ask your doctor for information about birth control. Some methods of birth control may not be suitable for you while you are breastfeeding.

How do I care for myself after my baby is born?

Looking after a baby will change your lifestyle, perhaps more than you think. While you look after your baby, do not forget about your own health and well-being.

Rest and Activity

- Do not plan too much during the first few weeks at home. Your body is going through a healing process, which can take 2 to 6 months.
- Get as much rest as you can. Nap when the baby naps. Remember that feedings continue around the clock! Take any and all offers of help. Try not to have too many visitors.
- Pamper yourself for the first 3 weeks. In about a month, you should be back to your normal activity level.

Clothing

- You may sweat more than usual. Wear light, comfortable clothing, whatever feels best.
- Do not wear girdles or abdominal binders.
- If you are breastfeeding, you may want to wear clothing that opens in the front, or is easy to pull up.

Nutrition

- Eating nutritiously after having your baby will help you to heal and recover and to feel good. Expect to be more hungry and thirsty than usual – satisfy your hunger and thirst with nutritious foods and drinks

For information on nutrition during breastfeeding, see HRH handout “*Nutrition During Breastfeeding.*”

- Do not worry about your weight right now. For the first month, think about regaining your energy, not losing weight. Once you have given yourself time to get back to normal, you can begin to lose weight. A gradual weight loss of 4 to 5 lb (2 kg) per month is safest.

Activity

To help yourself get back into shape after the baby is born, be active. Your muscles need daily exercise.

- Start slowly and only do exercises that do not hurt.
- Remember also to use good posture to protect your back.

Kegel’s Exercises

The muscles of your pelvic floor, which support your bladder and uterus, need Kegel’s exercises to help them tighten. They were stretched during your pregnancy and childbirth.

If you have stitches, these exercises will increase the blood flow to the area and promote healing.

- Do the exercises gently.
- Pull up and tighten inside, as if you are trying to stop yourself from passing urine
- Hold the tightness for 10 seconds, then relax.
- Do this 5 to 10 times a day.

Pelvic Tilt

When you were pregnant, you changed the way you stood to allow for the weight of your baby. You can ease backache and correct your posture by doing pelvic tilt exercises.

- Lie on your back with your knees bent.
- Tighten your abdominal (tummy) muscles.
- Tighten your buttocks (bottom) and flatten your lower back to the floor.
- Hold for 10 seconds. Relax.
- Repeat 5 times. Do this exercise twice a day.
- Try to do the same exercise while you are standing. Look in a mirror. Tighten your abdomen, tighten your buttocks and flatten your lower back. Stand “tall”.

Abdominal Exercises

A good way to tighten and tone your abdominal muscles is to hold your stomach in.

- Lie on your back with your knees bent.
- Breathe naturally
- Pull in your abdominal muscles.
- Hold for 10 seconds. Relax.
- Repeat 5 times. Do this exercise twice a day.

Postpartum Sexuality

Talk to your partner about the way parenting is affecting your life, your sex life, your feelings and needs.

Sometimes, new parents do not want to have sex. Many new parents initially experience a decreased desire for sexual relations. You may be too tired or concerned that the baby will cry and interrupt you. You may also find some physical changes after you give birth and can affect your sexual activity for 2 to 3 months.

You can start having sex safely again by 4 to 6 weeks after the birth, as long as your vaginal discharge has stopped and any stitches have healed. Discuss with your doctor if you have any questions or concerns and when it is safe to resume sexual intercourse.

Depression, Baby Blues and Postpartum Depression

Have you noticed that you are not feeling like yourself? Instead of feeling happy and excited, are you feeling overwhelmed and sad? You have heard of the “baby blues” and postpartum depression, but do you wonder if this is what you have?

Depression: Depression is another way of saying that you are feeling sad and unhappy. These feelings do not go away and they can last for weeks, months and sometimes even longer.

Baby Blues: One in every two women who have just had a baby go through the “baby blues.” “Baby blues” are when you feel depressed right after your baby is born. These feelings usually last a few days or a week, and then you start feeling like yourself again. After you give birth, instead of feeling happy and relieved, you may find yourself crying, having mood swings, feeling anxious, sad, overwhelmed or “blue”. You may also feel weak and tired. These feelings are very common.

The feelings may be due to hormone changes, or to the pressures of being a new mother. They are normal and will go away in a few days.

If you have the “Baby Blues,” you may:

- Change moods quickly from happy to tearful and sad
- Feel irritable (bad temper, touchiness)
- Eat and sleep too much or too little
- Feel anxious or tense.

Postpartum Depression: Postpartum depression is no different from depression, except it happens after you have a baby. Postpartum depression can start right after you deliver your baby or within the first year of your baby’s life.

Postpartum depression is different from the “baby blues” because it can last for weeks, months, or even longer. If these feelings last for more than a few days, or you feel worried or unable to cope or care for your baby, get help from your doctor or Public Health Nurse. This type of depression should not last more than a few months, but it does need immediate medical attention.

A successful recovery is quicker if you get treatment as early as possible.

If you have *postpartum depression*, you may:

- Feel moody and sad
- Cry a lot and for no reason
- Find it hard to cope with the baby
- Forget things easily
- Have a hard time concentrating
- Feel guilty, hopeless or helpless
- Feel anxious and worry about your health or your baby’s health
- Lose excitement for life
- Have low energy
- Separate yourself from friends and family
- Have scary thoughts of hurting yourself or the baby.*

***If you have thoughts of hurting yourself or the baby, speak to your doctor right away or go to the emergency department of any hospital.**

See the “New Parent’s Resource List” for crisis support phone numbers.



If you experience any of the feelings on the previous page:

- Contact your doctor or Health811 at 8-1-1 (TTY 1-866-797-0007) .
- Rest when possible. Sleep when your baby is sleeping.
- Eat well and prepare meals when your baby is sleeping.
- Cry, if you feel like crying and do not feel guilty about it.
- Take a break every day... time out for yourself. Try to go outside every day.
- Try not to become too worried about the way things look. Tidiness is not as important as spending time with your baby. Get help around the house.
- Do not try to do too much. Many new mothers expect too much of themselves and sometimes, of their babies. It is hard being a new mother. It takes time to learn and feel comfortable. You are not doing things wrong!

When should I visit my doctor?

Make an appointment to see your doctor within 4 to 6 weeks of having your baby.



Contact your doctor sooner if you develop any of the following symptoms after going home:

- Fever or chills
- Painful breasts (hot, red, tender) along with fever or flu-like symptoms
- Sudden, heavy vaginal bleeding
- Any foul smelling vaginal discharge
- Burning or pain when passing urine
- Redness or pain in your legs
- An unhappy, depressed or anxious feeling that does not go away in a few days. You cry a lot. You feel unable to cope or care for your baby.

Going Home

Your first weeks at home with your new baby are a time of learning, change and forming new relationships. Enjoy your time together as you and your family get to know your new baby better and your baby settles in. ***Congratulations!***

APPENDIX A. NEW PARENT'S RESOURCE LIST

Your Doctor: _____ Telephone No.: _____
Baby's Doctor: _____ Telephone No.: _____

Emergency Services

Emergency 9-1-1
Social Services/Community Information..... 2-1-1
Toronto Services 3-1-1
Toronto Distress Centre (24 hr)..... (416) 408-4357
Health811 (formerly Telehealth Ontario)
(24 hr medical information)..... 8-1-1
Hospital for Sick Children(416) 813-1500
 Poison Control.....(416) 813-5900
Humber River Health
Birthing Unit (416) 242-1000 ext. 45200 or 45300
Toronto Public Health
(<https://www.toronto.ca/community-people/health-wellness-care/>) (416) 338-7600
Kids Help Line 1 (800) 668-6868
Assaulted Women's Help Line (24 hr).....(416) 863-0511
 Toll-free 1 (866) 863-0511
Shelter Hotline (24 hr).....(416) 397-5637
Food Bank(416) 203-0050
Mental Health Crisis Response (24 hr)(416) 495-2891
St. Elizabeth Mobile Crisis
Response Program (24 hr) ... (416) 498-0043 ext. 310
Mental Health Helpline 1 (866) 531-2600

Breastfeeding Clinics by Appointment

Humber River Health..... (416) 242-1000 ext. 21450
Toronto East General Hospital(416) 469-6667
La Leche League (www.lllc.ca) 1 (800) 665-4324
Lactation Consultant Association.....(416) 223-4040

Unison Health Community Services..(416) 653-5400
Black Creek Community
Health Centre.....(416) 249-8000 ext. 253

Breast Pump Rentals

Hollister Rental 1 (800) 263-7400
Medela..... 1 (800) 835-5968
Shoppers Drug Mart.....(416) 490-2880
Total Health Pharmacy(416) 746-2044

Postpartum Depression

Distress Line(416) 408-4357
St. Joseph Hospital
Women's Health Clinic(416) 530-6850
Mt. Sinai Hospital
Perinatal Mental Health(416) 586-4800 ext. 8325
Women's College Hospital..(416) 323-6400 ext. 5635
East Toronto Postpartum Adjustment..(416) 469-7608

Teen Pregnancy

Humewood House(416) 651-5657
Massey Centre (massey.ca).....(416) 425-6348
Rosalie Hall (www.catholiccharitiestor.org/Member-Agencies/Young-Parents/Rosalie-Hall.aspx)
(416) 438-6880
Jessie's Centre: June Callwood
(jessiescentre.org).....(416) 365-1888
Black Creek Community Health(416) 249-8000
Unison Health & Community Services .(416) 653-5400

Family Planning and Sexual Health

- AIDs and Sexual Health Info Line..... (416) 392-2437
- Bay Centre for Birth Control
(womenshealthmatters.ca) (416) 351-3732
- Planned Parenthood
(ppt.on.ca) (416) 961-0113 ext. 121

Counselling

- Family Service Association..... (416) 595-9618
- Breaking the Cycle (416) 364-7373
- Humber River Health Chemical
Dependency Program (416) 242-1000 ext. 43000
- Pathways (Substance Abuse).....(416) 255-7359 ext. 246
- West End Walk In Counselling
(Mental Health) (416) 394-2424 ext. 34
- Black Creek Community Health (416) 249-8000
- Unison Health & Community Services....(416) 653-5400
- Rexdale Community Health.....(416) 744-0066

Product and Food Safety

- Car Seat Safety, Transport Canada....1 (800) 333-0371
- Health Canada Product Safety.....(416) 973-4705
- Daily Bread Food Bank.....(416) 203-0050
- Foodlink Hotline (416) 392-6655
- Canada's Food Guide: <https://food-guide.canada.ca/en/>

A Guide to Eating Fish (Toronto Public Health): <https://www.toronto.ca/wp-content/uploads/2017/12/8d3f-tph-91f6-guide-eat-fish.pdf>

Canadian Food Inspection Agency (Food Recalls and Allergy Alerts): <https://inspection.canada.ca/about-cfia/newsroom/food-recall-warnings/eng/1299076382077/1299076493846>

Safe Food Handling for Children 5 and Under: <https://www.canada.ca/en/health-canada/services/food-safety-vulnerable-populations/food-safety-information-children-ages-5-under.html>

Other Resources

- Toronto Preschool Speech
and Language.....(416) 338-8255
- Toronto Parents of Multiple Births
(tpomba.org).....(416) 760-3944
- Ontario's Early Years Centres
(www.oeyc.ca) 1 (866) 821-7770
- Legal Aid.....(416) 979-1446
- Housing Connections (416) 981-6111
- Day Care Subsidy.....(416) 392-5437
- Canadian Red Cross Homemaking ... (416) 236-3894
- Visiting Homemakers.....(416) 489-2500
- Good Beginnings
Parent Infant Support (647) 788-3180 ext. 23
- Children's Aid Society(416) 924-4646
- Catholic Children's Aid Society(416) 395-1500
- Bereaved Families of Ontario(416) 440-0290
- Caring For Kids www.caringforkids.cps.ca
- Diaper Place.....(416) 741-9696
- Baby City.....(416) 752-0222

APPENDIX B. CARE SEAT SAFETY

The following information is from Toronto Public Health's pamphlet, "*Ride Safely: A Guide to Child Passenger Safety.*"

On discharge, the parents or guardians are responsible for assembling and putting their baby in the car seat for the ride home. This information will help guide you to do this.

Note: Please remember to check the car seat for the expiry date.

Did you know...

- Motor vehicle collisions are the #1 cause of injury-related deaths for Canadian children.
- The correct use of a car seat can reduce the risk of injury or death by 75%. (Transport Canada)
- To be effective, car seats must be installed properly and used correctly **every time**.
- A driver can be **fined and given two demerit points** for not properly restraining passengers under the age of 16 in the vehicle.
- Every passenger in a vehicle must be properly restrained.
It's the law!

For more information about vehicle and road safety:

Toronto Public Health:

(416) 338-7600

www.toronto.ca/health

Transport Canada:

1 (800) 333-0371

www.tc.gc.ca

Ministry of Transportation:

1 (800) 268-4686

www.mto.gov.on.ca

Safe Kids Canada:

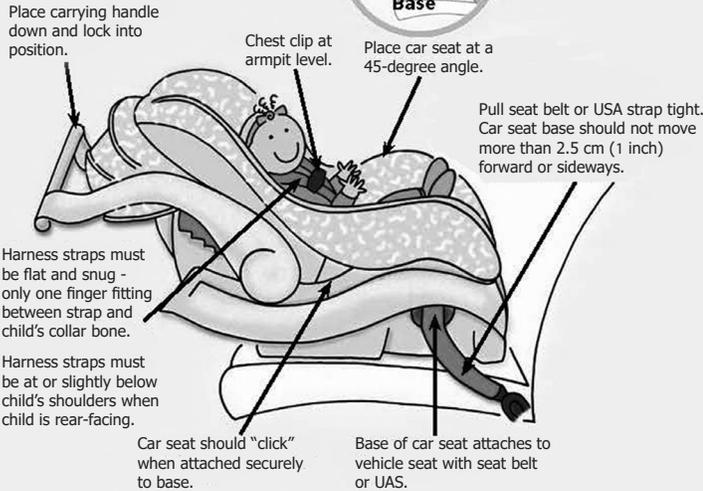
1 (888) 723-3847



Infant Only Car Seats

Rear-Facing only

Birth to 9-10 kg (20-22 lb)
Always place in the back seat.



This is a general guide only. Always follow manufacturer's instructions and vehicle owner's manual.

Infant/Child Car Seats

Rear-Facing

Birth up to 16 kg (35 lb)
Harness child and secure seat as in "Infant Only Car Seats" section.

OR

Forward-Facing

Use when child is over one year of age, over 10 kg (22 lb) and walking unassisted.



This is a general guide only. Always follow manufacturer's instructions and vehicle owner's manual.

Child/Booster Seats

Under 18 kg (40 lb)

Use when child is over one year of age, over 10 kg (22 lb) and walking unassisted.



Over 18 kg (40 lb)

Remove harness and tether straps and use as a booster seat.



Booster Seats

18-36 kg (40-80 lb)

Some booster seats are available up to 45 kg (100 lb)

Booster seat is needed to position seat belt properly over child's body.

- Lap belt should be positioned low across the hips. Shoulder belt should lie flat across the chest.
- A no back booster seat can only be used when the middle of the child's ear is not above the back of the vehicle seat or head rest.



Seat Belts

- To use seat belt safely, child should be able to bend knees over vehicle seat when sitting upright and right back in the vehicle seat. If not, use a booster seat.
- A lap/shoulder belt system is recommended because it provides better restraint to the entire body and reduces the risk of head and other injuries.
- The shoulder belt should lie over the shoulder and not cross the neck. **Do not tuck the shoulder belt under child's arm or behind child's back.**



- The lap belt should stay low and snug across the hips, not over the stomach.
- Seat belt adjusters are not recommended.** There are not regulations on these products and they may increase the likelihood of injury or death in a collision. They are **not a replacement** for booster seats.

Holding a child on your lap is extremely dangerous and against the law. This is not a substitute for a car seat or seat belt.

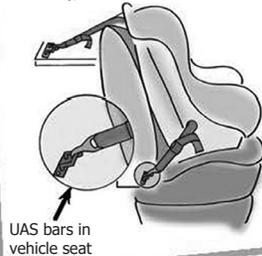
Locking Clip

Some vehicle seat belt systems require the use of a locking clip with car seats. A locking clip prevents the loosening of seat belt and keeps car seat firmly in place. Place locking clip 13 mm (1/2 inch) from buckle. Check vehicle owner's manual.



Universal Anchorage System (UAS)

- May also be called **LATCH** system - Lower Anchors and Tethers for Children.
- UAS** connectors attach to **UAS** bars in the vehicle seat.
- UAS** makes it easier to install car seats correctly.
- Use seat belt to hold car seat in place correctly, if car does not have **UAS**.



General Safety Tips

- Make sure car seat has a Canadian Motor Vehicle Safety Standards (CMVSS) label.
- Follow the manufacturer's instructions and check that the car seat has not passed the expiry date.
- Replace car seat if it has been in any collision or if you find cracks, chips, torn harness straps or any missing parts.
- Make sure there are no loose items in the vehicle.
- Always place car seats away from air bags.
- All children 12 years and under should sit in the back seat and be properly restrained.**

Most Common Errors

- Vehicle seat belt is not tight enough to secure car seat properly.
- Harness or shoulder straps are too loose.
- Car seat is not appropriate for weight and height of child.
- Tether strap is not used or used incorrectly.
- Locking clip is not used when required.

APPENDIX C. DAILY FEEDING DIARY

Birth Date: _____ **Birth Time:** _____

Birth Weight: _____ **Discharge Weight:** _____

If your baby is not latching, express your colostrum.

DIRECTIONS: Place a checkmark in the box:

- When your baby has a feeding.
- When your baby has a wet diaper.
- When your baby has a soiled diaper.

Day		#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12
Day 1	Number of tries at feeding												
	Skin-to-skin												
	Wet diapers - at least 1												
	Messy - black, sticky stool - at least 2												
Day 2	Number of feedings - 8												
	Skin-to-skin												
	Wet diapers - at least 2												
	Messy - black, sticky stool - at least 2												
Day 3	Number of feedings - 8 to 12												
	Skin-to-skin												
	Wet diapers - at least 3												
	Messy - dark green stool - at least 3												
Day 4	Number of feedings - 8 to 12												
	Skin-to-skin												
	Wet diapers - at least 4												
	Messy - yellow, seedy stool - 3 or more												
Day 5	Number of feedings - 8 to 12												
	Skin-to-skin												
	Wet diapers - at least 5												
	Messy - yellow, seedy stool - 3 or more												
Day 6	Number of feedings - 8 to 12												
	Skin-to-skin												
	Wet diapers - at least 6												
	Messy - yellow, seedy stool - 3 or more												

*If your nipples feel sore or you feel pinching while breastfeeding in the hospital, please let your nurse know. You can also contact the Breastfeeding Clinic: (416) 242-1000 ext. 21450 (1235 Wilson Ave., Toronto, ON, 4th floor)

APPENDIX D. REFERENCE TABLE OF UNITS

The following units were used throughout this booklet.

UNITS OF MASS/VOLUME	SYMBOL
microgram	mcg
milligram	mg
gram	g
kilogram	kg
pound	lb
ounce	oz
millilitres	mL
International Unit	IU

UNITS OF TEMPERATURE	SYMBOL
degrees Celsius	°C
degrees Fahrenheit	°F

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The information provided in this handout is for educational purposes. It does not replace the advice or specific instructions from your doctor, nurse, or other healthcare provider. Do not use this information to diagnose or treat. If you have questions about your own care, please speak with your healthcare provider.

English: This information is important! If you have trouble reading this, ask someone to help you.	Italian: Queste informazioni sono importanti! Se ha difficoltà a leggere questo, chiedi aiuto a qualcuno.	Spanish: ¡Esta información es importante! Si tiene dificultad en leer esto, pida que alguien le ayude.
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