



ST. JOSEPH'S  
GENERAL HOSPITAL  
ELLIOT LAKE

# The Mother & Infant Care Manual



Revised: AUGUST 2023



# Introduction

Congratulations on the anticipated arrival of your new baby. We are sure you will have many questions about your pregnancy, your care at St. Joseph's General Hospital Elliot Lake (SJGHEL) and the care of your new baby.

We wish to make your stay with us as informative and pleasant as possible. This booklet will give you most of the information you will need to care for yourself and your new baby.

***Keep this booklet handy and bring it with you to the Hospital when you come to deliver your baby.***

At SJGHEL, the Obstetrical Unit is located on the 3<sup>rd</sup> Floor.

Information booklets from various hospitals throughout Ontario, Algoma Public Health (APH) and the Postpartum Parent Support Program Manual by Health & Welfare Canada were adapted to create the current booklet.

We would like to thank the Public Health Nurses and Algoma Public Health and the Sault Area Hospital for their significant contribution towards the development and publishing of this booklet.

Adapted from Sault Area Hospital and Mackenzie Health's Mother Infant Care Manuals.

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# Table of Contents

<b>PREPARING FOR BIRTH</b> .....	6
When Do I Go To the Hospital? .....	7
What To Bring to the Hospital .....	8
<b>HAVING YOUR BABY</b> .....	9
Parking At Our Hospital .....	10
Being Admitted To Our Hospital .....	11
Telephone, Television and Wifi .....	12
Visitor Guidelines .....	13
Important Hospital Policies .....	14
<i>Smoking</i> .....	14
<i>Scent</i> .....	14
<i>Latex</i> .....	14
Your Support Person .....	15
Pain Management During Labour & Delivery .....	16
Medical Interventions for Pain Management .....	17
Epidural Anaesthesia During Labour & Delivery .....	18
Caesarean Section .....	20
<b>AFTER LABOUR &amp; DELIVERY</b> .....	22
Skin-To-Skin Contact .....	23
Breastfeeding .....	24
Your Hospital Stay .....	25
<i>After Delivery</i> .....	25
<i>Combined Care &amp; 24-Hour Rooming In</i> .....	25
<i>Length of Stay</i> .....	25
After a Caesarean Section .....	26
Circumcision .....	28
Jaundice & Your Baby .....	30
Newborn Screening .....	32
Being Discharged From Hospital .....	34
Your Baby's Car Seat .....	35
<b>BACK AT HOME: Taking Care of You</b> .....	37
Postpartum Physical Care for Mom .....	38
<i>Vaginal Bleeding</i> .....	38
<i>Peri-Care</i> .....	38
<i>Episiotomy or Perineal Tear</i> .....	39
<i>Abdominal Cramping (After-Pains)</i> .....	39
<i>Hemorrhoids</i> .....	39
Postpartum Mood Disorders .....	40
Exercise & Nutrition .....	42
Sexual Activity .....	43

<b>BACK AT HOME: Taking Care of Baby</b> .....	44
The First 2 Days .....	45
Bathing Your Baby & Umbilical Cord Care .....	46
Other Aspects of Baby's Care .....	48
<i>Cutting Baby's Nails</i> .....	48
<i>Diapering</i> .....	48
Monitoring Baby's Health .....	49
<i>When Should I Take My Baby's Temperature?</i> .....	49
<i>How Do I Take My Baby's Temperature?</i> .....	49
<i>Trush</i> .....	50
<i>Diaper Rash</i> .....	51
<i>Eczema</i> .....	51
<i>Heat Rash</i> .....	51
<i>Infant Hearing Program</i> .....	52
Safe Sleep For Your Baby .....	53
<i>How Babies Sleep</i> .....	53
<i>Your Baby's Sleeping Patterns</i> .....	53
<i>How Much Sleep Does My Baby Need?</i> .....	54
<i>Baby's Changing Sleep Needs</i> .....	54
<i>Resources on Safe Sleep For Your Baby</i> .....	55
Feeding Your Baby .....	56
<i>Breastfeeding Your Baby</i> .....	56
<i>Breast &amp; Nipple Care</i> .....	58
<i>Resources on Breastfeeding</i> .....	58
<i>Feeding Your Baby Infant Formula</i> .....	59
<i>Resources on Feeding Your Baby Infant Formula</i> .....	59
Burping, Spitting Up and Vomiting .....	60
Hiccups, Sneezing and Crying .....	61
Immunization .....	62
<i>Diseases That Can Be Prevented With Immunization</i> .....	62
<i>Resources on Immunization</i> .....	63
Stollers .....	64
 <b>RESOURCES</b> .....	 65
Questions For Your Nurse or Physician .....	66
Information About Your Baby .....	67
Algoma Public Health .....	68
Services for New Parents .....	70



# PREPARING FOR BIRTH



# PREPARING FOR BIRTH: When Do I Go to the Hospital?

## Am I in Labour?

### True Labour

- Contractions occur at regular intervals (e.g., every 5 minute for 1-2 hours).
- Discomfort or pain gradually increases, lasting 15-30 seconds then 30-45 seconds and up to 1 minute.
- Pain originates in lower back and radiates to lower front.
- Walking causes more discomfort.
- Cervix thins (effaces) and opens.
- Bloody mucous “show” from your vagina.
- Contractions that do not stop during rest.
- You may have diarrhea before labour starts.
- Your water breaks.

### False Labour

- Contractions are irregular (i.e., every 2-4-3 minutes, never consistent).
- Pain or discomfort located in abdomen.
- Walking doesn't increase pain and often gives relief.
- There is no bloody “show” from your vagina.
- Water has not “broken”.
- Contractions stop with rest.

## Did My Water Break?

- Your baby is enclosed in a bag of fluid. Your membranes can rupture before you go into labour, during labour or near the end of your labour.
- Some people have a big “gush” while others experience just a “trickle”. Usually there is no control over leaking when your water breaks. It is a sweet unmistakable odor unlike that of urine.
- **Come to the Hospital if you think your water has broken.**



## Contractions

- This is the most common sign of labour starting. When you have a contraction, you feel your abdomen become quite hard.
- You may or may not feel pain with these early contractions.
- As time goes on, your contractions will likely get closer together and become stronger.
- Contractions, on their own, are not a sure sign that you are in labour.
  - Many women have contractions during their pregnancies, especially near the end.
  - These are called *Braxton-Hicks Contractions* – they are occasionally uncomfortable and are not regular. They are not the real thing.

**The Nurses are not able to determine if labour has started over the phone.  
If you are concerned, please come to the Hospital for further assessment!**

### **WARNING SIGNS**

#### **Go to the Hospital right away if:**

- Bright red bleeding from your vagina (like a period).
- Continuous abdominal pain with no relief.
- Rupture of your membranes.
- Lack of baby movement (less than 10 fetal movements in 2 hrs).

# PREPARING FOR BIRTH: What to Bring to the Hospital



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

## PLEASE BRING WITH YOU FOR THE ADMISSIONS PROCESS:

- 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.
- Birth Plan (if desired)
- Any medications that the mother is currently taking.
- Pens/pencils

## PLEASE PACK FOR YOUR STAY:

- Personal care items:  
sanitary napkins, portable sitz (if you have one), breast pads, lotions, toothbrush/paste, mouthwash, shampoo, deodorant, soap, facial tissues, lip balm, hairbrush
- Snacks and drinks for mom and family  
**NOTE:** The Hospital will provide scheduled meals and drinks for the patient **only**.
- Comfortable loose-fitting clothing, a house coat/robe and slippers or warm, cozy socks
- One or two of your favourite pillows (well-labelled)
- Camera or cellphone
- Music/entertainment
- Large sanitary pads
- Clothing for your baby (sleepers, onesies, hat)
- Several extra pairs of underwear
- Swaddling blankets
- Nursing bra or a good support bra
- Breastfeeding pillow
- Clothes to wear home for mom
- Clothes to wear home for baby:  
sleeper, onesie, hat
- A CSA approved car seat to transport baby home

**PLEASE DO NOT BRING VALUABLES WITH YOU TO THE HOSPITAL**  
SJGHEL is **NOT** responsible for lost, stolen, or damaged items during your stay  
(i.e., jewellery, wallet, tablet, etc.)





# HAVING YOUR BABY

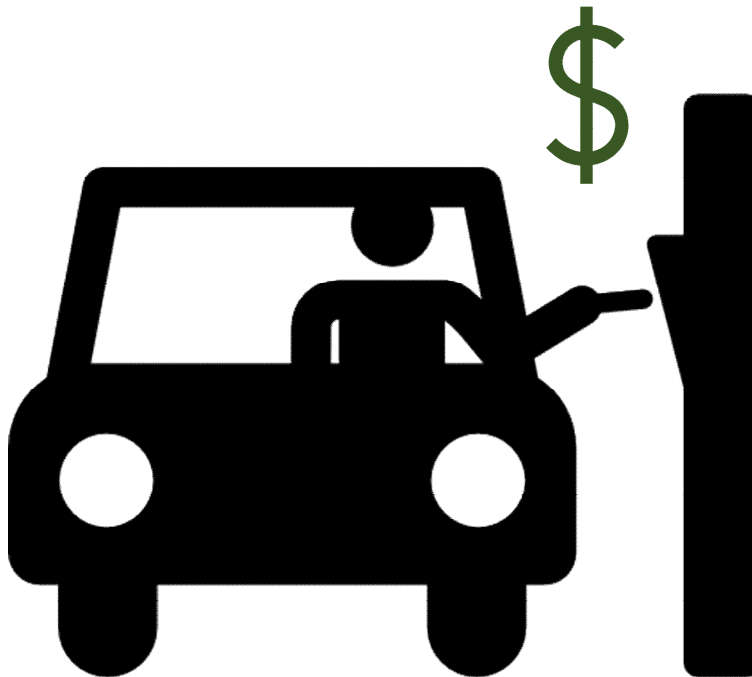


## HAVING YOUR BABY: Parking at our Hospital

### ***Accessible Parking Spots, Metered Parking and Gated Parking Lot***

- Accessible parking spots are available just inside the paid parking lot gate.
- Accessible **metered** parking spots are available at the front of the Hospital.
- The main, gated parking lot at our Hospital is “pay as you leave”.
- Tokens for the parking gate can be purchased at our Gift Shop for **\$2.75**.
- In instances where your stay in our Hospital is longer than anticipated, please speak with a member of your Care Team regarding bulk token purchases.
- Upon approval, which requires the presenting individual to have a signed request form from their Care Team, blocks of **20** tokens can be purchased from our Business Office for **\$30.00**.

SJGHEL GIFT SHOP	SJGHEL BUSINESS OFFICE
<b>Monday to Friday</b> 9:00 a.m. to 4:00 p.m.	<b>Monday to Friday</b> 8:00 a.m. to 12:00 p.m. 12:30 p.m. to 4:00 p.m.
<b><u>NOTE:</u></b> tokens can be purchased at Switchboard Saturdays, Sundays, and weekdays after 4:00 p.m.	



### **PARKING LOT SECURITY AND PARKING TICKETS**

Security regularly patrols the parking areas at SJGHEL.

Parking enforcement is maintained under the *City of Elliot Lake* By laws 03-13 and 02-18.

In the event that you receive a parking ticket while at SJGHEL, instructions are clearly printed on the back of the ticket for payment options, or to dispute a ticket.

# HAVING YOUR BABY: Being Admitted to our Hospital

## **Registration and Admission to Hospital**

- You must always stop at Admitting before coming to the Obstetrical (OBS) Unit.
- Ensure that you have your Ontario Health Card.
- If the Admitting Department is closed, you can register at Switchboard, which is open 24 hours/day and can be accessed through the main entrance of SJGHEL.
- Be prepared to pay for parking upon exit from the Hospital parking lot.



## **Admission to the Labour Unit**

- When you are registered and admitted to the Labour Unit, you will be assessed in a labour room.
- **If you are not in active labour, the Nurse will discuss various options with you.**
- The Nurse will check your blood pressure and temperature and apply the fetal monitor for approximately 20 minutes to listen to the baby's heart.
- The Nurse will time and feel your contractions, and probably perform a vaginal examination to assess the progress of your labour.
- A staff member from the laboratory will take a blood sample for testing.
- When labour progresses, you will be moved to a delivery room.
- We do NOT routinely give you an enema, shave the pubic area or start an intravenous infusion unless it is necessary.
- During your labour, we will check your blood pressure, temperature and baby's heart rate on a regular basis.
- We will encourage you to be up walking, relax in one of the rocking chairs, take a warm shower and try various positions to increase comfort.
- Clear, high caloric drinks will also be encouraged during your labour. We have juices, ginger ale, popsicles and ice water in our kitchen.



## **Medical Residents and Nursing Students**

Medical Residents and Nursing Students from various universities in Ontario spend time with our Clinical Team and our Physicians to learn about Obstetrics (OBS).

If you would prefer not to have a Medical Resident or a Nursing Student present during your labour and delivery, please let your primary OBS Nurse or the Attending Physician know.

# HAVING YOUR BABY: Telephone, Television and Wifi

## Telephone Services

- Each patient room at our Hospital is equipped with a wired telephone.
- There is **no charge** for patient telephones in our Hospital.
- If you require help to use the telephone in your inpatient room, please speak with a member of your Care Team.



### PERSONAL CELL PHONE USE

Personal cell phones are a great way to stay connected with your family members and loved ones during your stay in our Hospital.

Please be advised that using your cell phone to take photos of Hospital staff, other patients and/or their visitors, or of our clinical areas is **strictly prohibited**.

**SJGHEL is not responsible for lost, stolen or damaged items.**

## Access to Television

- MEDTV 16" HDTV Healthcare Television Rentals are available during your stay.
- The cost is **\$10.00 per day**, including taxes.
- You can request an Order Form from your Care Team **OR** you can download, print, fill out the form in advance, which is available online on our website at:  
<https://sjghel.ca/wp-content/uploads/2022/10/Television-Order-Form.pdf>
- Representatives visit our inpatient units each afternoon between 4:00 p.m. and 6:00 p.m. to install requested TVs.
- **Payment for services is due upon installation – we accept VISA, Mastercard, Debit or Cash.**

## Internet Access

A white sign with a black border. At the top left is the St. Joseph's General Hospital logo (a blue cross with a white plus sign) and the text "ST. JOSEPH'S GENERAL HOSPITAL ELLIOT LAKE". In the center, "Free" is written in a cursive font and "WIFI" is in a bold, sans-serif font. Below this is a QR code with a small Wi-Fi symbol in the center. To the right of the QR code is a Wi-Fi symbol (three curved lines above a dot) and the text "SCAN TO CONNECT". At the bottom, "NETWORK: SJGH\_Guest" and "PASSCODE: SJGHGuest2023!" are listed in bold, sans-serif font.

ST. JOSEPH'S  
GENERAL HOSPITAL  
ELLIOT LAKE

Free **WIFI**



SCAN TO CONNECT

NETWORK: **SJGH\_Guest**

PASSCODE: **SJGHGuest2023!**

# HAVING YOUR BABY: Visitor Guidelines



## Visiting During Labour & Delivery

- General Visitation is not permitted during active labour unless the individual is acting in a supportive/partner role (see next page).
- During labour and delivery at SJGHEL, in addition to **one (1)** chosen family member/loved one being deemed your **Support Person** (unrestricted access during labour, delivery and postpartum), OBS patients may also choose to be accompanied by their Doula.

*Due to patients' rights to privacy, we ask that you or your partner keep your family and friends informed of your progress.*

*Information about your condition cannot be given out over the phone by Nursing staff.*

## After Labour & Delivery: General Visiting Hours

- After labour and delivery, when planning for visitors, please keep in mind that your time spent in Hospital after the birth of your baby will be short.
- You should consider this time a learning opportunity when the Nursing staff will be available to provide you with important information and instruction about your care after birth and care for your baby.
- In order to provide privacy, a quiet atmosphere, and to keep other patients, staff and visitors safe from exposure to infectious diseases, we limit visiting to **two (2)** individuals at a time, including the partner.
- **Family members and other visitors who are currently feeling unwell, have an infection, symptoms of respiratory illness or flu-like symptoms are NOT to come to the Hospital for a visit.** In these instances, your Care Team will endeavour to use technology or other means to ensure family "presence", while protecting the health of yourself, your baby, and other patients in our Hospital.

### Daily General Visiting Hours

11:00 a.m. to 1:00 p.m.  
5:00 p.m. to 7:00 p.m.

### To protect the baby, anyone exposed to the following should be asked NOT to visit:

#### Within the last **four (4)** weeks, has the visitor been exposed to:

<input type="checkbox"/> Chickenpox*	<input type="checkbox"/> German Measles (Rubella)**
<input type="checkbox"/> Measles**	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Mumps**	<input type="checkbox"/> Other contagious illnesses

*\*only significant if the visitor has NEVER had Chickenpox*

*\*\*only significant if the visitor has NOT received the MMR immunization*

#### Within the last **five (5)** days has the visitor had:

<input type="checkbox"/> Fever	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Cough	<input type="checkbox"/> Cold Sores (herpes)
<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Runny Nose
<input type="checkbox"/> Rash	<input type="checkbox"/> Vomiting

# HAVING YOUR BABY: Important Hospital Policies

## Smoking

- In accordance and compliance with **Smoke-Free Ontario Act** (SFOA, 2017) and the **City of Elliot Lake's Smoking By-Law 35-04**, all facilities owned or operated by the Corporation shall be "smoke-free" environments.
- The Corporation also prohibits smoking on any land owned or operated by the Corporation.
- As such, St. Joseph's General Hospital Elliot Lake, St. Joseph's Manor, and the Oaks Treatment Centre are **completely smoke-free facilities** and this applies to **all buildings, grounds, and parking lots, and also prohibits smoking in cars parked on Hospital property.**



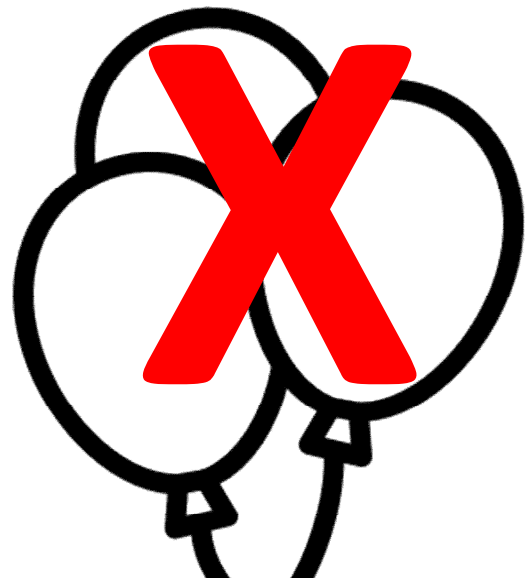
## Scent

- For the safety and comfort of those with allergies and sensitivities, please respect that all of SJGHEL's sites are "scent sensitive" environments.
- Items that **you should not use or bring** when you visit our Hospital:
  - perfumes and colognes,
  - scented fabric softeners, stain removers, and laundry detergents;
  - scented soaps and deodorants,
  - scented shampoos and hair products, and
  - scented body powders and lotions.



## Latex

- Please note that SJGHEL is a latex-free organization.
- Please **do not** bring any latex products into our Hospital, St. Joseph's Manor, or the Oaks/Camillus Centre, **including latex-based balloons.**
- These items are known irritants and can cause allergic reactions in our patients, visitors and staff members.



# HAVING YOUR BABY: Your Support Person

## Partner/Coach or Family Member Participation

- At SJGHEL, we encourage and support family-centered Nursing.
- Our OBS Nurses are happy to assist you in becoming more involved with the care of your partner/family member and baby during your stay.
- Facilities are available for your **Support Person** to sleep overnight if they wish in order to **assist with care**.
- We provide a bed for this purpose; however, space and availability are at the discretion of the Care Team, as follows:



- There are a limited number of beds in our Hospital, and they are available on a **first come first served basis**.
- Only one (1) **Support Person** is permitted to stay overnight.
- Please remember to wear appropriate clothing if planning an overnight stay with your partner/family member. Jogging suits or regular clothing is preferred – undershorts or pajama bottoms are not acceptable.

- The availability of facilities (shower, etc.) for your **Support Person** is dependent upon the room provided upon Admission.
- Please ensure that you bring your own toiletries as these will not be supplied by our Hospital.
- If your **Support Person** stays overnight, they will be asked to get up at 7:00 a.m. at shift change when the staff arrive to continue care for your you and your and baby. The Hospital day begins early, and the Lab staff, Nurses and Physicians all begin their rounds at the same time.

***If at any time you have questions, please be sure to ask your Nurse or have your Support Person visit the Nursing Station.***

***The Nurse Manager will be available to assist you with concerns that are not addressed or that are outside the scope of our OBS Nurses.***

## Ways to be a Good Support Person

<b>Be Encouraging:</b>	Speak in a calm and gentle voice even though your partner/family member may be experiencing pain.
<b>Be Brief:</b>	Keep conversations to a minimum if your partner/family member expresses that they prefer this.
<b>Be Gentle:</b>	Touch gently and lightly to provide soothing comfort.
<b>Be Responsible:</b>	Prepare in advance to learn techniques to support your partner/family member during their labour and delivery.
<b>Be Supportive:</b>	Stand “behind” your partner/family member – i.e., if they express that they want pain relief, support their birth plan (if desired), and echo their expressed needs.
<b>Be Calm:</b>	Don’t panic. Our OBS Nurses and Physicians know what they are doing, and your partner/family member needs your support to feel supported and confident.
<b>Be There:</b>	Try not to leave. Your presence, encouragement and comfort are needed and appreciated not only by your partner/family member but by the Care Team.

# HAVING YOUR BABY: Pain Management During Labour & Delivery

## Discussing Pain Management Options with your Care Team

- At some point during your admission, your OBS Nurse will discuss options for pain management during labour.
- Some people already have a Birth Plan and have decided on a specific approach to pain management ahead of time, while others wait until they are in labour and then decide their needs.
- **It is important that you understand that you may change your mind regarding your pain management, even if it changes your original Birth Plan.**
- Your OBS Nurse and other members of your Care Team will work with you to manage your pain during labour and delivery in a way that is best for you and your baby and will answer any questions that you may have.

## Ways you can attempt to manage your pain without the use of medication:

### Breathing



During contractions, use breathing techniques you may have learned in prenatal classes. Breathe through your nose and blow out through your mouth. Your Nurse, Midwife, Doula or **Support Person** can help you.

### 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 and enjoyable.

### Massage



Massage is another option for effective 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 may be helpful to use an unscented lotion to aid in massage.

### Hydrotherapy



Immersing your body in warm water during labour also provides comfort, support, and 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 stressful situations or are having difficulty sleeping. Some people will bring pictures to focus on and other people will picture images in their mind.

### Heat and Cold



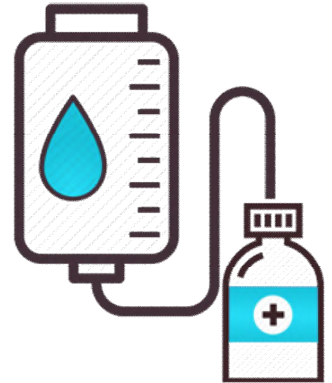
Heat can be used to relax muscles, provide comfort and to distract from pain. You can apply heat by having a bath or a shower. Warming gel packs may also be used. We ask that you **do not** bring or use a heating pad in the Hospital. Ice can also be placed on areas over the back, hips, neck, or forehead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



# HAVING YOUR BABY: Medical Interventions for Pain Management

## **Medications that Provide Pain Relief During Labour and Delivery**

- If you ask your OBS Nurse or Attending Physician for medications to help with your pain during labour, you may be given one of several different options, based on the progression of your labour, as well as the status of your health and your baby's health.
- Your Attending Physician will order pain medications, and your OBS Nurse will explain the details to you.
- Common pain medications such as **Fentanyl** or **Morphine** can be provided intramuscularly if you are not close to delivering, and your baby is stable. These medications may be given to you with Graval.
- **Nitrous Oxide**, an inhaled gas, is another option for pain relief (see below).
- An **Epidural** (see next page) is another option and is administered by a special Physician (Anaesthetist).



## **Nitrox**

- Nitronox is a gas made up of 50% nitrous oxide. It is used to relieve pain for a short period of time.
- The effect from this gas does not last long.
- Nitronox is most useful when you are close to full dilation or when you are waiting for other methods of pain relief, such as an **Epidural** (see next page).
- If you have *Chronic Obstructive Pulmonary Disease* (COPD), Emphysema, or Pulmonary Hypertension you will **not** be able to use Nitrox.
- Your OBS Nurse will explain how to inhale, when to inhale, and when not to inhale the Nitrox.
- You will have to hold a mask to your face to breathe in the Nitronox. **No one else is allowed to hold the mask to your face.**
- While you are using Nitrox, your Nurse will monitor:

Your heart rate, blood pressure, respiration (breathing).

The baby's heart rate.

How often your contractions occur, the length of time that they last, and how strong they are.

How drowsy or comfortable you appear.

### **IS THERE A TIME WHEN NITROX IS STOPPED/I CAN'T USE IT?**

You are permitted to stop using Nitrox at any time that you choose.

Your Attending Physician or your OBS Nurse will discontinue the use of Nitrox when you begin to push.

If you have questions about using Nitrox, we encourage you to ask your OBS Nurse or the Attending Physician.

# HAVING YOUR BABY: *Epidural Anaesthesia* During Labour & Delivery

## *Epidural Anaesthesia for Obstetrics*

- Together with your Attending Physician and OBS Nurse, you will discuss any questions that you may have and decide whether an epidural is the best way to provide you with pain relief or anaesthesia during your labour and delivery.
- An epidural is type of anaesthetic given during labour or Caesarean section to relieve pain.
- In order for you to have this medication, the Anaesthetist inserts a needle into the “epidural space”, which is located in your back.

### **Important things to tell the Nurse during your Epidural:**

- If you are **DIZZY** or **FEEL SICK**.
- If you have **PAIN**.
- If you are **COLD**.
- If you have a **HEADACHE**.

### **BEFORE THE PROCEDURE**

When the Anaesthetist starts the epidural procedure, you will:

- Have an intravenous (IV) started.
- Receive a large amount of fluid via the IV.
- Have your blood pressure and pulse taken.
- Have your baby’s heartbeat monitored.

### **DURING THE PROCEDURE**

- The Anaesthetist and a Nurse will ask you to get into a “curled” position either sitting or laying on your side.
- Your back will be washed with a special solution that may feel cold to the touch.
- The Anaesthetist will freeze a small patch of skin in the lower part of your back. You will be asked to lie very still while the Anaesthetist puts a special needle into the epidural space in your back.
- When the needle is in the right place, a soft plastic tube called a “catheter” is inserted and the needle portion is then removed, leaving the catheter behind.
- The catheter is then taped in place and the medication is provided to you through the catheter to relieve your pain.

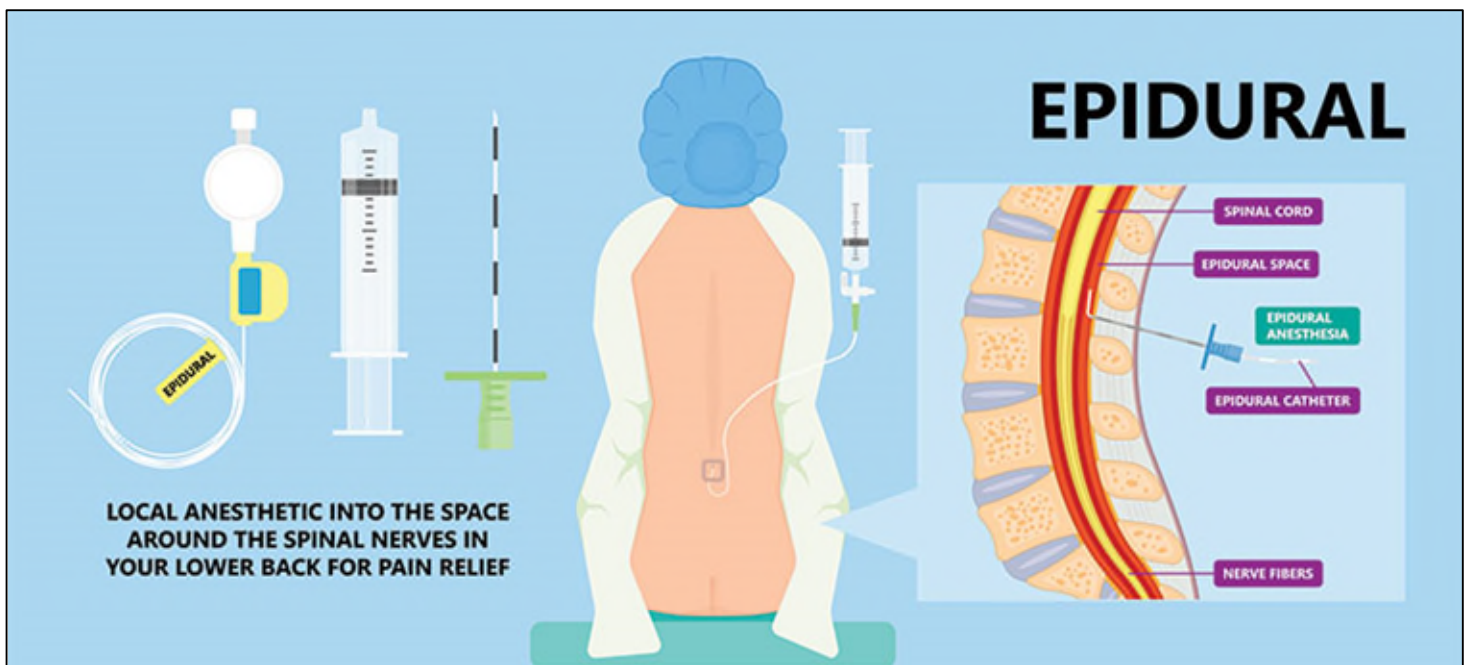
### **HOW WILL I FEEL?**

- You may experience pressure in your back when the needle is being inserted.
- After the medication is provided through the catheter, the lower half of your body and legs will feel warm and heavy.
- You can move your legs when an epidural is given for labour and delivery.
- 1-2 hours after delivery, the effects of the epidural will wear off.

# HAVING YOUR BABY: *Epidural Anaesthesia* During Labour & Delivery

## **Possible Complications**

- Epidural or spinal anaesthesia does have risks. Some can be very serious and even life-threatening. All precautions are taken at our Hospital to prevent possible problems.
- The Anaesthetist could have trouble getting the needle in the right place or epidural may not work well, in which case it may need to be taken out and inserted in again.
- With any procedure that is done on your back and near the spinal cord, there is a small chance of paralysis or numbness that may stay for a short time or, in very rare cases, forever.
- There is a small chance you could get a bad headache or have mild back pain the first few days after receiving the epidural anaesthetic.
- Your blood pressure may drop after the epidural making you feel lightheaded or sick to your stomach.



# HAVING YOUR BABY: *Caesarean Section*

## ***What is a Caesarean Section (C-Section)?***

- A **Caesarean Section (C-Section)** is the surgical delivery of a baby through an incision (a cut) in the abdomen and the uterus.
- It can be a lifesaving operation when you or your baby experiences certain problems before or during labour.
- You may prefer a vaginal birth, but having a healthy baby is more important than the method of delivery.
- Being prepared for a C-Section birth includes knowing when it may be required, what can be done to reduce your chances of having one, what is involved in this surgical procedure, and preparing for the disappointment that you may feel if you cannot deliver vaginally.



## ***Can I Have a Vaginal Birth After Having a Previous C-Section?***

- When you have had a previous C-Section, you generally have two delivery options for your next pregnancy:
  1. **Trial of Labour after Caesarean Section:** an attempt at a vaginal delivery. Most individuals will be successful and have a vaginal birth after C-Section (**VBAC**).
  2. **Elective Repeat Caesarean Section:** a planned repeat C-Section.
- Most individuals who have had **one (1)** previous C-Section can attempt a vaginal birth with their next pregnancy.

### **You may not be a candidate for VBAC if you have had:**

Multiple C-Sections.

Previous classical C-Section (vertical scar) or uterine rupture.

Pregnancy complications requiring a C-Section such as *placenta previa* or need for an urgent delivery.

A C-Section less than 12 to 18 months ago.

#### **INCREASED CHANCE OF VBAC:**

- You have previously given birth vaginally.
- The reason for your previous C-Section is not a factor in this pregnancy (i.e., breech presentation, *placenta previa*).
- Your labour begins on its own (spontaneous).
- You are less than 40 years old with an uncomplicated pregnancy.

#### **DECREASED CHANCE OF VBAC:**

- You go past your due date.
- You are significantly overweight.
- You need to have your labour induced.
- Your baby is estimated to weigh more than 4,000 g (8 lbs, 13 ounces).

# HAVING YOUR BABY: *Caesarean Section*

## ***Reasons You May Choose a Vaginal Birth After C-Section (VBAC)***

- A shorter hospital stay, and a generally quicker recovery with no activity restrictions (i.e., heavy lifting).
- Desire to experience giving birth vaginally.
- Avoidance of major abdominal surgery and the associated risks with **Elective Repeat Caesarean Section (ERCS)**.
- Greater chance of an uncomplicated birth in future pregnancies.
- Earlier start to breastfeeding and better success with breastfeeding at three to six months.
- Lower risk of breathing problems in your baby immediately after birth.

## ***Reasons You May Choose an Elective Repeat Caesarean Section (ERCS)***

- Ability to plan the date and time of the birth and knowing what to expect based on past experience.
- Avoidance of labour and risks associated with VBAC, including the risk of uterine rupture.

## ***Preparing for Labour and Delivery – VBAC or ERCS?***

### **PLANNING A VBAC**

- Go to the Hospital if you are in labour or think your water has broken.
- When you are in active labour you will require continuous monitoring of your baby's heart rate and regular cervical exams to ensure your labour is progressing safely.
- An epidural is encouraged in case a C-Section is required urgently.

### **PLANNING AN ERCS**

- You should discuss with your Healthcare Provider (Physician or Midwife) what you want done if you go into labour before your scheduled ERCS.
- Going into spontaneous labour increases your chances of having a successful vaginal birth and many people who planned a C-Section will try a VBAC if they go into spontaneous labour.

### **RISKS ASSOCIATED WITH VBAC**

- Most common risk** is requiring a C-Section during labour which has an increased risk of blood loss, surgical complications, and infection compared to ERCS.
- Most serious risk** is uterine rupture during labour. Uterine rupture may happen to 1 in 200 people who attempt VBAC.
  - **Uterine rupture** can result in serious but extremely rare problems for your baby including death or brain injury (2-3 in 10,000 babies) or for you, including increased bleeding or removal of your uterus (hysterectomy).

### **RISKS ASSOCIATED WITH ERCS**

- Infection, bleeding, blood transfusion and surgical injury to bowel, bladder or ureters.
- Increased risk of blood clots in lungs or legs around time of delivery.
- May require a C-Section for all future pregnancies.
- Each future C-Section carries increased surgical and pregnancy risks. The largest is the risk of an abnormal placenta in future pregnancies which may cause severe bleeding and require removal of your uterus (hysterectomy) at your delivery.
- Risk of death of the pregnant person is higher with an ERCS than with a VBAC, but overall, extremely low.



# AFTER LABOUR & DELIVERY



## AFTER LABOUR & DELIVERY: Skin-to-Skin Contact

### ***Skin-to-Skin Contact with Your Baby***

- 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*** immediately after delivery, including those mothers that do not intend to breastfeed.
- Skin-to-skin contact is placing a naked newborn prone (facing down) on the mother's bare chest immediately after birth.
- This intimate contact within the first hours of life will facilitate the mother-infant bond through sensory stimuli such as touch, warmth and odour.
- Babies that are not stable immediately after birth can receive skin-to-skin contact later when they are stable.
- In situations where the mother is not stable or able to respond to her baby, the baby can be put skin-to-skin with the partner.
- With your consent to this practice, after delivery, including after C-Section, your Physician or Healthcare Provider 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 skin-to-skin contact is recommended if your baby has not suckled after one (1) hour after birth.



### **BENEFITS OF SKIN-TO-SKIN CONTACT**

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Calms the mother and the baby.</li><li><input type="checkbox"/> Keeps baby warm with heat from the mother.</li><li><input type="checkbox"/> Reduces infant crying, thus reducing stress.</li><li><input type="checkbox"/> Facilitates bonding between mother and baby, as the baby is alert in the first 1 to 2 hours.</li><li><input type="checkbox"/> Reduces the need for analgesia during invasive procedures (i.e., Vitamin K injection).</li><li><input type="checkbox"/> Baby will lose less weight.</li><li><input type="checkbox"/> Enhances mother and infant interaction.</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Helps stabilize baby's heartbeat and breathing.</li><li><input type="checkbox"/> Enables colonization of baby's gut with the mother's normal bacteria, provided that she is the first person that holds the baby.</li><li><input type="checkbox"/> 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 the mother in the first few hours.</li><li><input type="checkbox"/> Extends duration of successful breastfeeding.</li><li><input type="checkbox"/> Hormonal interaction reduces risk of postpartum depression for the mother.</li></ul> |
|---|---|

## AFTER LABOUR & DELIVERY: Breastfeeding

### **Breastfeeding Support at SJGHEL**

- SJGHEL supports breastfeeding and we have made the decision to help make our Hospital and the community as breastfeeding friendly as possible.
- Breastfeeding has many benefits for you and your baby. Infants who are breastfed are less likely to develop allergies and have less chance of bowel and respiratory infections.
- Breastfeeding is free, readily available and enhances the relationship between you and your baby.
- During the first 24 hours, baby may feed as often as every hour and a half 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.
- If you choose to breastfeed, the Nurses who work on the Obstetrical Unit are committed to supporting your breastfeeding experience in a number of ways:



or

St. Joseph's General Hospital Elliot Lake Obstetrics Department

*Our Commitment to You*

The infographic features a central teal silhouette of a woman breastfeeding a baby, enclosed in a circle. Surrounding this central image are six colored ovals, each containing a commitment. The ovals are: a blue oval at the top left, a yellow oval at the middle left, a green oval at the bottom left, a green oval at the top right, a yellow oval at the middle right, and a blue oval at the bottom right. Below the central circle, the text 'Colostrum is Liquid Gold' is written in a yellow, curved font.

- We will promote exclusive breastfeeding for 6 months
- We will arrange timely access to ongoing support and care
- We provide 24 hour 'rooming in'
- We will help mothers put their baby to breast as soon as possible
- We will promote immediate uninterrupted skin to skin contact
- We will help mothers recognize and respond to infant feeding cues

**Colostrum is Liquid Gold**

Developed in partnership with St. Joseph's General Hospital Elliot Lake Patient and Family Advisors

Adapted from the Baby Friendly Initiative 10 Steps to Successful Breastfeeding and Created by the Obstetrical Staff June 2021



## AFTER LABOUR & DELIVERY: Your Hospital Stay

### ***After Delivery***

- After your delivery, if your baby is well, he/she will stay in your room with you. This will give you the opportunity to put your baby to breast or just to enjoy some quiet time with your baby as a new family.
- Although your time with us in Hospital may be short, your care will be planned according to your and your baby's needs.
- Your Nurse will often check your blood pressure, temperature, uterus, and vaginal flow. If you have had an episiotomy, a tear that has been sutured, or hemorrhoids, your Nurse will offer suggestions to help reduce the swelling.
- As soon as you feel able and if you have had one, and the effects of the epidural have worn off, you will be helped to the bathroom.
- Your Nurse will assist with care for both you and your baby and will continue to monitor your baby frequently.



***Please do not get out of bed for the first time on your own,  
as you may feel somewhat dizzy or weak.***

***Ask your Nurse for assistance at any time.***

### ***Combined Care and 24-Hour Rooming In***

- In keeping with the philosophy of family-centered care, SJGHEL has adopted the practice of ***Combined Care***.
- Combined care means that the Nurse cares for both you and your baby in your room.
- Having the baby in the room with you 24-hours a day provides you and your family with more time to get to know your baby, although the Nurses will always be available to assist you.
- Hopefully this experience will make you more comfortable when you transition home with your baby.
- This is the time to ask questions and request assistance whenever necessary. Our staff and your Care Team are here to help you as much as possible.

### ***Length of Stay***

- If you had a vaginal birth without complications, usually you will remain in the Hospital for 24 hours, post-delivery. **You may be discharged earlier depending on your status.**
- If you had a C-Section without complications, you can typically expect to stay 2 days post-delivery.

## AFTER LABOUR & DELIVERY: After a *Caesarean Section*

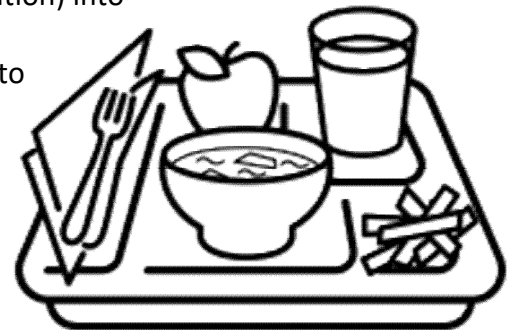
### **What Happens After I've Had a C-Section?**

- The first 24 hours after your C-Section, you may be sleepy and uncomfortable.
- We encourage your **Support Person** and your family members/loved ones to be active participants in your baby's care during this time.
- There is the possibility that you experience many emotions such as disappointment, anger, guilt, or even relief because you did not deliver vaginally. These feelings are normal. It is important for you to share these feelings with your Nurse, your **Support Person**, and whomever else you feel comfortable speaking to.
- During the first 12 to 24 hours after surgery, you will have an IV. You will have this until you are able to drink enough fluids.



### **When Can I Eat, Use the Washroom, Shower, etc.?**

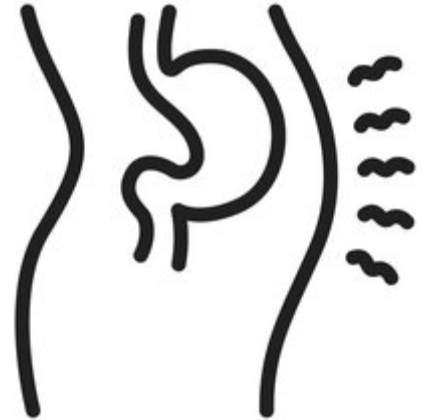
- After a C-Section your diet will begin with liquids, Jell-O and custards then will gradually increase to normal eating when you are able to tolerate whole foods and when you start passing gas rectally.
- You will have a catheter in place to keep your bladder empty for the first 12 to 24 hours after your C-Section. Once this is removed, you will be helped to the bathroom to urinate.
- To help control your pain after surgery, you may receive pain medication by injection every 3 to 4 hours for the first 24 to 48 hours.
- The Anaesthetist may have administered Epidural (pain medication) into the epidural or spinal space at the time of your **Epidural**. This medication controls your pain for up to 12 to 24 hours. After 12 to 24 hours your pain can usually be relieved using oral pain medication. Be sure to take your prescribed pain medications, as you need them.
- In most cases, a small dressing will cover your incision. On your second post-operative day, your dressing will be removed, and you may shower. Typically, a second dressing isn't applied.
- Your incision may have no visible stitches, but a knot at one end of it. As each Physician has their own preference, your incision could have staples, or one long continuous stitch. Your Physician will let you know, before you go home, when to have the sutures removed.
- After a C-Section, it is important that you do deep breathing and coughing exercises to help clear mucous from your lungs. Placing a pillow across your incision will help decrease any discomfort caused by coughing.
- Change positions frequently (at least every hour) while in bed. This helps to prevent stiffness and helps the "gas" to start moving.
- Move your feet, ankles, and legs often. This will help to maintain circulation. You will be helped out of bed soon after your surgery. On the first day, you will walk around your room and to the bathroom. The sooner you start moving, the sooner you will feel better.



## AFTER LABOUR & DELIVERY: After a *Caesarean Section*

### **Tips to Help with Gas Discomfort After a C-Section**

- Avoid ice water and carbonated drinks (leave the pop opened for a while to let it go flat).
- Drink warm fluids (peppermint tea may be good).
- Avoid the use of straws as it increases gas discomfort.
- Walk as soon and as much as you are able without becoming overtired.
- Lie on your left side when you are in bed.
- A laxative or suppository may be necessary to get the gas moving.
- Once you are at home, you may want to consider increasing the fiber and roughage in your diet. If you tend to be constipated, you can take Metamucil and drink plenty of water.



### **CARE FOR YOUR C-SECTION INCISION**

- Shower daily, this will keep the incision clean.
- Try to keep you incision dry after your shower.
- You may have steri-strips (small paper-like Band-Aids across your incision). As you shower/bathe they may loosen and curl. You can remove these after the first week, if remaining strips have not fallen off by this point.
- Normal healing – the incision appears clean, with the edges of the incision close together.
- It is normal for the skin around the incision to feel numb.
- The scar will fade as it heals.

**To stop your underwear from rubbing against your incision, stick a mini-pad to the inside of your panties along the elastic.**



### ***When to Call Your Physician or Healthcare Provider***

Once you have been discharged home, **call your Physician or Healthcare Provider immediately** if you have:

- Increased redness, tenderness or swelling along the incision line.
- Bleeding or other discharge from the incision.
- Separation of the incision, fever (over 38°C or 100.4°F).

## AFTER LABOUR & DELIVERY: Circumcision

### ***What is Circumcision?***

- Circumcision is the surgical removal of the foreskin covering the tip of the penis.
- As with any surgical procedure there are risks such as bleeding, infection, and surgical trauma.
- The procedure is usually done without anaesthesia, although some Physicians offer a local anaesthetic.
- The decision about circumcision is up to you and your partner.
- After your baby is born, discuss your decision with your baby's Physician or Healthcare Provider.
- At birth, the foreskin is tightly attached to the head of the penis and normally cannot be retracted or pushed back until around 5 years of age or even several years later.
- Pushing the foreskin back before it is ready and thus breaking adhesions may cause infection that could cause tightening of the foreskin around the head of the penis.
- The penis should be washed daily, without pushing back the foreskin.

### ***Choosing to Circumcise Your Baby***

- Circumcisions can be arranged while you are still in our Hospital.
- Newborn circumcision is a procedure that is **no longer paid for by OHIP** and you will be responsible for this cost.
- The Hospital and Physician fees must be paid prior to the procedure taking place.
- Please inform your Nurse of your choice as soon as possible, so that arrangements can be made for this procedure to be done prior to discharge or as an outpatient at a later date.

**The cost to have this procedure done before you leave the Hospital is approximately \$240.**

The cost to have this procedure done **AFTER** you have been discharged from the Hospital will be approximately \$356 .

**NOTE:** this cost may change without notice depending on Ministry of Health rates and Physician rates.

### ***The Plastibell Method of Circumcision***

- There is a plastic ring on the foreskin.
- Diaper as usual, checking frequently for bleeding and observe for your baby's first void.
- A small amount of bleeding may occur after the circumcision.
- **Do not use Vaseline** when the Plastibell method is used, as it may cause the ring to slip off.
- **The ring should not be pulled off.**
- During healing a light sticky yellow drainage will form. This is part of the normal healing process and should not be cleaned off or removed.
- The Plastibell circumcision device usually drops off 5 to 8 days after the circumcision. A dark brown or black area around the plastic ring is natural and this will disappear when the ring drops off.

## AFTER LABOUR & DELIVERY: Circumcision

### *Care of the Circumcised Penis*

- Your baby can be bathed and diapered just as if not circumcised.
- Frequent diaper change will help to prevent irritation and infection.
- No special dressing is needed.

### **CALL YOUR PHYSICIAN OR HEALTHCARE PROVIDER IF...**

- Your baby has not urinated in 12 hours after the procedure.
- There is swelling, redness more than 28 hours after the procedure.
- There is greenish or foul-smelling discharge from the penis.
- Your baby develops a fever or seems to be unwell.
- The plastic ring has not fallen off within 8 days.
- The ring has slipped onto the shaft of the penis.
- Healing does not proceed as described by your Physician or Healthcare Provider.

***Go to the Emergency Department if there is bleeding in a steady flow or drip.***

## AFTER LABOUR & DELIVERY: Jaundice and Your Baby

### ***What is Jaundice and Why is it Common in Newborns?***

- Jaundice is the yellow colour seen in the skin of many newborns.
- It happens when a chemical called **Bilirubin** builds up in the baby's blood.
- Everyone's blood contains bilirubin, which is removed by the liver. Before birth, the mother's liver does this for the baby.
- Most babies develop jaundice in the first few days after birth because it takes a few days for the baby's liver to become efficient at removing bilirubin.



### ***How Can I Tell if my Baby is Jaundiced?***

- The skin of a baby with jaundice usually appears yellow.
- The best way to see jaundice is in good light, such as daylight or under fluorescent lights.
- Jaundice usually appears first in the face and then moves to the chest, abdomen, arms, and legs as the bilirubin level increases. The whites of the eyes may also be yellow. Jaundice may be harder to see in babies with darker skin colour.

### ***Can Jaundice Hurt My Baby?***

- Most infants have mild jaundice that is harmless.
- In rare situations the bilirubin level can get very high and may cause brain damage.
- This is why newborns should be checked carefully for jaundice and treated to prevent a high bilirubin level.
- A routine **Bilirubin Test** will usually be ordered for your baby while he/she is in the Hospital, after birth.
- Whether another bilirubin test is needed will depend on the baby's age, the amount of jaundice and whether the baby has other factors that make jaundice more likely to develop.

### ***When Does Jaundice Go Away?***

- Jaundice likely goes away by 2 weeks of age.
- If you have concerns, contact your Physician or Healthcare Provider.

### ***What is "Breast Milk Jaundice"?***

- Breast milk jaundice usually manifests at 5-7 days of age.
- While the exact mechanism leading to breast milk jaundice is unknown, it is believed that substances in the mother's milk inhibit the ability of the baby's liver to process bilirubin.
- The baby should be gaining weight, breastfeeding exclusively, having lots of bowel movements, passing clear urine and be generally well.
- Breast milk jaundice peaks at 10-21 days of age and can last for up to 12 weeks.
- This may require a visit to your Physician or Healthcare Provider but in most cases, no treatment is necessary.

## AFTER LABOUR & DELIVERY: Jaundice and Your Baby

### ***Does Breastfeeding My Baby Affect Jaundice?***

- Jaundice is often more common in newborns that are not nursing well.
- If you are breastfeeding, you should nurse your baby at least 8 times per day or more. This will help you produce enough milk and will help to keep baby's bilirubin level down.
- If you are having trouble breastfeeding, there are many community resources available to you.



### ***When Should My Baby Be Checked After Leaving the Hospital?***

- It is important for your baby to be seen by a Physician or Healthcare Provider when the baby is between 3 and 5 days old because this is when a baby's bilirubin level is highest.
- The timing of this visit may vary depending on your baby's age when released from the Hospital.

### **Ask your Physician or Healthcare Provider about an early follow-up visit if your baby has any of the following:**

A high bilirubin level before leaving the Hospital.

Early birth (more than 2 weeks before your due date).

Jaundice in the first 24 hours after birth.

Breastfeeding that is not going well.

A lot of bruising or bleeding under the scalp related to labour and delivery.

A parent or brother or sister who had high bilirubin and received light therapy.

If your baby weighed less than 2500 grams (5lbs 8ozs) at birth.

### ***How is Harmful Jaundice Prevented?***

- Most jaundice requires no treatment.
- When treatment is necessary in Hospital, your baby will be placed under special lights while he/she is undressed to lower the bilirubin level. Depending on your baby's bilirubin level this can be done in the Hospital or at home. This treatment can prevent the harmful effects of jaundice.
- **Putting your baby in sunlight is not recommended as a safe way of treating jaundice.** Exposing your baby to sunlight might help lower the bilirubin level, but this will only work if the baby is completely undressed. This cannot be done safely inside your home as your baby will get cold, and newborns should ever be put in direct sunlight outside because they might get sunburned.

### **CALL YOUR PHYSICIAN OR HEALTHCARE PROVIDER IF...**

- Your baby's abdomen, arms and legs are all yellow.
- Your baby is jaundiced and is hard to wake, fussy or not feeling well.

## AFTER LABOUR & DELIVERY: Newborn Screening

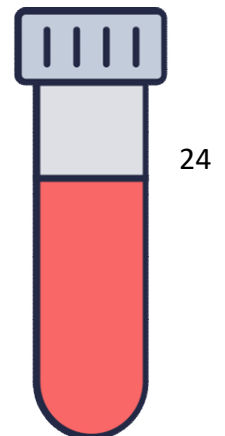
### ***Newborn Screening Ontario***

- Newborn screening measures a number of markers in a baby's blood that can be either increased or decreased if a baby has certain diseases.
- ***Newborn Screening Ontario (NSO)*** tests babies for more than 25 serious diseases.
- Although most babies with these disorders look healthy at birth, they may be at risk of having serious health problems if it 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 your baby's 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.
- **Currently, newborn screening is free for all babies born in Ontario, including those who are not residents and do not have OHIP coverage.**



### ***Thyroid Disease (CH) and Phenylketonuria (PKU)***

- All newborns have the possibility of being born with 2 disorders that can lead to intellectual disabilities and developmental delays and other abnormalities.
- These disorders, if detected early, can be corrected either by treatment or special diet.
- For this reason, all newborns are screened for ***Thyroid Disease (CH)*** and ***Phenylketonuria (PKU)***.
- The PKU test checks to see if the baby's body chemistry is out of balance. If this imbalance exists, it can lead to brain damage and intellectual disabilities and developmental delays.
- The CH test checks to make sure the baby's thyroid is working properly.
- The Ministry of Health advises that those infants discharged from a hospital before hours of age need to be tested before discharge and again before the baby is 5 days old.
- Early diagnosis and treatment will help babies reach normal growth and development.





## AFTER LABOUR & DELIVERY: Newborn Screening

### *What Happens After My Baby is Tested?*

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

<b>Your baby screens negative for all the disorders.</b>	The Newborn Screening Laboratory will send a report by mail to the Hospital and/or your Physician or Healthcare Provider.
<b>The Newborn Screening Laboratory may need another blood sample.</b>	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 Physician or Healthcare Provider will contact you and arrange for another blood sample to be taken as soon as possible.
<b>Your baby screens positive for one of the conditions.</b>	A positive screen <u>does not necessarily mean that your baby has a disorder</u> , but only that further testing is needed. Your baby's Physician or Healthcare Provider will contact you right away to make arrangements for follow-up and next steps. If a diagnosis of a disorder is made, your baby's Physician or Healthcare Provider will ensure that your baby receives treatment, and your family is provided with counselling and advice.

### TO LEARN MORE ABOUT NEWBORN SCREENING ONTARIO:

Visit their website:

<https://newbornscreening.on.ca/>



**NEWBORN SCREENING ONTARIO**  
**DÉPISTAGE NÉONATAL ONTARIO**

## AFTER LABOUR & DELIVERY: Being Discharged from Hospital

### Discharge Instructions – Going Home

- Before leaving the Hospital with your baby, you will need to sign a form indicating that you and your baby's bracelets have matching I.D. numbers.
- If your baby needs to stay in our Hospital after you are discharged, please keep your I.D. bracelet with you at all times as it is our only means of identifying you with your baby.
- Your Nurse will ask for your consent to have a Public Health Nurse call you at home within 48 hours of your discharge from the Hospital. The Public Health Nurse will call to answer any questions you may have, provide you with information, offer you a home visit and support in the community.
- When you are ready to leave, please have a CSA approved rear-facing car seat for baby ready in your room. Car seats cannot be placed in the front seat of cars equipped with airbags. Your Nurse will check that your baby is placed in the car seat properly and that the harness is snug. Parents have the responsibility of making the car seat safe in the car (*see next page for more information on Car Seats*).
- **Be sure you receive your Hospital Card and baby's Temporary Health Card Number before you go home.**



### Baby's Health Card

- Forms will be provided to you by your Nurse and need to be completed prior to leaving the Hospital.
- Fill in your 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 is listed in the 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.



### Service Ontario

You can register your newborn for many important items at [www.orgforms.gov.on.ca/IBR](http://www.orgforms.gov.on.ca/IBR):

Register your baby's birth using the information provided on the baby's Newborn birth report.

**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.

Request a birth certificate. Plan on getting a passport? Choose the "long form" birth certificate.

Sign up for Canada (Ontario) tax benefits.

# AFTER LABOUR & DELIVERY: Your Baby's Car Seat

## Choosing a Car Seat For Your Baby

- ❑ Car seats with a 5-point harness are more secure and therefore for safety reasons, are preferred over a 3-point harness car seat.
- ❑ Ensure baby's car seat has multiple height adjustments for the shoulder straps.
- ❑ Ensure baby's car seat has more than one crotch distance adjustment.

## General Car Seat Set-Up

- ❑ When your baby is in the car seat, he/she should be dressed in clothing that would be warm in the home environment and use a blanket over the top for transporting outside as needed.
- ❑ Harness straps should come from slightly below your baby's shoulders or at your baby's shoulders.
- ❑ The shoulder straps should never be above your baby's shoulders when rear facing.
- ❑ The harness straps should be tightened with no more than one finger away from your baby's chest/shoulder, not his/her outfit.
- ❑ Never put anything under or behind the infant as it could shift when driving and change the position of the infant in the car seat.
- ❑ **ALWAYS CHECK THE MANUFACTURER'S INSTRUCTIONS PRIOR TO USE FOR PROPER, SAFE SET UP AND USE.**



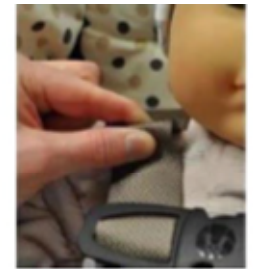
CORRECT



INCORRECT



SNUG



NOT SNUG

### It is your responsibility to:

Ensure your baby's car seat is at the Hospital and ready for when you are discharged home.

Baby's car seat meets **Canadian Motor Vehicle Safety Standards**.

That your baby is secured properly in his/her car seat before leaving the Hospital.

That your baby's car seat is properly secured in your vehicle before leaving the Hospital parking lot.

### **Keeping Baby Safe and Warm in Their Car Seat in the Winter**

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.



## AFTER LABOUR & DELIVERY: Your Baby's Car Seat

### **General Car Seat Safety**

- Babies need to be restrained securely when they travel because their muscles, bones and ligaments are undeveloped.
- The infant car seat is specially designed to keep the baby safely in place even if the vehicle stops suddenly or is hit by another vehicle.
- The infant seat goes backwards (facing the rear) to increase baby's level of protection in the case of a collision.

**Infants should remain rear facing until at least 1 year old.**

- When purchasing a brand-new car seat, please complete and send in the registration form to the manufacturer.
- Most car seats expire after 6-8 years, but it is best to check with the manufacturer for the expiration date.
- Purchase your car seat in Canada – safety standards are different in different areas.



***If the car seat is a previously used seat, it should be checked to make sure it is not expired OR there has not been a recall on that particular type of car seat.***

***You can do this by contacting Transport Canada at 1-800-333-0371.***

### **CAR SEATS THAT DO NOT MEET CANADIAN MOTOR VEHICLE SAFETY STANDARDS**

Include but are not limited to:

- Car seats that are >10 years old or beyond the expiry date listed by the manufacturer.
- Car seats purchased in the United States.

***Use of these car seats in Canada can result in a fine, as well as demerit points on your license.***

### **Additional Information and Resources**

**Public Health Unit**

(705) 541-7101 or Toll Free 1-866-892-0172

**Transport Canada**

<https://tc.canada.ca/en/road-transportation/child-car-seat-safety>

**Transport Canada:**

*Road Safety Information*

1-800-333-0371 (Toll Free in Canada)

*Center*

**Ministry of Transportation**

[www.mto.gov.on](http://www.mto.gov.on)



# BACK AT HOME

## Taking Caring of You



# BACK AT HOME - TAKING CARE OF YOU: Postpartum Physical Care for Mom

## Vaginal Bleeding

- After the birth of your baby, you will have vaginal bleeding which may continue for 2 to 6 weeks.
- At first, the bleeding (called lochia) will be dark red like a heavy period.
- The colour and amount will change in a few hours to a moderate dark red, to a pinkish colour after a few days, then to a scant brownish discharge.
- If you are breastfeeding, it is normal to experience an increase in flow or brighter red blood following a feeding. This will decrease over time.
- If your lochia changes from a scant discharge back to a bright red flow after you are at home, it may be from too much activity and more frequent rest periods may be needed.
- Once you are at home, if you have bright red bleeding that continues after resting, or if you soak through one perineal pad in one hour or less, or if you pass large clots the size of a plum or a golf ball (after the first 24-48 hours) call your Physician or Healthcare Provider or report to the Emergency Department.
- If you are unsure about the amount of bleeding, you may call the Obstetrical Unit.

### While you are still in the Hospital, please let your Nurse know if:

Your bleeding increases.

You pass any clots (show the clots to your Nurse).

Your lochia has a bad smell.

You feel feverish.

## Peri-Care

- We will provide you with a plastic squirt bottle to use whenever you go to the bathroom.
- Using plain warm water, direct the stream of water so that it sprays front-to-back.
- This is soothing to your bottom as well as cleansing.
- Using toilet paper, pat dry from front-to-back.
- Change the pad every time you use the toilet.
- **Do not use tampons** until after you see your Physician or Healthcare Provider at your postpartum check up.
- Continue with peri-care until your bleeding stops.
- Often, it is difficult to empty your bladder completely because of swelling, bruising, and discomfort. Pain medication is available every 3-4 hours if necessary. If you are breastfeeding, the medication is safe for your baby.
- Using ice packs helps to relieve swelling and bruising for the first 24 hours. After that, heat can be soothing and keeping the area clean will promote healing. This can be done in various ways:



A portable sitz bath.

A spray from the shower head.

A warm bath – at home in a clean tub (Epsom salts in the water).

# BACK AT HOME - TAKING CARE OF YOU: Postpartum Physical Care for Mom

## ***Episiotomy or Perineal Tear***

- The stitches that were used to repair the episiotomy (cut) or tear will dissolve on their own, usually within 2 weeks.
- Occasionally, you may notice a piece of suture on your sanitary napkin or on toilet tissue.
- If you are having episiotomy discomfort, be sure to take the pain medication that your Physician or Healthcare Provider prescribed.

## ***Abdominal Cramping (After-Pains)***

- ***After-pains*** are normal after delivery, but the discomfort will begin to lessen after a few days.
- If you have had other pregnancies or if you are breastfeeding, you may notice the cramps more. If this is the case, discuss pain relief options with your Physician or Healthcare Provider.

## ***Hemorrhoids***

- Hemorrhoids are swollen veins around the rectum.
- Try the sitz bath, ice packs, or “Tucks”.
- To relieve burning or itching, you can use a cream or suppository that your Physician or Healthcare Provider has ordered, which is better absorbed following a warm sitz bath.
- While still in Hospital, your Nurse will help you decide what works best for you.
- Avoid sitting or standing for long periods of time.
- Keep bowel movements soft by eating a high fibre diet and drinking lots of fluids (6-8 glasses per day).
- While still in Hospital, your Nurse will offer you a laxative or suppository, ordered by your Physician or Healthcare Provider, if you need it.
- Hemorrhoids usually disappear a few weeks after the birth if you just developed them in this pregnancy.



### **CALL YOUR PHYSICIAN OR HEALTHCARE PROVIDER IF...**

- Bright red flow re-appears after Day 3 and soaks through one pad in one (1) hour or you start to pass clots larger than a plum or a golf ball.
- You develop of fever over 38°C or 100.4°F.
- You experience vaginal discharge that smells bad.
- You experience pain when you urinate.
- You have trouble breathing.
- Your incision from your C-section is more painful overtime or draining.
- The area around your episiotomy (cut/tear) is becoming more swollen, reddened and painful and/or the stitches are coming apart.

# BACK AT HOME - TAKING CARE OF YOU: Postpartum Mood Disorders

## Why Do I Feel So Sad...

- The birth of a baby is expected to be a time of joy and happiness, but for almost **one (1) in four (4)** people it can lead to feelings of anxiety, loneliness, and depression, consistent with either postpartum depression or an anxiety disorder.
- If the “blues” last longer than two (2) weeks, and are not helped by rest, you may be experiencing a postpartum mood disorder.



## Types of Postpartum Mood Disorders

	Symptoms
<p><b>Baby Blues</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Affects 50-80% of new mothers.</li> <li><input type="checkbox"/> Occurs within the first 3-5 days after giving birth.</li> <li><input type="checkbox"/> Usually goes away within 1-2 weeks.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Crying</li> <li><input type="checkbox"/> Feeling sad</li> <li><input type="checkbox"/> Feeling irritable</li> <li><input type="checkbox"/> Feeling frustrated</li> <li><input type="checkbox"/> Difficulty concentrating</li> <li><input type="checkbox"/> Difficulty sleeping</li> </ul>
<p><b>Postpartum Depression</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Affects 10-15% of new mothers.</li> <li><input type="checkbox"/> May start suddenly or slowly.</li> <li><input type="checkbox"/> Can occur within 3 weeks of giving birth and up to one (1) year after the birth of your baby.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> More intense and longer lasting symptoms than the “blues”.</li> <li><input type="checkbox"/> Feeling overwhelmed or anxious</li> <li><input type="checkbox"/> Changes in appetite.</li> <li><input type="checkbox"/> Having no feelings about your baby.</li> <li><input type="checkbox"/> Fearing that you might hurt yourself or hurt your baby.</li> <li><input type="checkbox"/> Feeling “out of control”.</li> <li><input type="checkbox"/> Feeling numb inside.</li> </ul>
<p><b>Postpartum Anxiety</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Onset is the same as Postpartum Depression.</li> <li><input type="checkbox"/> May start during pregnancy.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Panic attacks</li> <li><input type="checkbox"/> Difficulty sleeping</li> <li><input type="checkbox"/> Irritability</li> <li><input type="checkbox"/> Feeling distracted</li> </ul>
<p><b>Postpartum Obsessive-Compulsive Disorder</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Onset is the same as Postpartum Depression.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Having repeated scary thoughts about baby - i.e., “seeing” baby drown, “seeing” baby fall down the stairs</li> </ul>
<p><b>Postpartum Psychosis</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Occurs in 1-2 out of 100 births.</li> </ul> <p><i>Least common mood disorder but the most serious.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Hallucinations (hearing or seeing things).</li> <li><input type="checkbox"/> Paranoia</li> <li><input type="checkbox"/> Difficulty sleeping</li> <li><input type="checkbox"/> Strange behaviours</li> </ul>



# BACK AT HOME - TAKING CARE OF YOU: Postpartum Mood Disorders

## *What Can I Do?*

<b>Get Help!</b>	Talk to someone about how you are feeling. Delaying treatment can delay recovery.
<b>Take Care of Yourself</b>	Sleep when baby sleeps, eat right, and get some exercise.
<b>Accept Your Feelings</b>	It is normal to feel bad sometimes. You are adjusting to your baby.
<b>Ask For Support</b>	It is okay to have help taking care of baby and yourself. Choose someone you can talk to who is patient and caring.
<b>Try To Take Breaks</b>	Take time to be by yourself. Take a bath, read a magazine, go for a walk.
<b>Get Counselling</b>	There are many professionals who can help you talk through your feelings.
<b>Consider Medication</b>	Antidepressants are not addictive. Talk to your Physician or Healthcare Provider about what is right for you. You can continue to breastfeed while taking certain medications.
<b>Be Patient</b>	It takes time for recovery. Remember there is hope.
<b>Delay Major Decisions</b>	Wait until you are feeling better so you can concentrate and think through problems.

***When symptoms last for more than two (2) weeks,  
or you feel you may harm yourself or harm your baby, call for help:***

Family or Friends	-
Family Physician	-
Algoma Public Health Parent–Child Information Line (to speak to a Public Health Nurse)	(705) 848-2314 ( <i>ask for postpartum depression support</i> )
Canadian Mental Health Association	(705) 759-0458
Parent Helpline (24-hour)	1-888-603-9100
Telehealth (24-hour)	1-866-797-0000
Our Sister’s Place (Monday to Friday, 9:00 a.m. to 5:00 p.m.)	1-866-531-2600
The Regional Warm Line (6:00 p.m. to midnight)	1-866-856-9276
Perinatal Mental Health Program	(705) 848-9131

## ***Helpful Websites***

**Pacific Postpartum Support Society**

[www.postpartum.org](http://www.postpartum.org)

**Postpartum Support International**

[www.postpartum.net](http://www.postpartum.net)

**March of Dimes – Postpartum Depression**

<https://www.marchofdimes.org/find-support/topics/postpartum/postpartum-depression>

# BACK AT HOME – TAKING CARE OF YOU: Exercise and Nutrition

## Exercise Guidelines

- It is natural to want to get back in shape after your baby is born.
- Allow yourself time to recover and then begin exercising gradually.
- You may find that a little exercise can be refreshing and can be a great stress reliever.
- Walking is a great way to keep fit.
- Avoid long, tiring sessions.
- Exercise slowly and smoothly and avoid holding your breath.
- Vigorous exercises such as jogging and skipping can wait until after your postpartum check-up at six 6 weeks.



**IF YOU FEEL PAIN OR DISCOMFORT WHILE EXERCISING, STOP AND CONSULT YOUR PHYSICIAN OR HEALTHCARE PROVIDER BEFORE RESUMING PHYSICAL ACTIVITY.**

## Nutrition

- A healthy diet will help you to be well nourished after pregnancy and while breastfeeding.
- Constipation is a common problem after having a baby. Here are some suggestions that may help:

- Choose whole grain breads and cereals:
  - 100% whole wheat bread
  - bran cereal, oatmeal
  - bran muffins
  - whole wheat pastas or brown rice

- Eat more vegetables & fruits throughout the day.
- Try legumes such as dried peas and beans.
- Drink at least 8 glasses of fluid a day (water, milk or juice).
- Walk around as much as you can after delivery.

- **It is not a good idea to try to diet while you are breastfeeding,** as it can reduce your ability to produce enough milk.
- Caffeine passes into breast milk and can keep your baby awake so it is best to limit the amount of caffeinated drinks you have each day including coffee, tea and soft drinks/pop.

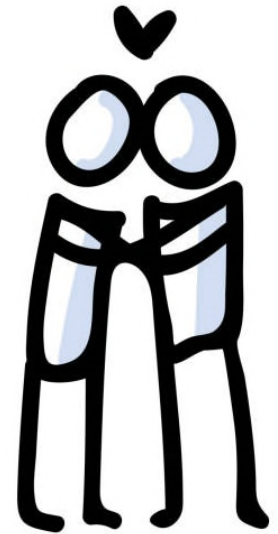
For more information on maintaining a healthy diet, visit:  
<https://food-guide.canada.ca/en/>



# BACK AT HOME – TAKING CARE OF YOU: Sexual Activity

## Sexual Relationship After Giving Birth

- The decision to resume intercourse is a personal one and the right time for you will be when you and your partner are comfortable.
- Once your stitches are healed and bleeding has stopped (usually 2-6 weeks) and you are comfortable, intercourse can be resumed. If you are unsure, you can consult your Physician or Healthcare Provider.
- Many couples are not prepared for the impact having a baby has on their sexual relations, interests and responses.
- Speak openly, transparently and honestly with your partner about how parenting is affecting your sexual response, your feelings and your needs.
- After 2-3 months, sexual responses gradually return to what they were before pregnancy.
- There are many physical and hormonal changes that occur after having a baby that may affect your sexual relationship including:



- Shorter and weaker orgasm (due to weaker vaginal muscles).
- Less lubrication in the vagina.
- Longer arousal time.
- Fear of another pregnancy.

- Fatigue for both you and your partner.
- Baby's crying.
- Discomfort during intercourse.
- Fear of hurting the incision after having a C-section.

## If You Are Breastfeeding...

- You may find that your breasts are tender and full and that you will have milk let-down during orgasm.
- Nursing your baby before sex will help to prevent this and decreases the chance of being interrupted by a crying baby.
- Although mothers who breastfeed may not menstruate, they can still become pregnant.  
**Breastfeeding is not an effective method of birth control.**

## Birth Control

- After giving birth, **you can become pregnant**, even if your menses (period) has not returned.
- Should you decide to have intercourse before you see your Physician or Healthcare Provider, be sure to use an effective contraceptive method.
- Some of the common choices of contraception are condoms, oral contraceptive pills, hormonal patches, intrauterine devices (IUD), and lactational amenorrhea method (LAM).
- Discuss which method of birth control you will use with your partner.
- Once you have chosen a specific method, consistency and proper use is extremely important.
- For further contraception counselling, discuss with your Physician or Healthcare Provider at your next check-up.



**For more information, call Algoma Public Health at (705) 848-2314.**



# BACK AT HOME

## Taking Care of Baby



# BACK AT HOME – TAKING CARE OF BABY: The First 2 Days

## **Feeding**

- Babies need to eat frequently and around the clock.
- 8 to 12 feedings in 24 hours is normal.
- Your baby will typically eat every 1 to 3 hours if breastfed and every 3 or 4 hours if bottle/formula fed.
- Expect a 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 your baby unattended on a couch, bed or in the tub.
- Baby will only need one (1) layer of clothing more than what you wear.
- Hats are not needed indoors as this is how babies cool themselves.
- Room temperature should be set at 18-22°C for sleeping.
- **No loose blankets!**
- It is recommended to have a cool mist humidifier in baby's room or wherever baby sleeps 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 your baby according to the weather.
- One (1) 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 (1) layer of clothing to help cool baby down.
- If your baby's skin still feels warm, check baby's temperature. Contact your baby's Physician or Healthcare Provider if your baby has a fever.



## **Baby's Second Night at Home**

- Your baby will very often be fussy.
- Your baby will find comfort in being on your chest or your partner's chest (hears heartbeat, it's warm, and it feels safe for baby).
- Your baby may feed frequently at the breast with periods of sleeping on the breast.
- It is normal for your baby to not want to be put down in their crib.



## **Did You Know?**

- Babies will lose approximately 7% of their birth weight in the first few days. By Day 5, they start to gain and should be back to birth weight by 10-14 days.
- Babies poop will turn from dark meconium poop to green, brown then yellow by Day 5.
- Babies need to eat at night. You should plan naps when you can to accommodate your baby's need to eat in the middle of the night.

# BACK AT HOME – TAKING CARE OF BABY: Bathing Your Baby & Umbilical Cord Care

## ***Guidelines for Bathing Your Baby***

- 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 you chose to have this procedure completed).
  - 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 Give Your Baby a Bath**

**1.** Wash your hands with warm water and soap.

**2.** Get all of the needed equipment ready for the bath including:

- basin filled with 2 to 3 inches of warm water (always check water temperature with your elbow or wrist to make sure it is not too hot)
- mild baby soap and baby shampoo
- a cup for rinsing
- soft washcloth and towel
- clean clothes and blankets
- diapers

**3.** Start the bath by cleaning around each eye with a separate corner of a wet washcloth. 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 washcloth, or different part of the washcloth.

**4. DO NOT** clean the ears or nose with cotton-tipped swabs. Cotton-tipped swabs may injure the tender area inside of the nose or ears. Just wash the outside folds of the ears and nose. Wipe only particles that are outside the nose. If mucus collects in the nose that you can see, it may be removed by gently using a bulb syringe.

**5.** 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 their head (cradle cap), very gently loosen the scales with a soft brush or washcloth before rinsing.

## BACK AT HOME – TAKING CARE OF BABY: Bathing Your Baby & Umbilical Cord Care

### Steps to Give Your Baby a Bath – continued:

6. 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 to prevent dry skin.

7. During the bath, gently pour warm water over your baby's body to keep baby from getting cold.

8. For girls, clean between the fold of the labia using a clean wet washcloth. Ensure that you wash front to back. 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.

9. For boys, wash the penis gently with warm water and a soft washcloth. 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.

10. Right after the bath, wrap your baby in a warm towel.

### ***Umbilical Cord Care***

- Your baby's umbilical cord was clamped and cut shortly after they were 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 PHYSICIAN OR HEALTHCARE PROVIDER IF...**

- The umbilical cord has not fallen off by the time your baby is 4 weeks old.
- 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.

## BACK AT HOME – TAKING CARE OF BABY: Other Aspects of Baby's Care

### ***Cutting Baby's Nails***

- At birth, a baby's nails tend to be soft.
- Do not cut the baby's nails for the first 2 weeks of life.
- If baby has long nails, nighties with cuffs that cover the hands will prevent your baby from scratching their face.
- Little mittens or socks will also help to keep your baby's nails from marking their face.
- A small emery board may be used to file sharp edges.

### ***Diapering***

- With every diaper change, wash your baby's bottom with baby wipes or warm water.
- If your baby has had a bowel movement, clean with soap and water.
- After drying the bottom, apply zinc or a protectant of your choice if needed or preferred.
- If you are using disposable diapers, place your baby on an open diaper with the tapes at the back under the baby.
- Bring the front of the diaper up between baby's leg and fold down to top edge so that the diaper is below the level of the cord. This helps to keep the cord dry.
- Open tapes and press firmly into place over the folded edge.
- If Vaseline is on the diapers where the tapes are placed, the tape will not stick.



***Wash your hands after every diaper change.***



# BACK AT HOME – TAKING CARE OF BABY: Monitoring Baby's Health

## When Should I Take My Baby's Temperature?

- Take your baby's temperature at any time you think they are sick. Write down the temperature and the time you took it.
- It is normal for babies to have fussy periods. The time of day differs from baby to baby.
- If your baby feels unusually warm, has flushed cheeks and is irritable, he may have a slight fever.

### Suggestions if you think your baby has a fever:

1. Take your baby's temperature.
2. Give your baby extra fluids.
3. Dress your baby in light clothing. Do not bundle your baby with heavy blankets. Often this is not serious, and this may be all that is necessary to settle the baby and bring his temperature down to normal.

## How Do I Take My Baby's Temperature?

- **Health & Welfare Canada** recommends taking your baby's temperature under the armpit (axillary) rather than by mouth or rectally.
- Ear (tympanic) thermometers might be used in children older than 2 years if you wish, but there is evidence that they are not always accurate in younger children. Use with infants is **not** recommended.
- If using a digital thermometer, follow the instructions provided by the manufacturer.

### Normal Axillary Temperature

36.5°C to 38.0°C

97.7°F to 100.4°F

### If using a glass "tube" thermometer:

1. Shake thermometer before using until reading is 35°C or lower.
2. Place the bulb end or tip under your baby's arm in the armpit (axilla).
3. Hold the baby's arm securely against the body for 5 minutes.
4. To read the thermometer, hold it by the end opposite the bulb and at eye level. Read at the point where liquid "stops".

### **NOTIFY YOUR PHYSICIAN OR HEALTHCARE PROVIDER IF:**

- Axillary temperature greater than 38.0°C.
- Temperature persistently lower than normal (less than 36.5°C).
- Diarrhea:
  - for breastfed babies more than 10-12 bowel movements in 24 hours.
  - for bottle fed babies more than 6 watery bowel movements in 24 hours.
- Vomiting.
- Persistent rash.
- Sleepy or extremely fussy for a long time.
- Baby looks ill (eyes do not look interested, skin colour is pale).
- High-pitched cry along with other symptoms.
- Your baby has been circumcised and there is a greenish or bad smelling drainage from his penis, or he has not urinated.

# BACK AT HOME – TAKING CARE OF BABY: Monitoring Baby’s Health

## Thrush

- Thrush is a fungus that can cause symptoms for the mother and the baby.
- **Candida albicans**, the one-celled organism that causes both thrush and vaginal yeast infections is a fungus that thrives in moist dark environments such as on the nipple, in the milk ducts, in the mother’s vagina and in the baby’s diaper area.
- Because thrush can be harboured in many places including milk, mothers are encouraged to wash their hands frequently so that thrush does not occur.
- If thrush is suspected, contact your Physician or Healthcare Provider for diagnosis and treatment.

### SYMPTOMS FOR BABY:

- |   |   |
|---|---|
| <input type="checkbox"/> Diaper rash.   | <input type="checkbox"/> Baby repeatedly pulling off the breast, making a clicking sound while nursing, or refusing the breast (because the mouth is sore). |
| <input type="checkbox"/> Creamy white patches inside baby’s mouth, cheeks, or tongue. | <input type="checkbox"/> Gassiness and fussiness.   |
| <input type="checkbox"/> A whitish sheen to the saliva or inside the lips.            | <input type="checkbox"/> Rarely, thrush is a contributing factor in slow weight gain.   |

### SYMPTOMS FOR YOU:

- |   |   |
|---|---|
| <input type="checkbox"/> Intense nipple or breast pain that occurs from birth, lasts throughout the nursing and is not improved with better latch-on and positioning. | <input type="checkbox"/> Cracked nipples.   |
| <input type="checkbox"/> Sudden onset of nipple and/or breast pain after the newborn period.  | <input type="checkbox"/> Shooting pains in the breast during or after feedings.                           |
| <input type="checkbox"/> Nipples that are itchy or burning and appear pink or red, shiny, flaky, and/or have a rash or tiny blisters.                                 | <input type="checkbox"/> Nipple and/or breast pain with correct use of an automatic electric breast pump. |
|   | <input type="checkbox"/> Vaginal yeast (monilial) infections.   |

## How Is Thrush Treated?

- If thrush is diagnosed in you or your breastfeeding baby, you will both need to be treated simultaneously with medication prescribed by your Physician or Healthcare Provider.
- Standard treatment varies in different parts of the world.
- **Nystatin nipple cream** for you and **oral Nystatin suspension** for baby’s mouth are commonly prescribed.
- You may also be prescribed Oral Nystatin if there is a recurrence.
- Some strains of *Candida albicans* have become Nystatin-resistant, and in this case, other medications may be needed.

# BACK AT HOME – TAKING CARE OF BABY: Monitoring Baby's Health

## ***Diaper Rash***

- Some babies develop an allergic reaction to certain kinds of soap, food and disposable diapers.
- Baby's skin can become irritated from urine and stool in the diaper.
- If the rash persists, you may use medicated diaper cream and leave the diaper area open to the air for short periods of time regularly throughout the day.
- If using disposable diapers, try changing brands if skin reactions are noted.

### **Tips to prevent diaper rash:**

Change the diapers frequently.

Clean diaper area thoroughly and dry well.

Apply Vaseline at each diaper change, if desired.

Expose baby's bottom to air daily.

## ***Eczema***

- Eczema is a rough, red and itchy rash.
- If usually occurs around the ears, face and at times on the legs and arms.
- Consult your baby's Physician or Healthcare Provider if this rash persists.

## ***Heat Rash***

- The system that controls your baby's body temperature is immature.
- This causes baby to become overheated easily in the summer months.
- Try not to overdress your baby. Your baby should be dressed in the same amount of clothing as an adult.
- Overdressing causes a pink rash in the shoulder and neck area.
- Keep baby's skin clean and dry.
- Your baby's skin is very sensitive. **Babies are prone to sunburn and heat rash.**
- To protect your baby's eyes and head, put a hat on the baby.
- Babies under 6 months should be protected from the sun by being placed in the shade as well as being dressed in protective clothing and sun hats.
- Babies over 6 months of age, while continuing to protect your baby from the sun, a child's sunscreen with an SPF of 15 or more can be used according to directions.

### **Suggestions for preventing rashes:**

Wash your baby's diapers (if using cloth) in very hot water and rinse thoroughly.

Launder your baby's clothing before using.

Do not use bleach or fabric softeners (may contain chemicals that could irritate skin).

If changing brands of soap, make one change at a time. This will help identify the cause of any adverse reaction.

If using disposable diapers, try changing brands.

# BACK AT HOME – TAKING CARE OF BABY: Monitoring Baby’s Health

## ***Infant Hearing Program***

- The first months and years of a baby’s life are very important for developing language.
- Undetected hearing loss is one of the causes of delayed language development.
- All newborn babies in Ontario can have their hearing screened with parents’ consent.
- You will be called within 6 weeks of baby’s discharge from the Hospital for an appointment at ***THRIVE Child Development Centre***, which has community offices located in Elliot Lake, Blind River, Sault Ste. Marie and Wawa:



Phone: (705) 759-1131  
Toll Free: 1-855-759-1131  
***kidsthive.ca***

**Elliot Lake**  
115 Hergott Ave.

**Blind River**  
35 Woodward Ave.

**Sault Ste. Marie**  
74 Johnson Ave. &  
126 Queen St., Unit 4

**Wawa**  
86 Magpie Rd.



# BACK AT HOME – TAKING CARE OF BABY: Safe Sleep For Your Baby

## ***How Babies Sleep***

- Babies' sleep, especially in the early months, is full of interruptions because a baby's sleep cycle is shorter than an adult's, with more light than deep sleep.
- Babies have twice as many light sleep cycles as adults and more light sleep than deep sleep.
- Their overall sleep cycles are shorter, and they often do not know how to put themselves back to sleep.
- Babies spend more time moving from REM to non-REM sleep.
- REM sleep is the lightest stage of sleep when dreams occur, and the eyes move back and forth. Babies wake most easily in this stage of sleep.
- Their stages of non-REM sleep (deep sleep) are not well developed until at least 3 months of age.
- Babies need more REM sleep than adults. Therefore, there are more times in a night that they might wake than an adult who spends more time in deep sleep. This increased REM sleep is needed to help their rapid brain development.
- Babies go to sleep differently than adults. Adults do directly into deep (non-REM) sleep, but babies enter sleep through an initial 20 to 40 minutes period of REM sleep. This means they probably wake if you try to put them down before they are in a deep sleep.



### **Dressing your baby for sleep:**

Keep your baby warm – not hot!

If the room temperature is right for you, it is right for the baby too.

To check if your baby is too hot, place your hand on the back of his/her neck. Your baby should not be sweating.

If changing brands of soap, make one change at a time. This will help identify the cause of any adverse reaction.

Swaddle your baby in lightweight blankets, which you can add or take away according to the room temperature.

### ***What Does Baby's Sleep Pattern Mean for Your Household?***

- Often, interrupted sleep for everyone!
- Babies are likely to wake up frequently as they move from deep sleep to light sleep in any sleep cycle.
- In the early months, babies need help falling asleep and getting back to sleep.
- Often, you'll have to spend a lot of time helping baby get into a deep enough sleep so you can lay them down. For the first few months you will need to wait until your baby is in a deep sleep before laying baby down.
- One sure sign of deep, lasting sleep is limp limbs. Gently pick up an arm or leg, and if it flops down and your baby doesn't jerk it or jerk awake, you've got a deeply sleeping baby.

# BACK AT HOME – TAKING CARE OF BABY: Safe Sleep For Your Baby

## ***How Much Sleep Does My Baby Need?***

- Babies sleep a lot, but not usually when you want them to.
- Most young babies sleep 16 to 18 hours a day but unfortunately, they tend to sleep in 2 to 3 hours blocks, even at night.
- You baby will wake up for a feeding and some socializing.
- Their circadian – or night and day – rhythms are not yet formed. So, it will be a while before they take their longest sleep when you do.
- Stress can slow your baby’s progress in sleeping longer stretches. Babies who had a difficult birth, such as being premature, may take a little longer to get to the point where they are able to sleep through the night.
- From birth to about 6 months, your baby’s sleep patterns reflect their biological development, not your parenting skills!
- Babies of a very young age cannot stop falling asleep when they are tired, and they cannot stay asleep when they are hungry. When your young baby is awake, it is usually because he/she is not tired or is hungry.

## ***How Will My Baby’s Sleep Needs Change Overtime?***

- By three months of age, your baby will probably sleep about 15 hours a day – nine hours at night, and the other six hours will be broken into three daytime naps.
- However, the nine hours at night may still be broken with times when baby comes into a light sleep and wakes. They will usually need to feed when they wake until well after six months of age.
- When your baby reaches six months of age, they may be taking roughly two naps of two hours a piece and rest will be nighttime sleep.
- Around nine months, their naps may decrease by about 30 minutes, for a total sleep of 14 hours.
- By that magical first birthday, they will probably be sleeping a little over 13 ½ hours a day, 11 of them at night.
- Young children up to two years of age will still wake several times each night, just as most adults do.
- Many babies will be able to go back to sleep without any assistance from you, but some will need you to help them learn to go back to sleep on their own.
- Night waking will gradually decrease as your baby moves towards longer sleep cycles and spends less time in light sleep.
- As baby grows, their sleep patterns will start to take on a more regular rhythm.
- Remember that some babies and children will need more sleep, and some will need less.

## ***You and Your Baby’s Sleep***

- |   |  |
|---|--|
| <input type="checkbox"/> Give yourself permission to sleep during the day.  | <input type="checkbox"/> Turn off your phone.  |
| <input type="checkbox"/> No one is watching. Check your nutrition. Are you eating right? If not, you will tire more easily. | <input type="checkbox"/> Consider all offers of help. Don’t be afraid to ask for help.       |
| <input type="checkbox"/> Get regular exercise and fresh air even if you feel tired.   | <input type="checkbox"/> Change your standards – for your house, yourself, and your partner. |
| <input type="checkbox"/> Adjust your bedtime to coincide with your baby’s bedtime.  | <input type="checkbox"/> Find some alone time.   |

# BACK AT HOME – TAKING CARE OF BABY: Safe Sleep For Your Baby

## WANT MORE INFORMATION ABOUT SAFE SLEEP FOR YOUR BABY?

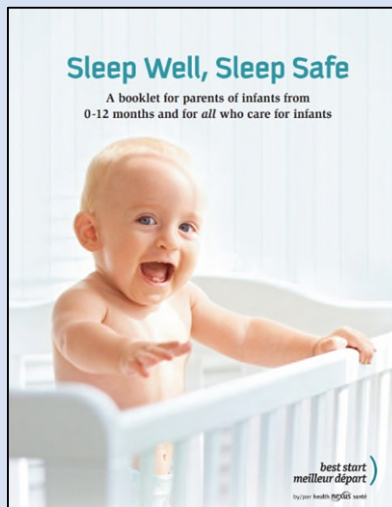
*Best Start (Health Nexus)* provides a free resource called:

### ***“Sleep Well, Sleep Safe”***

which is a booklet for parents of infants from 0-12 months and for all who care for infants.

This resource can be accessed online, here:

<https://resources.beststart.org/wp-content/uploads/2019/01/K49-E.pdf>



*The Government of Canada* also offers a free resource called:

### ***“Safe Sleep for Your Baby”***

This resource can be accessed online, here:

<https://www.canada.ca/content/dam/phac-aspc/documents/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep/safe-sleep-your-baby-brochure/safe-sleep.pdf>



# BACK AT HOME – TAKING CARE OF BABY: Feeding Your Baby

## ***Breastfeeding 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 breast milk) 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.
- Breast milk provides valuable nutrition for your baby's growth and development.
- If you decide to give your baby something other than breast milk, commercial iron-fortified infant formula is the recommended choice (see page 59).



## ***The Benefits of Breastfeeding***

### **FOR YOUR BABY:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Easily digested by baby.</li><li><input type="checkbox"/> May lower rates of gastrointestinal, respiratory, and ear infections.</li><li><input type="checkbox"/> Babies who receive breast milk may also have decreased chances of developing obesity, Sudden Infant Death Syndrome (SIDS), asthma and eczema. Studies in these areas are on-going.</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Has growth factors and hormones to help normal growth and development.</li><li><input type="checkbox"/> Is always fresh and at the right temperature.</li><li><input type="checkbox"/> Changes to meet your growing baby's needs.</li><li><input type="checkbox"/> Ask your Physician or Healthcare 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.</li></ul> |
|--|--|

### **FOR YOU:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Helps you feel close to your baby.</li><li><input type="checkbox"/> May help you lose weight and get back into shape.</li><li><input type="checkbox"/> Helps your uterus return to normal size.</li><li><input type="checkbox"/> Helps decrease your risk for breast and ovarian cancer.</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Is convenient - no need to mix formula or clean bottles or carry formula and bottles when travelling.</li><li><input type="checkbox"/> Is much cheaper than formula feeding.</li><li><input type="checkbox"/> Is environmentally friendly.</li></ul> |
|---|---|

## ***Your Comfort During Breastfeeding***

- Your comfort will help you relax and feed your baby successfully.
- If you have had an episiotomy or hemorrhoids, you may need something to relieve the discomfort and a pillow to position yourself.
- Use pillows to support your arm and back, and on your lap to support your baby.
- If seated in a chair, use a footstool for comfort.
- Baby should be level with the breast, so you're not leaning forward.
- Relax your shoulders.


















# BACK AT HOME – TAKING CARE OF BABY: Feeding Your Baby

## How Do I Know If Breastfeeding Is Going Well?

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

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Baby has 6-8 wet diapers a day (once milk is in and breastfeeding well).</li> <li><input type="checkbox"/> Baby is bright eyed, alert.</li> <li><input type="checkbox"/> Audible swallowing.</li> <li><input type="checkbox"/> The suckling at the breast should be a long, deep, slow and rhythmic pattern of sucking with a pause in between.</li> <li><input type="checkbox"/> Baby does not slip off or fuss at the breast.</li> <li><input type="checkbox"/> Baby has a moist mouth.</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Baby regains birth weight by the age of two to three weeks, doubling birth weight at 5-6 months.</li> <li><input type="checkbox"/> Once milk is in, your breasts are softer at the end of feeding.</li> <li><input type="checkbox"/> Baby passes 2-3 large stools per day in the first 4 weeks.</li> <li><input type="checkbox"/> Baby grows out of their clothing.</li> <li><input type="checkbox"/> Baby is reasonably content between feeds.</li> </ul> |
|--|--|

Baby's Age	1 WEEK							2 WEEKS	3 WEEKS	
	1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS	6 DAYS	7 DAYS			
<b>How Often to Breastfeed?</b> Per day, on average over 24 hours	 At least 8 feeds per day. Baby is sucking strongly, slowly, steadily and swallowing often.									
<b>Baby's Tummy Size</b>	 Size of a cherry		 Size of a walnut		 Size of an apricot		 Size of an egg			
<b>Wet Diapers: How Many, How Wet</b> Per day, on average over 24 hours	 At least 1 WET		 At least 2 WET		 At least 3 WET		 At least 4 WET		 At least 6 HEAVY WET WITH PALE YELLOW OR CLEAR URINE	
<b>Soiled Diapers: Number and Colour of Stools</b> Per day, on average over 24 hours	 At least 1 to 2 BLACK OR DARK GREEN		 At least 3 BROWN, GREEN, OR YELLOW		 At least 3 large, soft and seedy YELLOW					
<b>Baby's Weight</b>	Most babies lose a bit of weight in the first 3 days after birth.				From day 4 onward, most babies gain weight regularly. Babies should return to birth weight or more by the age of 10 - 14 days. If parents have any concerns with their baby's weight gain patterns encourage them to consult their health care provider.					
<b>Growth Spurts</b>	Babies often vary the length of time between feeding with some feedings being closer together and others being farther apart. Babies will often feed for varying lengths of time at the breast. Sometimes feedings may be shorter and other times longer. Babies should feed 8 or more times in 24 hours.									
<b>Other Signs</b>	Baby should have a strong cry, move actively and wake easily. Mother's breasts feels softer and less full after breastfeeding.									

Inform parents to get advice, help and support from:

- Their health care provider.
- Telehealth Ontario's specialized breastfeeding support line at 1-866-797-0000 or TTY at 1-866-797-0007.
- Bilingual Online Ontario Breastfeeding Services directory at [www.ontariobreastfeeds.ca](http://www.ontariobreastfeeds.ca)

  
 by/par health REXUS santé

# BACK AT HOME – TAKING CARE OF BABY: Feeding Your Baby

## ***Breast and Nipple Care***

- No need to wash your nipples, a bath or shower once a day is enough.
- Avoid use of soap on nipples as it dries the skin.
- After each feeding, express a few drops of breast milk, massage onto the nipple and let air dry.
- Some women may want to use nursing pads – change them as necessary – moist pads will result in sore nipples and cause germs to grow.
- Never use plastic backed or nylon lined breast pads – they do not allow air circulation. Cotton or reusable or disposable breast pads are recommended.
- Wear a bra that provides good support – should have wide non-elastic straps and should be large enough for the cup to cover the whole breast.

## ***When Should I Call For Advice and Support?***

Have your baby checked by a professional supportive of breastfeeding (i.e., your Physician or Healthcare Provider, a Public Health Nurse, a 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 (see previous page).
- 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°C.
- If your baby's skin is getting increasingly yellow.

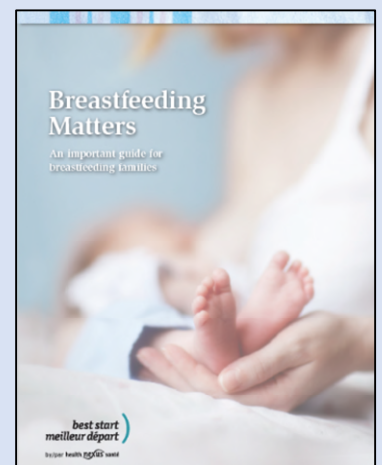


## **WANT MORE INFORMATION ABOUT BREASTFEEDING YOUR BABY?**

*Best Start (Health Nexus)* provides a comprehensive free resource called “***Breastfeeding Matters: An important guide for breastfeeding families***”.

This resource can be accessed online at the *Best Start* website:

<https://resources.beststart.org/product/b04e-breastfeeding-matters-book/>



# BACK AT HOME – TAKING CARE OF BABY: Feeding Your Baby

## ***Feeding Your Baby Infant Formula***

- You may decide to feed your baby formula for a variety of reasons.
- You may decide to only feed your baby formula or give some formula and some breast milk.
- Giving your baby formula may not be your first choice but a necessary choice to supplement your baby's diet and ensure they are getting enough calories.
- Feeding your baby safely, when your baby is hungry, and stopping when baby is full is more important than whether you choose to breastfeed, or bottle feed your baby formula.

### **WANT MORE INFORMATION ABOUT FEEDING YOUR BABY FORMULA?**

*Best Start (Health Nexus)* provides a comprehensive free resource called  
***“Infant Formula: What You Need to Know”***.

This resource can be accessed online at the *Best Start* website:

<https://resources.beststart.org/wp-content/uploads/2018/12/B19-E.pdf>



## BACK AT HOME – TAKING CARE OF BABY: Burping, Spitting Up, and Vomiting

### ***Burping***

- Try burping your baby after each breast if breastfeeding or after every ounce if bottle feeding.
- Breastfed babies do not always burp after the first breast.
- To burp your baby, put a cloth over your shoulder, then put your baby up so that baby's chin rests on your shoulder. Pat his/her back or rub it from the waist upwards.
- Often just changing the baby's position will cause baby to burp.
- You can also burp your baby by sitting baby on your lap holding the head in one hand, your thumb and index finger on the cheeks in front of baby's ears and the chin resting between them.
- If your baby does not burp within a few minutes, baby might not need to – try again later.



*Shoulder Position*



*Sitting Position*

### ***Spitting Up***

- Your baby may be spitting up a small amount of milk when burping after feedings. This is normal.
- Try not to handle your baby too much after feeding.
- Frequent burping and smaller feedings may help.
- If your baby is always spitting up or you are concerned about the amount of feeding your baby is spitting up, contact your Physician or Healthcare Provider.

### ***Vomiting***

- Vomiting is more complete emptying of the stomach or spitting up large amounts of milk (especially when it occurs sometime after feeding your baby).
- If you baby vomits often, or forcefully, notify your Physician or Healthcare Provider.

# BACK AT HOME – TAKING CARE OF BABY: Hiccups, Sneezing and Crying

## *Hiccups*

- During the first month of life hiccupping is common and not harmful.
- Hiccups often occur following a feeding and usually only last for only a few moments.
- Pat your baby gently on the back or give him a little more milk.
- To prevent spitting up (regurgitation) of milk while you baby is hiccupping, hold his/her head up.

## *Sneezing*

- Your baby sneezes, some days quite frequently, to clear mucus and dust from his nostrils.
- In the first few months of life this helps your baby in the breathing process.
- It does not mean that baby has a cold.

## *Crying*

- The normal crying curve starts at about 2 weeks, peaks at about 2 months, and usually comes to an end about 4-5 months, and often earlier.
- If you have tried everything to soothe your baby, it is often comforting to know that sometimes there is no reason for the crying, and there is nothing you can do to stop it.
- This does not mean that your baby has colic but rather is the normal crying curve for infants.
- Some babies are just high criers and may cry for several hours a day.
- A baby's constant crying can be stressful and can also be a dangerous trigger for shaking a baby. No one thinks they will shake their infant, but research shows crying as the number one trigger leading caregivers to violently shake and injure babies.
- Most parents and caregivers will feel angry and frustrated by baby's constant crying...it is OK to put your baby down in their crib, which is the safest place for a baby, and walk away if you feel yourself getting upset.



### **TO SPEAK WITH A PUBLIC HEALTH NURSE ABOUT BABY'S CRYING:**

**Algoma Public Health**  
(705) 848-2314  
Toll Free: 1-877-848-1911

[www.dontshake.org](http://www.dontshake.org)

# BACK AT HOME – TAKING CARE OF BABY: Immunization

## ***What is Immunization?***

- Immunization means vaccination or needles.
- When children are immunized, they receive a needle that will protect them from serious childhood diseases.

## ***Why is Immunization Important for My Baby?***

- When children are immunized, their bodies make antibodies that fight infections.
- If they are not protected and come in contact with one of the infections, they may get very sick or even die.
- Vaccination is the best way to protect your child against many serious diseases.

## ***When Should My Baby Be Immunized?***

- It is important that you discuss your child’s immunization schedule with your Physician or Healthcare Provider.
- The immunization schedule starts at 2 months of age.

## ***I’m Thinking of Getting Pregnant – What Should I Know About Immunization?***

- Be sure you are protected against rubella before pregnancy to protect your future baby from serious problems during its development.

### **Diseases that can be prevented with immunization:**

<b>Diphtheria</b>	A serious disease of the nose, throat and skin. Complications include breathing problems, heart failure and nerve damage.
<b>Tetanus (Lockjaw)</b>	Is serious and can occur if dirt with the tetanus germ gets into a cut in the skin.
<b>Polio</b>	Can occur from drinking water or eating food with the polio germ in it. This disease can cause nerve damage and paralyze a person for life.
<b>Pertussis (Whooping Cough)</b>	Can cause spells of violent coughing and is highly contagious.
<b>Measles</b>	Causes high fever, cough, rash, runny nose and watery eyes. Complications include ear infections, pneumonia, hearing loss, encephalitis, brain damage or death.
<b>Mumps</b>	Can cause fever, headaches and swelling of the cheeks and jaw. Complications include encephalitis, sterility or permanent deafness.
<b>Rubella (German Measles)</b>	Causes fever, sore throat, swollen glands in the neck and a rash on the face and neck. Rubella in the early part of a pregnancy could cause the baby to die or be severely handicapped.
<b>Haemophilus Influenza B (Hib)</b>	The most common cause of bacterial meningitis in children can also lead to other serious illnesses.
<b>Varicella (Chickenpox)</b>	Causes a blister-like rash, itching, slight fever and fatigue. Complications include scarring of the skin, skin infections and pneumonia.
<b>Pneumococcal</b>	Can cause ear infection, infection of the covering of the brain (meningitis), pneumonia and blood infection.

## BACK AT HOME – TAKING CARE OF BABY: Immunization

### Diseases that can be prevented with immunization – continued:

<b>Meningococcal</b>	Can cause invasive meningococcal disease which includes serious infection of the covering of the brain (meningitis) or blood infection.
<b>Hepatitis B</b>	Can permanently damage your liver. It is one of the most common causes of liver cancer.
<b>Human Papillomavirus</b>	One of the most common sexually transmitted infections in Canada. It provides protection against 2 strains known to cause 70% of all cervical cancers and 2 strains known to cause 90% of all genital warts.
<b>Rotavirus</b>	One of the leading causes of severe diarrhea in infants and children. Causes inflammation of the stomach and intestines and severe diarrhea, vomiting, dehydration and fever among infants and children.

### ***Are There Side-Effects From Being Immunized?***

- Children may experience mild side effects such as fever or sore arm/leg, but the benefits far outweigh such discomforts. Serious adverse reactions to immunizations are very rare.
- Talk to your Physician or Healthcare Provider about how these reactions can be prevented or minimized.

### ***It is the Law...***

- Parents/guardians are required to provide immunization records to their local public health unit and to update the information as necessary.
- Under the ***Immunization of School Pupils Act*** and the ***Day Nurseries Act***, all children attending school in Ontario and enrollees of day nurseries, until the age of 18, are required to have proof of immunization for diphtheria, tetanus, polio, measles, mumps and rubella unless there is a valid written exemption due to medical, religious or philosophical reasons.
- In this case, if the disease appears in your child’s school or daycare, your child may have to stay out of school or daycare until the disease is gone.
- ***Algoma Public Health (APH)*** maintains this information on an Immunization Record Information System.
- **It is the parent/guardian’s responsibility to provide immunization records for all school children to the local health unit.** Physicians and Healthcare Providers do not forward immunizations to the health unit.
- Please call the Algoma Health Unit Immunizations Records with dates of all immunization that your child receives ((705) 942-4646 ext. 3054). **Keep an immunization record. It is important!**

### ***Where can I get information?***

Your Physician or Healthcare Provider  
 The Canadian Immunization Awareness Program  
 The Canadian Paediatric Society  
 Algoma Public Health  
 Public Health Agency of Canada

-  
[www.immunize.ca](http://www.immunize.ca)  
[www.cps.ca](http://www.cps.ca)  
<https://www.algomapublichealth.com/disease-and-illness/immunization/> or (705) 759-5409  
[www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)

# BACK AT HOME – TAKING CARE OF BABY: Strollers

## *Stroller and Carriage Safety*

- Taking your baby for a walk is enjoyable for both of you.
- These products are regulated in Canada for safety, but in addition to making sure your stroller or carriage meets current standard, it's also important to know how to use it safely.
- The stroller you use must suit your needs, as well as being safe and comfortable for baby.
- A stroller must have a wide base to prevent tipping.
- The safety strap should be attached to the frame and not just to the fabric.
- The brake should lock into the wheel, not rub against it.
- If you kick the frame of the stroller when taking a step, then find another that gives more space.
- An attachable shopping cart should not touch the back wheels.
- The upholstery should be well padded for comfort and the seat should be able to recline in a comfortable position for your baby.
- Every year, children are injured due to the improper use of harnesses and lap belts, or from being left unattended.
- **Never leave child unattended in a stroller.**
- You should stop using the stroller when your child reaches 35 lbs (16 kg) since at this point the child is usually too heavy and active for a stroller.
- Carriage and strollers made before 1985 may not be up to current safety standards and should not be bought or sold.

### Choosing a Safe Stroller or Carriage

Pick a sturdy model and follow the manufacturer's guidelines for child height and weight.

Whether a carriage or stroller is new or used, only choose one that comes with a label and instructions.

Choose only a stroller that comes with a safety belt or lap harness that is solidly attached to the frame.

Ensure the brakes and locking mechanisms on folding models are in working order.

Make sure the wheels are securely attached.

### *Using a Stroller or Carriage*

- Always supervise** your child when he or she is in the stroller or carriage.
- Always use the safety harness and lap belts**, and make sure your child is seated properly.
- Use the brakes** when stopped or when helping your child into and out of the stroller or carriage.
- Make sure your child's hands and feet are out of the way** when making adjustments to the stroller/carriage.
- Regularly check for signs of damage** and that the wheels are securely attached.
- Do not use pillows or blankets** as padding; they can cause suffocation.
- Always follow the manufacturer's instructions** for putting additional items or accessories in or on the stroller.
- Never use a stroller on an escalator.**





# RESOURCES





**RESOURCES:  
Information About Your Baby**

***My Baby***

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Weight: \_\_\_\_\_

Length: \_\_\_\_\_

Head Circumference: \_\_\_\_\_

Discharged Weight: \_\_\_\_\_

Blood Group: \_\_\_\_\_

Corrected Age: \_\_\_\_\_

***Your Baby's Feeding Schedule***

**Breast:** Mother knows best – every 2 to 4 hours

**Formula:** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Last Feed:** \_\_\_\_\_

## ***Healthy Growth and Development***

*Call to find out if one of these programs may meet your needs.*

Elliot Lake, ON  
(705) 848-2314

### **Preschool Dental Services**

- Check ups.
- Teeth cleaning.
- Fluoride treatment.
- Dental health education.

### **Healthy Babies Healthy Children**

- Moms who give consent will receive a telephone call from a Public Health Nurse within 48 hours after discharge from hospital.
- Supportive home visiting by a Public Health Nurse is offered to some families.
- Family Support Workers provide extra in-home support and encouragement to some families during difficult times.

### **Prenatal Programs**

- Information packages.
- Individualized education sessions.
- Canada Prenatal Nutrition Program – free milk coupons and healthy food vouchers for pregnant and nursing women who have financial need.

### **Parenting Programs**

*We offer these classes on a rotating basis.*

- Kids Have Stress Too!
- Triple “P” Positive Parenting Program
- Nobody’s Perfect



*Algoma*  
**PUBLIC HEALTH**  
Santé publique Algoma

***Parent Child Services***

*“Supporting you before and after your baby comes home and as your baby grows...”*

**Drop by our Office** for a visit with a Public Health Nurse. We offer:

- prenatal & parenting resources,
- support & advice,
- breastfeeding support,
- baby weight checks, and
- referrals to other services.

**If you have any parenting questions & concerns:**

**Algoma Public Health**  
(705) 848-2314 or 1-877-748-2314  
and talk to a Public Health Nurse



*Algoma*  
**PUBLIC HEALTH**  
Santé publique Algoma

## RESOURCES: Services for New Parents

### ***Congratulations!***

Now that you are entering the exciting world of parenthood, you may be interested in having access to more information and various support services in our community.

Below, we have also included phone numbers and websites that may be helpful.

<b><i>Adoption Services</i></b>	
Children’s Aid Society Elliot Lake	<b>(705) 848-8000</b>
Ministry of Children Youth Services, Adoption Unit (Ontario)	<b>1-888-789-4199</b>
Nogdawindamin Family and Community Services	<b>1-800-465-0999</b>
<b><i>Alcohol &amp; Substance Abuse Support</i></b>	
Community Alcohol & Drug Assessment Program	<b>(705) 848-2314</b>
<b><i>Breastfeeding Support</i></b>	
Algoma Public Health (Information, Support) <a href="http://www.algomapublichealth.com">www.algomapublichealth.com</a>	<b>(705) 848-2314</b>
La Leche League (24-hour breastfeeding support/monthly meetings in Sault Ste. Marie)	
Jennifer	<b>(705) 971-7222</b>
Lisa	<b>(705) 256-1406</b>
Telehealth Ontario 24/7 Breastfeeding Support	<b>1-866-797-0000</b>
<b><i>Baby Equipment Safety</i></b>	
Childcare Algoma (Car Seat Safety)	<b>(705) 945-8898</b>
Transport Canada (Car Seat Safety) <a href="http://www.tc.gc.ca">www.tc.gc.ca</a>	<b>1-800-333-0371</b>
Safe Kids Canada	<b>1-800-723-3847</b>
Health Canada Product – Safety (cribs, playpens, etc.) <a href="http://www.hc-sc.gc.ca">www.hc-sc.gc.ca</a>	<b>1-416-973-4705</b>
<b><i>Children with Special Needs</i></b>	
Children’s Rehabilitation Centre Algoma	<b>1-800-268-1079 or (705) 759-1131</b>
Algoma Family Services Children/Youth Intake Services	<b>(705) 848-0790</b>
<b><i>Clothing Assistance</i></b>	
Family Thrift Store	<b>(705) 848-2417</b>
Salvation Army	<b>(705) 848-5316</b>
Society of St. Vincent de Paul	<b>(705) 461-1355</b>
<b><i>Crisis &amp; Counselling Services</i></b>	
Algoma Family Services	<b>(705) 848-0790</b>
Mobile Crisis Response (24-hour service)	<b>1-800-721-0077</b>
Pregnancy and Infant Loss Network	<b>1-800-301-7276</b>
Mississauga Women’s Shelter – Blind River	<b>(705) 356 7800</b>
Maple Gate House for Women – Elliot Lake	<b>(705) 461-9868</b>
Le Centre Victoria pour Femmes	<b>(705) 461-6120</b>

## RESOURCES: Services for New Parents

<b><i>Crisis &amp; Counselling Services – continued:</i></b>	
The Regional Warm Line (6 pm to midnight)	<b>1-866-856-9276</b>
HSN East Algoma Site (Elliot Lake) Community Mental Health Program ( <i>post partum anxiety &amp; depression</i> )	<b>(705) 848-9131</b>
<b><i>Financial Assistance</i></b>	
Child Tax Benefits	<b>1-800-387-1193</b>
Pregnancy – Parental Leave Benefits	<b>1-800-531-5551</b>
Ontario Works (Elliot Lake)	<b>(705) 848-7153</b>
LEAP Program (Learning, Earning & Parenting) Elliot Lake	<b>(705) 848-7153</b>
Credit Counselling Service (Sault Ste. Marie)	<b>(705) 254-1424</b>
Ontario Disability Support Program	<b>1-800-825-7593</b>
<b><i>Food Assistance</i></b>	
Elliot Lake Emergency Food Bank	<b>(705) 461-3663</b>
Good Food Box Program/Community Kitchen (Elliot Lake)	<b>(705) 848-6666 or (705) 848-7170</b>
Canada Prenatal Nutrition Program (Elliot Lake)	<b>(705) 848-2314</b>
Canada Prenatal Nutrition Program (Blind River)	<b>(705) 356-2551</b>
Salvation Army Drop-In Centre/Soup Kitchen (Elliot Lake – 6 Charles Walk)	<b>n/a. (drop-in)</b>
<b><i>Medical Services</i></b>	
Algoma West Academy of Medicine (Finding a Physician)	<b>(705) 265-5342</b>
Algoma Community Care Access Centre	<b>(705) 461-9329</b>
Algoma Public Health (Immunization clinics/sexual health clinic services)	<b>(705) 848-2314</b>
Blind River District Health Centre	<b>(705) 356-2265</b>
Elliot Lake Family Health Team	<b>(705) 461-8882 (705) 848-7181 or (705) 869-1420</b>
Espanola Regional Hospital and Health Centre	<b>(705) 869-1420</b>
Health Cards (lost/damaged cards)	<b>1-800-644-8988</b>
Health Cards/Health Insurance (OHIP)	<b>1-800-461-4006</b>
North Shore Health Network (Blind River)	<b>(705) 356-2265</b>
Spanish Medical Clinic	<b>(705) 848-7182</b>
St. Joseph’s General Hospital (Elliot Lake)	<b>(705) 844-2263</b>
Telehealth Ontario (24-hour medical information line)	<b>1-866-797-0000</b>
THRIVE Child Development Centre (Infant Hearing Screens)	<b>(705) 759-1131 or 1-877-759-1131</b>
<b><i>Nutrition</i></b>	
Eat Right Ontario (free registered dietician) <a href="http://www.eatrightontario.ca">www.eatrightontario.ca</a>	<b>1-877-510-5102</b>
<b><i>Parenting Information &amp; Support</i></b>	
Algoma Public Health (Elliot Lake Office)	<b>(705) 848-2314</b>
Healthy Babies Healthy Children Program	<b>(705) 848-2314</b>
North Star Family Resource Centre	<b>(705) 848-6669</b>
Parent Help Line <a href="http://www.triplealgoma.ca">www.triplealgoma.ca</a> <a href="http://www.healthybabyhealthybrain.ca">www.healthybabyhealthybrain.ca</a>	<b>1-888-603-9100</b>

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<b><i>Prenatal Information Support</i></b>	
Algoma Public Health (preconception/pregnancy info) <a href="http://www.algomapublichealth.com">www.algomapublichealth.com</a>	<b>(705) 848-2314</b>
Pregnancy Testing/Sexual Health Services	<b>(705) 848-2314</b>
Canada Prenatal Nutrition Program (milk coupons, info)	<b>(705) 848-2314</b>
Prenatal Classes <a href="http://www.womenshealthmatters.ca/centres/pregnancy">www.womenshealthmatters.ca/centres/pregnancy</a> <a href="http://www.modimes.org/phhec">www.modimes.org/phhec</a> <a href="http://www.healthbeforepregnancy.ca">www.healthbeforepregnancy.ca</a>	<b>(705) 848-2314</b>
<b><i>Postpartum Adjustments/Coping with Stress</i></b>	
Algoma Public Health Postpartum Depression (info/support) <a href="http://www.postpartum.org">www.postpartum.org</a>	<b>(705) 848-2314 or 1-877-748-2314</b>
Canadian Mental Health Association <a href="http://www.ontario.cmha.ca">www.ontario.cmha.ca</a>	<b>(705) 759-0458</b>
Algoma Family Services	<b>(705) 848-2252</b>
<b><i>Smoking Cessation</i></b>	
Algoma Public Health (advice, resources)	<b>(705) 848-2314</b>
Elliot Lake Family Health Team	<b>(705) 461-8882</b>
Smoker's Helpline (Canadian Cancer Society)	<b>1-877-513-5333</b>
Talk Tobacco (Indigenous Quit Smoking and Vaping Support) <a href="https://smokershelpline.ca/talktobacco/home">https://smokershelpline.ca/talktobacco/home</a> <a href="http://www.pregnets.org">www.pregnets.org</a> <a href="http://www.smokershelpline.ca">www.smokershelpline.ca</a>	<b>1-833-998-8255</b>







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