



Taking Care

Information for Parents



**Mount Sinai
Hospital**

Sinai Health System
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Health Complex

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Getting to Know Your Health-care Team

We are a team of health-care professionals who seek to help you transition to your new role as parents and who hope to prepare you and your new baby for discharge home. Our care team includes members from different professions, all with different scopes of practice and all bringing different skills and expertise to help serve you in a holistic manner. Your personal health information is shared within this circle of care in order to provide the best possible care to you and your baby.

Your nurse will address the needs of you and your baby and assist you with care of yourself and your baby(ies), teaching, preparation for discharge, etc. Your nurse is your first source of information and will voice your needs to the other team members as required to address your needs. Your nurse is a part of a larger nursing team, including nursing leadership. The leadership team welcomes your input into your care and on occasion will visit some of the patients to obtain feedback on the care received. Also if you have compliments or areas where we could improve please speak to the team leader about your concerns while you are here, we are here to help. We have 24 hour pediatric coverage for the care needs of your baby. You can expect that the Pediatrician will assess your baby at least once during their stay on the postpartum Unit. Any concerns about your baby's health will be communicated to you by the Pediatrician, unless you are under the care of Family Practice or Midwifery, in which case they will be your ongoing health care provider for you and your baby. A consistent obstetric doctor is available weekdays (daytime hours) for any immediate concerns about you. At night and weekends they can be paged if urgent situations arise. Your Obstetrician, Family physician or Midwife or their designate will visit you and will respond to concerns/requests as indicated by your bedside nurse or the leadership team. We are also able to offer Social Work support as we have a dedicated social worker whose specialty ranges from financial to emotional support for our patients and families. There are other members of the care team who may be involved if there is an indication for their specific expertise. Lactation Consultants are available upon referral and are available each day during the breastfeeding classes.

We have a wonderful team who works closely together and whose primary goal is to ensure that you and your family enjoy a safe, healthy transition during your hospital stay. This book is a brief overview of what you will learn in the next few days. It will also serve as a reminder for you when you are discharged and at home, as we can appreciate you may not retain all the information in such a short time period. Please enjoy the book and enjoy your stay with us.

Patient and Family Safety

Mount Sinai Hospital is dedicated to delivering safe patient and family-centred care. We strongly believe that our patients and families play an important role in achieving positive health outcomes in the safest manner possible. There are many ways you can be involved in your safety including: asking questions, providing information and sharing any safety concerns you may have. We also promote infant safety by offering infant security badges to monitor your baby. Ask your healthcare provider for more information on your role in safety and what safety practices are in place for you.

What You and Your Family Should Know and How You Can Be Involved

S	Safe Practices	<p>Safety is important to you and to us. Mount Sinai is dedicated to delivering safe patient and family centred care, and we are doing many things to ensure you receive the best outcomes, but we can't do it without your help!</p> <p>What is your role in patient safety? Your role in safety while at Mount Sinai is to be involved. This means:</p>
A	Ask questions	<p>The more you ask, the more you know. Ask questions about: what to do when you go home from the hospital or a procedure, who to call if something does not feel right, and questions about your medications – how to take your medications, signs and symptoms of side effects, and if you need additional prescriptions filled.</p>
F	Family/ Friend Involvement	<p>It's a good idea to have a family member present with you to help remember what your health-care team says. Family and friends are healthcare partners too.</p>
E	Environment	<p>Know your health-care team. You will be talking with many healthcare providers and hospital staff. It is important to know who your healthcare team consists of. All healthcare individuals and staff wear hospital ID badges and you are welcome to ask to see these ID badges and/or ask individuals to identify themselves and their role before they provide care.</p>
T	Tell	<p>Share information with your healthcare team. Information includes: any new or different symptoms you may be experiencing, all the medications you take (even vitamins, and over the counter or herbal remedies) and any allergic or bad reactions to any food or medicine.</p>
Y	You	<p>Get involved! You are the most important person on the safety team and we need you to ensure you receive the best and safest care possible.</p>

Tips for Preventing Falls — Am I at Risk?

Most patients are very independent and feel completely capable to ambulate with minimal risk for fall. There are some identified factors which may place you and your baby at a higher risk. These include:

- Medication making you feel dizzy or sleepy.
- Having certain illnesses that make you lightheaded.
- Being distracted by pain, stress or lack of sleep.
- Multi-tasking.
- Cluttered Environment.

Here are some things you can do:

- Wear non-slip footwear while walking in the hallway.
- Ask for assistance if you are feeling dizzy, especially when up the first time to the bathroom, many patients feel faint after giving birth. Call before you fall.
- Report a spill right away.
- Keep your bed low to the floor with the brakes on.
- Use your call bell to call for help (either in your bed or in the washroom).
- Ensure your environment is clear from clutter to avoid tripping hazards.

If you are identified to be at a higher risk for falls, you will be given a purple armband. This will alert your health care team of additional supports needed during your stay.

Baby Fall Prevention Information

A Family Guide to Preventing Baby Falls in the Hospital or at Home

Baby Safety Education:

- Baby falls are rare, but can happen at any time and have a significant impact on families.
- More than half of baby falls happen at night.
- The most common reasons for a baby fall include:
 - Exhaustion/fatigue of parent/caregiver.
 - Parent falling asleep with baby in bed.
 - Pain medication causing sedation received in the last two to four hours since birth.

What Can I Do to Prevent a Baby Fall in My Room.

- Keep baby in cot on his/her back (supine) (cot in flat position).
- Keep your bed in lowest height when holding baby in bed.
- Ensure your environment is clutter free.
- Wear non-slip footwear when walking with baby and be cautious of slipping/tripping hazards.
- Reporting any spills immediately.
- Tell nurse or support person if you are too tired to hold your baby or need help feeding.
- Make sure anyone holding baby is awake and alert, if they are not — put baby back in cot.
- Inform young siblings and family of risk and prevention of baby falls.
- If sitting in chair, wheels should be locked on your chair, use chair appropriately.
- If placing baby in incubator ensure portholes in door are closed and latched tightly.
- If placing baby in incubator ensure brakes are on all four wheels.
- Get assistance from your nurse. There are red closure indicators on the latch of the incubator. If red, this could mean that the door latch is open and baby is not secure.
- When bathing infant, make sure the wheels on the bedside cart is locked and secure.

What Can I Do to Prevent a Baby Fall in the NICU?

- Follow all of the steps above as needed.
- If holding baby in NICU, seek assistance from nurse as there are often monitoring wires and lines important for your baby's safety.
- The chair you are sitting on should have locking wheels in place. Ensure a call bell is close by when doing skin to skin or feeding.
- Before turning away from baby, make sure crib rails are up and in locked position.
- Get assistance to place baby back into the incubator (see information above).

DO NOT:

- Do not leave baby unsupervised or unattended.
- Do not turn away with crib rails down or incubator door open.
- Do not hold baby in chair or bed if taking pain medication that may cause fatigue/sedation. Ask for help.
- Do not be afraid to admit you are sleepy, it is better to have the baby safe and not be a fall risk.
- Do not place baby on pillow or chair.

What Happens if a Baby Falls?

Please report the fall immediately! The baby will need to be assessed by the doctor and nurse right away. The baby may also need to be admitted to the NICU for close monitoring and additional tests to make sure there is no injury from the fall.

Thank You for your participation in baby safety! (see baby care section for further safety tips).

Care Following Birth



- Post-partum is the period of time after the birth of your baby when your body is changing back to normal.
- It lasts about six weeks or until your uterus returns to its normal size.
- Your nurse will provide you with a welcome package which includes this Taking Care Booklet and a maternity kit (supplies to get you started).
- The Taking Care Information for Parents will benefit you by providing necessary information while in the hospital and at home.
- Nurses will come to your room regularly to ensure: you have adequate pain control, your questions have been addressed and will conduct feeding assessments.

Vaginal Delivery:

- If you had a vaginal delivery you may have an intravenous in place.
- The intravenous will be removed after 4-6 hours as long as your bleeding is under control
- If you have a urinary catheter it will be removed about 12 hours after birth unless otherwise ordered by your care provider.
- Once the catheter is removed, you will have the urge to urinate within 3-4 hours.
- Please call your nurse the first time for assistance to go to the washroom as you may be unsteady on your feet this way we can support you to ensure you are safe.
- The nurse will give you instructions on how to use ice packs or sitz bath if required.
- You will be discharged from the hospital once you have met the discharge criteria. It is possible for you to be discharged but your baby still requires ongoing care. A care by parent model may be possible to keep you and your baby together until they are ready for discharge. If this option is available, the details will be reviewed by your nurse with you.

Cesarean Birth

- If you had a caesarean birth you will have an intravenous and urinary catheter in place. The catheter will be removed about 12 hours after the caesarean section.
- Once the catheter is removed, you should have the urge to urinate within 3-4 hours. You will have to get up to go to the washroom. Please call your nurse the first time for assistance.
- The intravenous will be removed after 12-24 hours as long as your bleeding is under control.
- If you tolerate fluids well and you feel hungry you can start eating a light diet.
- It is very important to get out of bed and walk around. Walking will help your bowels keep moving and increase your circulation. Chewing gum can also help with gas pains.
- If you have a pressure dressing it will be removed in approximately 12 hours. Your initial dressing will be removed when deemed appropriate by your Health Care Provider and your incision will be left to air dry. You may now have your shower.
- Allow the water and soap to wash over your incision. Gently pat dry your staples/sutures. They will either be removed before discharge or in the postnatal ambulatory clinic/doctors office if ordered by your care provider and will be replaced by steri-strips. The steri-strips will fall off on their own, or should be removed by five days from when applied.
- Ensure that your incision is kept clean and dry. Wear cotton underwear and loose clothes as this promotes healing. The skin from the incision will heal in several days, but it takes six to eight weeks for the complete healing of all layers of the abdomen and uterus affected by the operation.
- If at any time you experience fever, increasing abdominal pain, and or redness, discharge or your incision opens, notify your nurse while in the hospital or your doctor/midwife after discharge.
- You will be discharged from the hospital once you have met our discharge criteria. It is possible for you to be discharged but your baby still requires ongoing care. A care by parent model may be possible to keep you and your baby together until they are ready for discharge. If this option is available the details will be reviewed by your nurse.

Pain Management Program

- Well managed pain is very important after birth, ensuring your pain stays under control by taking pain medication regularly as you need. Well managed pain will promote your healing and allow you the mobility and ability to care for your baby.
- Your nurse will provide you with standing regular pain medications. It is important for you to be physically comfortable.
- You can breastfeed while taking medications provided by the hospital, these medications are safe with breastfeeding.
- Changing positions and walking are effective in relieving pain. When changing positions, walking, coughing and deep breathing, support your incision with a pillow or folded blanket.
- By using a pain scale from one to ten your nurse will assess your pain. Please inform your nurse if your pain relief is not adequate with the standard medications you are receiving, as there is breakthrough medication that can be taken in between these medications to help relieve your pain.

After Birth Contractions

- Contractions sometimes called after pains, resemble menstrual cramps. These contractions (lower back/lower abdomen) are the result of the stretched uterus returning to the pre-pregnancy size and muscle tone.
- After pains tend to occur during breastfeeding sessions and are more noticeable after each baby.
- Remember to empty your bladder every 2-3 hours. It will help reduce contractions and control vaginal bleeding.

Gas Pain

- Avoid foods and drinks that may cause gas pain such as carbonated beverages and citrus juices.
- Avoid drinking with a straw.
- Walk the hallways as tolerated, you may feel some shoulder or neck discomfort, called "referred pain" which is the build-up of gas. Range of motion exercises for your shoulder and neck may also help to relieve this feeling.
- Early walking may help to pass gas and reduce pain.
- Changing positions may help with the gas pain.
- Chewing gum has also been shown to relieve gas pains.

Vaginal Bleeding

- Vaginal bleeding after birth is called lochia. You will have bleeding from your vagina for two–six weeks. At first the bleeding will be heavy and dark red (lochia rubra).
- As more days pass the bleeding will become less and the color will change to brownish pink (serosa), and then to a yellowish/whitish color (alba).
- It is important to keep this area clean and to change your pad often.
- Do not use a tampon until your follow up appointment in six weeks so you can discuss this with your health care provider.
- Call your health care provider if you are having very heavy bleeding (soaking a pad in less than one hour), or you have dark red bleeding again after the colour of the flow has changed.
- If you have large clots (size of a plum or larger), a foul smelling odour, or if you have a fever greater than 38 degrees Celsius, consult your health care provider immediately.

Perinatal Care

- Perineal (area between the vagina and rectum) cleanliness (with soap and water at least once a day) promotes healing and comfort. Rinse well.
- Use the pericare bottle (filled with warm water) after each void or bowel movement.
- Your perineum may be sore and slightly swollen after birth. If you have had an episiotomy, or tear, your stitches will be tender. The stitches will dissolve on their own. You may see small pieces of the stitches on your underwear; this is no cause for concern.
- Use ice packs on your perineum to help to decrease the swelling for the first 24 hours.
- Always pat area dry from front to back.
- You may use a sitz bath (a special basin filled with warm water) which you will soak your perineal area for 10–15 minutes (Discuss with your nurse). Repeat 3–4 times a day until the swelling has gone.
- Episiotomy pain usually improves daily. Take medication for pain if needed.
- Begin Kegel exercises as soon as possible. See pelvic floor muscle strengthening for more instructions.
- If you had a more extensive perineal tear (into the anus or the rectum), you will receive special care instructions.

Pelvic Floor Muscle Strengthening Post Perineal Tear

The pelvic floor consists of layers of muscles that stretch like a supportive hammock from the pubic bone (in front) to the end of the backbone. A perineal tear during childbirth, can weaken the pelvic floor muscles which can lead to urine leakage when you cough or sneeze or are bearing down. This is known as stress incontinence and it can continue after pregnancy.

Pelvic floor exercises help to strengthen the muscles of the pelvic floor and should be started 24–48 hours after delivery.

The Benefits of Pelvic Floor Exercises

- Simple and effective
- Can be done when sitting, standing or lying down.
- Increased rate of recovery
- Decreased risk of urine leakage
- Increased blood flow to the area
- Decreased pain and swelling
- Decreased risk of hemorrhoids

How to Perform Pelvic Floor Exercises

- If this is your first time practicing pelvic floor exercises it is recommended you lie flat on your back in a comfortable and relaxed position to assist you in activating the correct muscles. Once you have learned how to activate this set of muscles you can perform these exercises in any position.
- Place your hands on your abdomen and buttocks to make sure you cannot feel your belly, thighs, or buttocks moving
- Close up your anus as if you're trying to prevent a bowel movement.
- Simultaneously draw in your vagina as if you're gripping a tampon, and your urethra as if to stop the flow of urine.
- The movement should feel like an upward and inward contraction, not a bearing-down effort.
- Initially perform this exercise quickly, tightening and releasing the muscles immediately.
- Then perform it slowly, holding the contractions for as long as 5–10sec before you relax.
- Aim for 3 sets of 8 repetitions per day.

Tips:

- Do not hold your breath. You should be able to hold a conversation or count out loud while performing these exercises.
- Avoid tightening the tummy, thigh or buttock muscles or you will be exercising the wrong muscle groups.
- Avoid squeezing your legs together.
- Do not do the pelvic floor exercises when you have a full bladder.
- Listen to your body. In the case of discomfort, delay or slow down your progress.
- If you experience pain while performing pelvic floor exercises, discontinue them until you have seen a Physiotherapist specializing in Women's Health, or your Obstetrician/Gynaecologist.

Bladder Function

- You may not always feel like your bladder is full. This sensation will return in a few days or when the bladder muscle is exercised and regains tone.
- Empty your bladder every 2-3 hours even if you don't feel like it.
- Pain or burning when urinating, or the urge to urinate frequently, may indicate a bladder infection and should be reported to your health-care provider.
- Practicing Kegel exercises will help regain muscle tone.

Haemorrhoids

- Haemorrhoids during pregnancy and after giving birth are common.
- Haemorrhoids are varicose veins of the rectum caused by the weight and pressure of the baby and the force of pushing.
- Using ice packs, sitz bath and medications like creams or Tucks will help decrease the discomfort.
- Avoid becoming constipated or standing for long periods.

Bowel Movements

- Bowel movements can be delayed because of the lack of food during labour and discomfort due to hemorrhoids or an episiotomy.
- Constipation can be minimized by remaining active and eating foods high in fibre (whole grains, fruits, and vegetables).
- Drink plenty of fluids. Prunes, dates, figs, and bran are helpful remedies as well. If ordered by your health-care provider, take a stool softener twice a day.

Fatigue

- Fatigue is a normal part of being a new parent. Take the time, especially when your baby sleeps, to rest as well.
- Support person can do skin to skin while you rest.
- Recognize that your body has been through a major physical change and that you need to allow yourself adequate recovery time.
- In order to enable you to get plenty of rest while you are in the hospital, please suggest your friends and family wait to visit you at home. A resting sign can be placed on your door to alert visitors and staff to minimize interruptions and maximize rest. Health care providers may still need to enter.
- Tips for dealing with fatigue: short visits, do not disturb baby for visitors.

Swelling/Fluid Retention

- It is normal to see an increase in swelling in your legs and feet during the first two weeks after birth.
- As your body works to eliminate the extra fluids of pregnancy you may notice an increase in perspiration and urination.
- Elevate your legs and avoid standing too long.

Additional Physical Changes

You may experience some normal physical and hormonal changes in your body after birth. These are temporary and should decrease as your body returns to its pre-pregnancy size.

- Hot flashes
- Night sweats
- Increased urination
- Dry skin
- Temporary hair loss
- Vaginal dryness
- Mood swings

When to Resume Normal Activity:

- By the time you are ready for discharge you can carry your baby, go up and down the stairs, and go for short walks. Allow your body to guide your activity.
- Do not resume vigorous exercise or sexual intercourse until you meet with your care provider.
- Do not carry anything heavier than your purse or your baby.
- Driving: if you have had a vaginal delivery you may drive when you feel ready. If you have had a caesarean section it is recommended to wait 2-3 weeks.

Danger Signs: (when to seek medical attention)

We would advise you to seek medical attention if you have any of the following symptoms after you are discharged with your primary health provider or your closest emergency department, depending on your condition/concern.

- If you are unable to empty bladder.
- You have a fever over 38 degrees Celsius (100.4 degrees Fahrenheit).
- You have unusual abdominal or perineal pain or discharge from an episiotomy or an incision.
- Increased pain.
- If you are soaking more than one maternity pad in less than an hour.
- If your lochia (vaginal discharge) becomes foul smelling.
- If you repeatedly pass blood clots the size of a plum or larger.
- If your breasts are red/warm/shiny or there is unusual discharge from the nipple.
- If your legs (back of your legs) are tender or red and painful.
- Unusual/new/ongoing headache or vision change.
- If you feel depressed or feeling blue for more than 2 weeks.

Don't Be Afraid to Talk About the Baby Blues, Depression and Anxiety After the Birth of Your Baby



A parent of a new baby may have many different feelings ranging from joy and excitement to guilt and sadness. These feelings are normal after such a life-changing event as having a baby. The causes of these feelings are not completely understood. These may include having to adjust to the sudden responsibility of caring for your newborn, lack of sleep, hormone changes in your body following birth, stress, and not feeling support from family and friends.

Are you feeling:

- Sad
- Anxious
- Alone
- Nervous
- Overwhelmed
- Inadequate
- Guilty
- Angry
- Irritable

Do you:

- Feel tired all the time.
- Cry for no reason.
- Feel panicky and not able to cope.
- Have trouble sleeping even when the baby is sleeping.
- Worry too much about your health and your baby's health.
- Feel you want to be alone.
- Get upset or angry easily.
- Have trouble concentrating.
- Want to run away.
- Have scary thoughts and feelings about yourself and your baby.
- Lack of appetite.
- Loss of pleasure and lack of interest.

Do you feel?

- Lonely because your family and friends are far away?
- Unfamiliar with Canada's health-care system?
- You are missing familiar comforts, traditions and rituals?

If you answered "yes" to any of these questions, you are not alone.

Baby Blues

- Eight out of ten birthing parents get the baby blues.
- Symptoms included feeling sad, overwhelmed, tired, general anxiety, mood instability, sleep and appetite disturbances.
- Symptoms begin a few days after birth, last a short time (up to two weeks) and disappear on their own.

Postpartum Depression

- 10-16 percent of birthing parents may feel a depression that does not go away after a short time.
- It can happen within days of the birth or adoption of a child.
- Symptoms can appear gradually and sometimes up to a year following the birth.

Postpartum Psychosis

- Rare and severe, affecting one or two women in 1000.
- Defined as an altered sense of reality.
- Some may experience hallucinations.
- Immediate medical treatment is needed.

Parents who have experienced postpartum depression have said:

- "I feel like running away, I feel like everything is crowding in on me".
- "I am a bad parent, I shouldn't feel sad, I expected things to be different".
- "I wish someone had warned me that this could happen".

Why are so many afraid to seek help and try to hide their feelings?

- May feel guilt and shame and fear the label "mentally ill".
- Health-care professionals may not recognize depression or anxiety.
- Partners, family and friends may not take their feelings seriously.
- Lack of understanding, information and fear of child protection issues.

Things That May Help

- Sleep when you can.
- Ask friends and family for help.
- Eat good and comforting foods frequently.
- Set achievable, manageable goals.
- Participate in baby groups. You may find peers in the same life stage.
- Exercise.
- Arrange for someone that you trust to care for the baby sometimes.
- Speak to a nurse, your midwife, your doctor, friend or counsellor, and ask for contact information for a postpartum support program.

Support is Available to You. You Can Call:

- Your family doctor.
- Your obstetrician or midwife.
- A social worker at your hospital.
- Ask for a medical referral to a psychiatrist.
- Healthy Babies, Healthy Children — speak to a Public Health Nurse (See Resource Section at the back of this booklet).

Sexual Health in Postpartum

Sexual Health After Childbirth

- The resumption of sexual activity after birth varies among individual couples.
- Many couples are anxious or fearful about resuming intercourse.
- Sexual intercourse may resume when bright red bleeding ceases (approximately 3–4 weeks), the vagina and perineal area is healed, and you are physically comfortable and emotionally ready.
- There is generally a decrease in the frequency of sexual intercourse after childbirth.
- Returning to pre-pregnancy sexual activity levels varies with couples and may take from a few weeks to a year.
- Sometimes you may find that you do not have much interest in sex after giving birth.
- Factors contributing to decline in sexual interest during the postpartum period: fatigue, stress, perineal/vaginal pain, breast tenderness, fear of pain, lack of opportunity, consuming care of infant, decreased vaginal lubrication, decreased sense of attractiveness.
- Perform Kegel exercises to strengthen your pelvic muscles.

Family Planning/Contraception

- As soon as you start having sexual intercourse, it is possible to get pregnant.
- A method of birth control should be used upon or before resuming sexual relations.
- Birth control is important to protect against pregnancy because the first ovulation is very unpredictable.
- Ovulation starts before your period, so lack of menstruation does not protect against pregnancy.
- No one method of birth control is suggested over the other, as there are many factors to take into consideration—what matters is that each couple is knowledgeable and safe in their actions.
- No method of birth control is perfect. Each couple must balance the advantages of each method against the disadvantages and decide which method they prefer.
- If you have further questions about your sexual health and birth control options, please talk to your health care provider at your postpartum visit to discuss what method is best suited for you and your partner.

Preventing Unwanted Blood Clots (VTE)

Blood clots can be an important part of healing for patients, but there are times when some blood clots can cause serious problems. We call this venous thromboembolism, or VTE.

Unwanted blood clots, or VTE, can happen to anyone who has mobility problems or has had recent surgery. Your body adapts in many ways during pregnancy. One adaptation is the increased clotting ability of your blood which protects you from any bleeding challenges of miscarriage and childbirth. For this reason the postpartum period is known to also present some risk, particularly if you have had surgery or are in bed for a period of time.

Unwanted blood clots in the legs (DVT) develop either above the knee or below it and can cause the following symptoms:

- Swelling in the leg or legs.
- Unexplained pain or tenderness in the leg.
- Increased warmth in the leg.
- Redness, paleness or blueness in the skin of the legs.

Unwanted blood clots in the lungs, also known as pulmonary embolism (PE), can cause sudden symptoms, including:

- Shortness of breath.
- Chest pain.
- Feeling faint, lightheaded, dizzy.
- Cough, sometimes with blood.
- Rapid heartbeat.
- Rapid or difficult breathing.

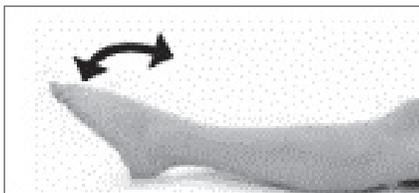
Your healthcare team will monitor and assess you for unwanted blood clots while you are in hospital. Sometimes medication is ordered for you and sometimes you will go home on this medication. You will also need to monitor yourself when you go home.

There are ways that you can help prevent unwanted blood clots too:

- Move your legs often, and walk as soon as your health-care team says it is safe to do so.
- Watch for signs and symptoms of unwanted blood clots.
- You can also do leg exercises to prevent VTE.

These exercises can help increase blood flow and prevent unwanted blood clots.

Exercise #1



- Point your foot and then pull it up.
- Do this 10 times every hour.

Exercise #2



- Lie in bed with your legs straight. Tighten the front thigh muscle of your legs while pressing the back of your knee down into the bed.
- Hold for 5 seconds, and then relax the leg.

Baby Care



Sleeping

0 to 3 Months

- Your baby may sleep for a significant portion of the day.
- They may sleep for 2 to 3 hours at a time.
- The sleep-wake cycle is usually driven by hunger.

3 to 6 Months

- Your baby may begin to sleep through the night.
- They may take two to three naps per day.
- The middle-of-the-night feeding will sometimes be eliminated around this age.

7 to 12 Months

- Total sleep decreases in the number of hours a day.
- Your baby may be able to soothe themselves to sleep.
- A short period of crying prior to falling asleep is not unusual.
- Your baby may start to develop an increasing awareness of separation.

Tips On Developing Healthy Sleep Habits

- Have a consistent space — bassinet/crib to sleep during the night/naptime.
- Establish a regular bedtime and naptime routine; i.e., warm bath/feeding/change of diaper.

Sleeping Safety

- Create a safe environment by choosing a sleeping arrangement for your baby that reduces the risk of Sudden Infant Syndrome (SIDS) and nurtures your baby in a family setting.
- “Infants are safest when placed to sleep in fitted one-piece sleepwear that is comfortable at room temperature and does not cause them to overheat”.

How to Reduce Risks of SIDS (Released by The Canadian Pediatric Society)

- Bed sharing is discouraged for the first year of life.
- It is safest to put your baby on their back to sleep.
- Your baby should sleep on a firm, flat mattress. Never elevate the crib mattress, never place a baby unattended on a water bed, feather bed, air mattress, sofa/couch, daybed or any other surface that is very soft.
- Make sure your baby does not get too warm. Use an age appropriate crib, cradle or bassinette that meets Canadian Safety regulation standards. Do not put bumper pads, sheep skin pillows, comforters and stuffed toys in the crib.
- Do not leave your baby alone on an adult bed or let other children sleep in the same bed as your baby.
- Do not allow your baby to sleep in a stroller, swing, bouncer, or car seat for extended periods of time.

Co-Sleeping — Infant Sleeps in the Same Room as Parent But in an Approved Crib or Bassinette

Advantages:

- May help lower the risk of SIDS.
- Facilitates frequency of breastfeeding.
- Parent and baby sleep cycles coincide.
- Recommended by the Canadian pediatric society for the first to six months.

Bedsharing — Baby Shares the Same Sleep Surface with Another Person, Usually a Parent

Advantages:

- Makes frequency of breastfeeding easier.
- Can help to calm unsettled baby.
- Less disturbing to a parent's sleep.

Disadvantages:

- Possible increase risk of smothering your baby. (This risk is higher if a parent has taken medications, recreational drugs or alcohol which may cause drowsiness or heavier sleep).
- Potential disruption of relationship with partner.

Safety Guidelines**Sleeping Equipment****Cribs**

- Check for manufacture date. Cribs made before September 1986 are dangerous as they do not meet current safety regulations.
- Make sure the frame is solid (drop-side crib model is not recommended).
- Tighten loose screws regularly.
- Make sure the sides lock into place.
- Always follow manufacturer's instructions for assembling and using the crib. Do not modify.

Mattress

- Make sure the mattress is tight against all four sides of the crib.
- Replace the mattress if it is not firm or if it is worn out.
- Move the mattress close to its lowest level as soon as the baby can sit up.

Bedding

- Do not use plastic sheets to protect the mattress as they can get in the way of breathing.
- Use fitted sheets for the crib mattress. Top sheets and blankets are not recommended because babies can become tangled in them.
- Stuffed toys should not be in the crib with your baby.
- Avoid products developed to help maintain sleep position such as rolls or wedges.
- For warmth, layer your baby in fitted clothing.

Swaddling

- Swaddling is a childcare practice that was traditionally used to keep a baby content, warm and asleep. More recently, experts have questioned whether the benefits of this practice outweigh the risks.
- Safe sleep recommendations suggest that a baby be placed to sleep in his or her crib on his or her back with no other blankets or comfort items.
- Although swaddling, if it is done well, can provide a snug and comforting environment for the baby, loose swaddling can unravel during sleep and can end up covering an infant's face. Your nurse will show you how to swaddle your infant while in hospital (ensure their arms/hands are closest to their face).
- Keep your infant at a good temperature, dressed in a sleeper and one other layer more than what you, as a parent, might wear to be warm in the sleep environment of your home.
- In the first days of life, we recommend skin to skin care to settle and comfort your baby. Skin to skin care of your baby will also benefit your breastfeeding, if this is your chosen method of infant feeding.

Holding Your Newborn Baby

To help your baby feel safe and secure:

- Support the head and neck with one hand, and the bottom and thighs with the other.
- Hold them close to your body.
- Move slowly and gently when putting them down to sleep. Put their head down first, and then gradually lay the rest of their body down. Remove one hand slowly, and then the other.
- Remember to never shake your baby or toddler.

Tummy Time

- Prevents positional flat head (plagiocephaly) often noted around two to three months.
- Skin to skin contact can encourage the development of neck and upper body strength in your newborn. Your baby loves to look at you from this position on your chest.
- Will encourage good head control and upper shoulder strength.
- With help, your baby will learn to roll and crawl.
- It is a time when your baby can look at pictures and toys to provide stimulation.

Your baby should be supervised while they are on their stomach. When your baby can turn on their own, there is no need to continue to place your baby in the back sleeping position. When baby is awake, allow for some tummy time.

Crying

- Crying is a baby's way of communication.
- It means "I'm hungry;" "I'm wet;" "I want to be held;" "I'm gassy."
- Crying usually increases at about two weeks and peaks at two months.
- Some babies have crying episodes, especially if they are over stimulated, such as when visitors are around.
- Crying episodes may happen around supper time and into the evening.

Tips to Calm Your Baby

- Try skin-to-skin contact.
- Try to evaluate the cause of crying, then take action: feed/burp, change diaper, ensure your baby is dressed appropriately.
- Reduce extra stimuli- keep lights low, move to a quieter spot or give your baby a warm bath.
- Talk softly, sing or play soothing music.
- Try gentle stroking of the skin over different parts of the head, limbs and body.

Managing Pain

- By using a behavioural pain assessment scale your nurse will assess your baby's pain score each shift and after any procedure.
- If you have chosen to breastfeed your baby the best prevention of pain during procedures is to have your newborn latched and suckling well prior to the procedure.
- Holding your baby (when possible) during procedures will also help with pain relief.
- If breastfeeding is not possible "sucrose" will be offered to your newborn prior to the procedure. Your nurse will explain how it is given and answer any questions you may have.
- Sucrose will not interfere with blood glucose levels nor will it interfere with breastfeeding success.
- If your baby is having a circumcision a local anaesthetic is used along with sucrose.
- It is not advised to use regular sugar at home as "sucrose" is not regular sugar you have in your home.

Diapering

- You do not need to wake your baby to change the diaper.
- Your baby may need their diaper changed every two to three hours or whenever you feed your baby.
- Wash hands before and after each change.
- Put your baby on a flat, soft surface, such as a change table/bed or on the floor.
- Keep one hand on your baby at all times. Never leave your baby unattended.
- Wipe the diaper area with a warm wet washcloth or baby wipes (non-scented).
- Pat the area dry or allow to air dry.
- Apply Vaseline only up until the meconium (the black tarry stool) changes to transition stool.
- Do not use powder or cornstarch. A puff of powder near the baby's face can cause choking or difficulty breathing.
- If your baby's umbilical cord stump has not yet fallen off, roll down the front end of the diaper so the stump is exposed to the air. This will keep the stump dry and less prone to infection.
- The cord will usually fall off on its own within 7 to 10 days.

To Clean a Girl

- Wipe from the front to the back to prevent germs from her bowel movement from getting into the urinary tract.
- Clean between the outer folds of the labia.
- There is no need to clean inside the vagina.

To Clean a Boy

- Wash area well and clean from front to back and under the scrotum.
- Do not pull the foreskin back when cleaning the penis.

Diaper Rash

It begins as red, inflamed skin and can lead to raw, open areas of skin. Rashes can be caused by:

- Irritation from dampness of urine or bowel movement on the skin.
- Reaction to soap, perfumes or oils.
- Yeast infection that can be spread from mother or from stool.

Steps to Avoid Diaper Rash

- Wash hands before and after changing diaper.
- Keep skin dry by changing diaper as soon as it gets wet or soiled.
- Do not use soap. Wash the diaper area with warm water and dry well.
- Avoid perfumed wipes.
- Give your baby as much "bare bum time" as possible, to allow it to air out.

Bowel Movement

- For the first two to three days, your baby's stool will be sticky, black and tar-like called meconium.
- Successive stool is transitional- looser and greenish-brown.
- Breastfed babies will eventually have loose, seedy-like golden yellow stool.
- Formula fed babies will have pasty, yellow to brown stool with a strong odor.
- There should be at least one or more bowel movements per day in the first week.

Urination

- Babies usually pass urine within 24 hours of birth.
- For the first three days of life, one to three wet diapers per day are normal.
- For the next four to six days, babies should have four to six wet diapers a day.
- A rusty orange stain on the diaper in the first to three day is normal. This is caused by uric acid crystals in the urine. Feed more often if crystals are still noticeable after the fourth day.

Nail Care

- The best time to care for your baby's nails is when they are relaxed or asleep.
- Use emery board or nail files. (do not clip them as this could cause unnecessary bleeding or abrasions).

Skin Care

To protect baby's thin and fragile skin:

- Avoid direct sunlight, especially in the warmer months and between the hours 11am and 4pm.
- Make sure a wide brimmed hat is used for protection in the summer.
- In the winter, cover up their skin as much as possible to prevent frostbite.

Eye Care

To help children maintain healthy vision, it is recommended to have their eyes examined at age six months, three years and then every 12 months or as recommended by your optometrist of age,. This will:

- Determine the health of the baby's eyes.
- Identify visual difficulties.
- Monitor visual milestones.

Vision continues to develop until approximately 10 years of age.

Eye Discharge

- Wash (from the inside corner of the eye outward, using a different piece of cloth for each eye) away using clean warm water on a soft washcloth.
- Gently wipe the yellow/greenish discharge out of your baby's eyes.
- Do this several times a day as necessary.
- If the above doesn't work bring your baby to the doctor.

Bathing

Have everything ready and within easy reach before you start.

- Never leave your baby alone in the bath, always keep at least one hand on your baby.
- Bath your baby from head to toe (clean to dirty, keeping the diaper area until last).
- It is not necessary to bathe your baby every day, two to three times a week is sufficient, whatever is best for your family schedule. Bathing before bedtime may help establish a bedtime routine.
- Try to avoid bath time when your baby is likely to be hungry.
- Avoid bathing immediately after a feed as your baby will be more likely to spit up.
- Always test the water temperature with your elbow or underside of your wrist. The water should be luke warm to warm (not hot).
- Never run the water directly from the tap while the baby is in the bath as temperature changes usually occur.
- The cord will get wet, after the bath allow it to air dry. No additional cleaning is generally required.
- After bathing, place your baby on the towel and pat dry, ensuring skin folds are dry.

Eyes/Face/Gums/Ears

- Wash the face using warm water only.
- Wipe eyes from the inner corner to the outer corner.
- Use a soft washcloth and clean only the outer part of the ear. Do not dig into the ear canal, especially with a cotton-tipped applicator.
- Wipe your baby's gums with a soft, clean cloth every day.

Scalp/Hair

- Lather up with mild soap or shampoo and rinse well.
- If scalp is crusty (cradle cap), rub in a small amount of non-perfumed oil then wash it off. Do not use shampoo.

Umbilical Cord

- Use a wet washcloth to gently clean around the base of the cord.
- Continue to gently clean the belly button for a few days after the cord falls off.
- Make sure the area is dry after cleaning.

Diaper Area

Wash this area last as it will be the least clean.

Dressing Your Baby

- Lay them down when you are dressing your baby.
- Guide their arm through each sleeve and likewise for their legs.
- Remember to dress them in one more layer than you would wear.
- Do not overdress.
- In the winter, your baby will need a hat to protect their head against heat loss.
- Use little booties and socks. Your baby doesn't need to wear shoes.
This might interfere with the normal development of the arch in your baby's foot.

Spitting Up

- In the first to third day you may see clear or slightly old blood tinged mucous which is normal.
- Spitting up is caused by an effortless regurgitation of milk due to immature action between the baby's esophagus and stomach.
- It may look curdled and will smell sour.
- Spitting up usually lasts till six months.
- It can be minimized by avoiding over stimulation following feeds and burping in the middle and the end of each feed Avoid tight diapers as they put pressure on the abdomen.

Hiccups

- Hiccups are common after crying or coughing in the first year of life and usually resolve on their own.
- To avoid, ensure that the baby is not eating too quickly or swallowing too much air.
- Burping may relieve this symptom.
- Keep baby warm, sometimes babies get the hiccups when they are cold.

Taking a Temperature

- A temperature can be measured with a digital thermometer under the baby's arm.
- A normal temperature is between 36.5C and 37.5C.

Danger Signs:

We advise you to seek medical attention for your baby with your primary health provider or your closest emergency department that cares for children, if any of the following symptoms occur after your baby is discharged.

- Your baby is no longer interested in feeding or is abnormally sleepy.
- Your baby's temperature remains greater than 37.5C or less than 36.5 degrees under the baby's arm.
- Your baby has not passed urine or stool in 24 hours in the first week.
- There is forceful vomiting of a large amount of spit up.
- There is green, brown or fresh red blood in the spit up.
- Your baby is gagging or coughing persistently.
- Has green foul smelling discharge around cord or circumcision site.

Points to Remember

- Never leave your baby unattended.
- Make sure a smoke alarm and a carbon monoxide detector are installed in your home.
- Never carry a hot drink and the baby at the same time.
- Never heat up breast milk or formula in a microwave.
- Vacuum often, and never leave small objects within baby's reach.
- Don't use bibs with ties(use Velcro), or hang pacifiers, a necklace or anything else around a baby's neck that may catch and strangle.
- Keep all plastic bags or wrapping out of reach and out of sight.
- Always follow the car seat safety guidelines provided by your nurse before your discharge whenever you travel with your baby. (do not add additional padding, head huggers etc- only use what is built into the car seat).
- No one should smoke inside your home. A smoke-free environment is important not only for your baby's health but also to reduce the risk of SIDS.
- Breastfeeding also helps to prevent SIDS.

Feeding Your Baby

Feeding your baby is one of the most important things you will do as a new parent. We support all choices of infant feeding. The bonding that occurs between the parents and their babies has been described as the foundation of a secure attachment, which impacts well-being throughout one's life.

Breastfeeding is a physiological way to meet the growth, developmental, psychological, physical and emotional requirements of a growing infant while supporting your own physical recovery from pregnancy and childbirth. However, we recognize that there are reasons why you may choose not to breastfeed, and that there are sometimes medical reasons that your baby may need to formula feed. We will always support your informed choices. Information about formula feeding is available upon request.

Please speak with your nurse about an appropriate feeding plan for your baby.

Skin to Skin, Feeding Cues and Frequency

Learning to feed your baby is easier when you cuddle skin to skin (baby naked down to the diaper, parent naked from the waist up) during and between feeds. Skin to skin:

- Allows your baby to hear your heartbeat, voice, and breathing, smell and feel your skin, and visualize your face better.
- Can stimulate your baby's reflexes to feed and you will recognize feeding cues more easily.
- Is very soothing and calming for both parents and baby which can make learning to feed easier and more enjoyable.
- If baby is cool, parents body will keep baby warm with a light blanket draped over the baby.
- If you are breastfeeding, this helps you produce more oxytocin and prolactin to increase milk production.

Feeding Cues: Responding to the earliest feeding cues will make things easier for you and baby, these signs are:

- Wriggling movements.
- Rooting.
- Sticking out the tongue.
- Small noises.
- Sucking on hands/fingers or blankets.
- Rapid eye movement under the eyelids.

These are all signs your baby is getting ready to feed, before he/she becomes hungry and upset. Crying is a late sign of hunger. Always feed your baby on cue, or every three hours (from start of feed to start of feed), whichever comes first — even if this means waking the baby up.

Breastfeeding

The World Health Organization (WHO) and Canadian Pediatric Society recommend that babies are breastfed exclusively for six months and continue breastfeeding to two years of age and beyond.

- Breast milk provides the perfect nutrients for your baby in the safest and most convenient way.
- Valuable protective antibodies in your breast milk, present from birth, protect your baby from illness.
- Breastfeeding and skin to skin contact between parents and babies offer opportunity for attachment and interaction.

Breastfeeding in the First 72 Hours

Positioning and Latch

- It is easier to practice breastfeeding in an upright position, sitting well supported in a chair.
- Lying on your side in bed is another option, this may take some practice and assistance because it is more difficult to see baby.
- Position your baby at breast height, tummy to parent, his/her bottom tucked in firmly, supporting the back of his neck and shoulders.
- Do not push on the back of the head. Babies dislike this and will push back or bite down on the breast. It also tends to push the chin down into the chest, making it more difficult to swallow.
- Using pillows for support and a footstool to raise your feet may also be helpful.

To latch your baby, invite them to the breast by:

- Tickling and teasing the space between the upper lip and nose with your nipple to encourage your baby to open wide. This is very important!
- Hand express a few drops of colostrum, so that your baby can be led by their sense of smell.
- Try not to chase your baby with the breast and do not insert your nipple into their mouth until they have opened wide, like a yawn. When the baby does open wide, bring them quickly and decisively to the breast, so that they get a nice big mouthful of breast tissue, not just nipple.
- Nipple feeding causes sore and cracked nipples (just one bad latch can do that!) and baby cannot get very much milk.

Try different breastfeeding positions. Choose a breastfeeding position that allows you to be relaxed and comfortable.



Cross Cradle Position



Cradle Position



Football Position



Side Lying Position

Tips:

For all positions make sure that you are comfortable with your back and arms well supported and your baby's tummy is facing you (place your baby on his/her side except in the football position. For the football position, place your baby on his/her back or slightly turned to your breast.

Knowing that Your Baby is Getting Enough

Signs of baby getting enough milk:

- Gives cues for feeding, every two to three hours.
- Breastfeeds eight to 12 times in 24 hours.
- Swallowing.
- Satisfied after feeding and sleeps for one to two hours.
- Appropriate number and (Adequate amount) of wet and dirty diapers.
- Gaining weight appropriately.

When you respond to baby's cues and allow unlimited access to the breast, you are meeting your baby's needs.

- Newborns tummies are tiny, about the size of a chickpea. Your baby will feed between eight and 12 times in 24 hours, sometimes even more frequently.
- When your baby is at the breast, you must ensure that they are drinking and not just sleeping or sucking to soothe. Active feeding has deliberate sucking motions and swallows.
- Swallows may be subtle in the early days, a ka-ka-ka sound or a change in the rhythm of the chin, with a suck, pause, chin drop and swallow pattern. Allow your baby to breastfeed as long as they want, offering both breasts, possibly for as long as an hour.
- Your baby should be satisfied after feeding and sleep for one to two hours. There are also times when babies feed more frequently and have long marathon feeds. This is called cluster feeding. It is baby's way of practicing and telling your body to make more milk. Skin to skin contact during this time is especially important. This often happens at 24 to 48 hours of age and again around 3 weeks of age when babies may have a growth spurt. It does not mean that you do not have enough milk. Your supply will increase with increased feedings. (please refer to Newborns second night)
- Wet and dirty diapers also help indicate adequate intake. In the first week of life most babies will have two to three wet diapers and one or more dirty diapers in 24 hours.
- After 48 hours, output often decreases as babies have finished peeing out all the extra fluid from in-utero and have passed meconium. This accounts for normal weight loss after delivery, up to 10% weight loss is acceptable for healthy, full term infants.
- Once your milk supply is in, babies should have at least six to 10 wet diapers a day and one or more dirty diapers
- Stools will become yellow in color and may have a seedy consistency.
- All babies lose weight and have reserves to deal with the small intake in the first few days. Pees and poos will pick up again once your milk volume increases, usually between two and five days after delivery. Baby's weight will also indicate good feeding. Most babies will regain their birth weight by two to three weeks of age and then continue to gain 15 to 30g per day for the first three months.
- After three months of age, weight gain slows. Filling in the newborn activity record will give you an overview of your baby's feeding and output.

Breastfeeding and Milk Production

- Colostrum is the first milk produced, starting in about the 12th week of pregnancy.
- It is stored and readily available at birth for your baby. Colostrum is rich in protein, maternal antibodies and low in fat.
- It varies in colour from clear to yellow to brownish green.
- It is easily digested and its laxative effect helps to clear the meconium, which is your baby's bowel movement from in-utero digestion.
- Colostrum protects your baby from disease and readies the digestive system for transitional and mature milk.
- Colostrum changes and increases in volume around day three or four.

Supply and Demand

The amount of milk produced depends on the amount of breastmilk removed, either by the baby, hand expression or pump.

- Frequency, duration and intensity of nipple stimulation increase milk production and cause the milk let-down.
- To stimulate and optimize your milk production, breastfeed within the first hour after delivery while your baby has the strongest suck reflex and continue to offer untimed and frequent breastfeeding whenever your baby shows cues to feed.
- Untimed and frequent breastfeeding increases your milk supply, and reduces your risk of becoming engorged with milk.
- The first few days are a practice time for the parent and babies. Breastfeeding parents are learning to recognize their babies feeding cues and their babies are practicing to latch effectively.
- This adaptation period after delivery may take three to four weeks for both new parents and babies may find it challenging.
- Breastfeeding does get easier with practice, patience and persistence. You and your baby will develop your own rhythm over the next several weeks and months.
- If you or your baby cannot breastfeed, hand expression and/or pumping can provide nipple stimulation to establish and increase milk production.
- An effective hospital-grade electrical breast pump can stimulate optimal milk production. These pumps are available to rent or purchase.
- Milk does not need to be warmed beyond room temperature. If you are feeding your baby expressed milk most of the time, the fresher the better.
- The following storage guidelines are for healthy, full term babies. If your baby is premature or in hospital, there may be different guidelines. If your baby is in the NICU, the Lactation Consultant from the NICU will be able to answer your questions.

Breastmilk Storage for Healthy, Full Term Infants

- 6 to 8 hours at room temperature.
- 5 to 6 days in the refrigerator.
- 3 to 6 months in the freezer, thaw overnight in refrigerator or in bowl of warm water, not in microwave. Use within 24 hours in the refrigerator or one hour at room temperature. Do not refreeze.

NICU – Breastmilk Storage for Preterm Infants

Type of EBM	Recommended Storage of EBM
Fresh EBM: At room temperature (21-25° C) Refrigerated ($\leq 4^{\circ}$ C)	≤ 4 hours ≤ 48 hours
Frozen EBM: Refrigerator freezer Chest Freezer (-20° C)	3 months 6-12 months
Hospital Grade Freezer (-70° C)	≥ 12 months
Thawing EBM:	Up to 24 hours in refrigerator @ $\leq 4^{\circ}$ C *** EBM should not be thawed at room temperature or in a microwave ***
Thawed EBM:	≤ 24 hours in refrigerator once thawed

Breast and Nipple Care

Healthy breasts and nipples do not need special care.

- The best treatment for sore nipples is a good latch and applying expressed colostrum or milk after feeding to your nipples and allowing them to air dry.
- A lanolin based cream that is safe for your baby may be applied sparingly to the nipples and not washed off. However, studies do not indicate that it heals the nipples more effectively than breastmilk.

Common Breastfeeding Concerns — seek help from a knowledgeable professional if you experience ongoing situations/conditions.

Sore Nipples

Breastfeeding is usually comfortable.

- Some new parents do experience some stretching discomfort or even pain at the nipple in the first few days of breastfeeding.
- Nipples are very sensitive right after delivery due to high levels of hormones.
- Cracked and bleeding nipples require a more thorough assessment.
- Infected breasts or nipples may require medication. If you are concerned that your breast or nipples may be infected, please speak to your doctor or your nurse.

Engorgement

Engorgement may occur in the first week.

- When your milk begins to be produced in increased volume, your breasts may feel hard, hot and sore. This can be lessened by frequent and thorough emptying of the breast.
- If it is difficult for your baby to latch onto your full breast, hand express some milk to soften the areola.
- After breastfeeding, pump or hand express if you are still uncomfortable, apply cold compresses. If you would normally take medications at home (such as acetaminophen or ibuprofen) for pain, these may help to manage your pain.
- It is very important to continue emptying the breast. If the breast remains engorged, this will begin decreasing your supply, call telehealth or the postnatal ambulatory clinic for advice.

Blocked Ducts

- This occurs when an area of the breast has a red, painful lump which decreases after feeding.
- Use gentle massage and warm, wet cloths to push the blockage through and thoroughly empty the breast. Also try massaging breasts in the shower.
- Different feeding positions may also be helpful.

Mastitis

A painful, sore, reddened area that does not respond to emptying of the breast may indicate mastitis, an infection of the breast.

- You may also have chills, fever and flu-like symptoms.
- It is most important to continue breastfeeding.
- Drink plenty of fluids, rest, take acetaminophen and/or ibuprofen for pain and fever, and continue breastfeeding on cue.
- If your symptoms do not improve or decrease in 24 hours, contact your doctor: you may need antibiotics.
- Your baby can continue breastfeeding even when you are taking antibiotics.

Foods and Medications

Babies' breastfeed all around the world and breastfeeding parents eat all kinds of food.

- No foods are discouraged during breastfeeding.
- Babies are individuals just like adults, and therefore may react differently to different foods.
- If you think a particular food is not agreeing with your baby, eliminate it for 10 to 14 days and then re-introduce it and see if the symptoms return.

- Cigarette smoking is discouraged. Nicotine does reach the baby via breastmilk; however, breastfeeding is still preferable to formula feeding, even if you smoke.
- No one should smoke in the same space or room as the baby.
- Many medications are safe to take while breastfeeding, with some exceptions. Chemotherapy and street drugs are contra-indicated while breastfeeding.
- Call Motherisk at 416-813-6780 to determine the level of risk of your particular medication. Benefits often outweigh the risks, so breastfeeding should be continued.

Supplementation

Supplementation may be required for medical reasons. If supplementation is required, please discuss with your nurse or your baby's doctor:

- expressed milk is the first choice for supplemental feeds. Research shows us that formula changes and damages an infant's digestive system. The digestive system plays an important role in protecting your baby from infection.
- Formula should be used when medically indicated and when the birthing parent's milk or donor milk is unavailable.
- Alternative feeding methods which interfere less with breastfeeding should be tried first.
- Lactation device at the breast, cup, spoon or finger feeding are ways to supplement your baby.
- When supplementation is required, hand expression or pumping for 10 to 15 minutes every two to three hours should be initiated to stimulate production and provide expressed milk.
- No amount of expressed milk is too small! Babies tummies are very small and amounts of supplement are determined by age and need, sometimes as little as 5 ml.

Normal Supplementation Volumes (these supplementation amounts are recommended per feed)

- 0 to 24 hours of age: 5 to 10 mL
- 24 to 48 hours of age: 10 to 15mL
- 48 to 72 hours of age: 15 to 30mL
- Over 72 hours of age: 30 to 50mL or more

Formula Feeding

Feed your baby when they show signs of hunger and stop feeding when they show you they have had enough to eat. You may want to offer smaller amounts at first; you can offer more if your baby is still hungry. (information handouts are available upon request)

- If you decide to formula feed; here are some things you need to know.
- Formula companies manufacture formula using breast milk as the gold standard.
- Formula does not contain many of the nutritional and immunological benefits of breast milk.
- Most formula products on the market are similar.
- If your baby is premature or in need of a special diet, a dietician will be consulted prior to discharge.
- Your baby's primary caregiver can offer a recommendation on formula choice.

Important information regarding the preparation of formula at home:

- When reconstituting formula always follow the directions on the package.
- We do not recommend powdered formula because it is not a sterile product.
- Concentrated liquid formula must be mixed with sterile (boiled) water.
- "Ready to Feed" formula must never be diluted.
- Always clean bottles with hot, soapy water, rinse well and then sterilize by immersing in boiling water for at least five minutes.

Remember, breastfeeding your baby is a gift that lasts a lifetime. Any breastmilk is preferable to no breastmilk. Patience, practice and persistence are key to overcoming challenges.

Guideline for Nursing Mothers Chart

<http://www.beststart.org/resources/breastfeeding/pdf/magneng.pdf>

Newborn's Second Night or at Any Time



Congratulations on your newborn baby! You have made it through your first 24 hours as a new parent! The first night is a gift. The second night, however, is something very different. In the first 24 hours, the baby easily fell asleep after feedings but now is very fussy and difficult to console.

A few things you should know about the Second Night Phenomenon:

- It usually occurs 24–48 hours after birth — so try to rest after the delivery to prepare yourself!
 - Baby wants to seemingly be on the breast/feed constantly.
 - Baby often falls asleep at the breast and wakes up once they are moved or placed in the crib. This is the most common time parents become concerned that the baby is sick, or that you “do not have enough milk”.
 - Second Night may also happen at home, particularly the night of return or the night after.
- Prolactin, which is responsible for making milk, is highest at night and increases with more frequent feeding; therefore nightly feeds are particularly important.
 - Provide skin to skin to facilitate adaptation to the new environment.
 - Fussiness might be a reaction to over-stimulation of the brain. Your baby may experience over-stimulation any time there is a change in her environment — siblings, pets., visitors.
 - The neurological system of a healthy, full-term newborn is immature not only at birth, but continues to develop throughout the first year of life.

So why do babies settle and fall asleep soon after placed on the breast?

- When baby starts to wake up that second night, they are disorganized, afraid, and want to return to the womb — what is familiar.
- Closest to the womb is the breast because it provides much of the same sounds as the womb.
- On the breast, baby is comforted by the parents breathing, heartbeat, scent, voice and even face (babies learn to recognize parent's face four hours after birth by associating the now familiar voice with your face!).

Some signs of over-stimulation:

- Irritability, inconsolability, facial grimace, frowning, closing eyes, arching of back, excessive alertness, worried expression, splaying fingers, stiffening and extending limbs and turning away from eye contact.
- Newborns with increased stress levels can also show signs of fatigue, yawning, hiccupping, coughing, regurgitation, tongue thrusting, vomiting, and touch aversion.

Helpful tips while in the hospital:

- Skin-to-skin, (preferably tummy-to-tummy).
- Hold your baby as often as possible you cannot spoil your baby.
- It is important to feed your baby on demand (when they want). If you are breastfeeding, frequent feeds stimulate your milk to come in!
- At night, the side lying position might be a useful position to breastfeed as you could rest at the same time. Ask your nurse for help to learn this position prior to going home.
- Decrease overhead lighting or utilize low lighting (ie. lamps).
- Limit the number of visitors.
- It is important that your support person is well rested as they can support you during those marathon feeds (see supportive partnering).

Newborn Jaundice

What is Newborn Jaundice?

Jaundice is very common in newborn babies. It can give the skin or the whites of the eyes a yellow colour. This yellow colour comes from bilirubin collecting in the baby's blood. Before the baby is born, the bilirubin is removed from baby's blood by the mother's liver. After the baby is born, it takes a few days for baby's liver to get better at removing the bilirubin from their own blood. While the liver gets better, bilirubin can collect in the blood. At this time, many babies develop jaundice.

Recognizing Newborn Jaundice

- Yellowing of the skin and whites of the eyes.
- Overly sleepy babies.
- Change in feeding pattern.

How You as a Parent Can Help Prevent Newborn Jaundice

- The risk of significant jaundice can often be reduced by feeding babies at least 8-12 times a day (every 2-3 hours) for the first several days.
- Monitor your baby's activity level; babies should be active and alert during feedings.

Why We Test for Newborn Jaundice

- Before birth, the placenta — nourishes the developing baby — removes the bilirubin from the infant so that it can be processed by the birthing parents liver. Immediately after birth, the baby's own liver begins to take over the job, but this can take time.

Treating Newborn Jaundice

Frequent feedings encourage more bowel movements, which helps remove bilirubin through the stools. Lots of skin to skin time will encourage an infant to feed more often.

Sometimes special lights are used on infants whose levels are very high. This is called phototherapy. These lights work by helping to break down the bilirubin. If your baby requires phototherapy your nurse will provide you with further information.

In extreme circumstances additional therapy may be necessary.

Seeking Medical Attention

All babies should be examined by a health care provider within two to three days of discharge and have jaundice levels checked if deemed necessary.

Supportive Partnering



Being an active parent opens a new world of love and affection. Although the birthing parent carries the baby throughout the pregnancy, gives birth to the baby and can breastfeed, you as the partner have an incredibly important role to play in being the support person.

Ask how you can support them; treat them with kindness, affection and admiration

- Ensure you and your partner are well-nourished and well rested. This could include making sure that visitors are not staying too long and that there are not too many at the same time.
- Share in the baby care and the household chores.
- Encourage and support your partner as they take on their new role. Let them know you appreciate their dedication

- Sit with them during feeds to provide comfort, understanding, and encouragement.
- Support your partner with managing their pain

Babies get their sense of security and love from having their needs met promptly and from how they are touched and handled. Remember to bond with your baby: Skin to skin care is a great way to bond with your baby, it relaxes both of you.

Babies do not cry for exercise, or to make you mad; they are simply communicating their needs. When you respond to your baby's cries, they feel safe and develop trust in having their needs met. When babies feel secure, they are able to invest their energy in growing and developing.

You will come to understand your baby's crying signals.

You will also learn ways to soothe your baby:

- "I'm lonely" — hold them and use your voice to calm them.
- "I'm overloaded" — give baby a break from people and play. Take baby to a quiet place.
- "I'm bored" — change position, take baby for a walk, talk, read, or sing to them.
- "I'm tired" — rock baby to sleep.
- "I'm hungry" — feed your baby.
- "My tummy is upset" — burp your baby. Try different comforting positions.
- "I'm wet" — change their diaper. Treat a diaper rash as it is painful.
- "I'm cold" — if feet or hands feel very cold, try skin to skin, add socks or another layer of clothing.
- "I'm hot" — if their face is red and they feel very warm, and the back of the neck is sweaty, remove extra clothing.

Sometimes you will need a break:

- Find somebody you can trust to watch the baby and take a little walk with your partner.

Looking after your relationship is very important:

- Remember that your partner might not be ready to resume intercourse for a number of weeks after the birth of your child. Talk to your partner about this.
- Recognize changes in your partner and encourage communication to show your interest, excitement or concern.

Being a parent can be overwhelming:

- Talk to your partner about your feelings. You may be surprised that they have many of the same worries.
- Share your emotions with a close friend.

Although babies are carried by your partner, they can hear your voice and get used to the sound.

Hold your baby and talk to your baby to continue to develop this bond.

Patience, Understanding And Open Communication Are Very Important.

Resources for Parents and Families

Need Help Finding a Family Doctor or Pediatrician?

- Visit: www.cpso.on.ca

Interested in Taking an Infant and Child CPR Course?

- **Mount Sinai Hospital**, (416) 586-4800 ext. 2307 or email prenataled@mtsinai.on.ca
- **Saint John's Ambulance**, www.sja.ca/Pages/default.aspx
- **Red Cross**, www.redcross.ca/article.asp?id=000005&tid=003
- **Emergency Response**, www.ert-cpr.com/courses.html

Support Phone Lines and Websites

1. **Toronto Public Health**, 416 338-7600
Healthy Babies Healthy Children, Translation Services available, 416 392-0658
www.toronto.ca/health
2. **Public Health Units by Region**
www.alphaweb.org
3. **Motherisk**, 416-813-6780 (Mothers help line)
www.motherisk.org
4. **Telehealth**, 1-866-797-0000
110 languages and direct TTY number, 1-866-797-0007
www.health.gov.on.ca/en/public/programs/telehealth/tele_faq.aspx
5. **Ontario Early Years Centres – Locations**
<http://www.children.gov.on.ca/htdocs/English/topics/earlychildhood/index.aspx>
6. **Postnatal Ambulatory Clinic (PNAC)**, 416-586-4800 ext. 7409

Health Resources and Supports

1. **Canadian Pediatric Society**
www.caringforkids.cps.ca
2. **Kids Health**
www.kidshealth.org/parent/system/index.html
3. **Public Health**
<http://www.publichealth.gc.ca>
4. **Health Canada**
<http://www.hc-sc.gc.ca>
5. **The Hospital for Sick Children**
<http://www.aboutkidshealth.ca>
6. **Ontario Association of Optometrists**
<http://www.eyecareoao.com>
7. **The Bilingual Online Ontario Breastfeeding Services**
<http://ontariobreastfeeds.ca>
8. **The Rogers Hixon Ontario Human Milk Bank**
<http://www.milkbankontario.ca>
9. **Breastfeeding Information**
<http://breastfeedinginfoforparents.ca>

10. **For Breastfeeding Support:**

- **Mount Sinai Hospital Postnatal Ambulatory Clinic**, 416-586-4800 ext. 7409
- **Telehealth**, 1-866-797-0000, 110 languages and direct TTY number 1-866-797-0007
www.health.gov.on.ca/en/public/programs/telehealth/tele_faq.aspx
- **Breastfeeding Online**, www.breastfeedingonline.com
- **La Leche League**, 416-483-3368, www.lalecheleaguecanada.ca
- **Newman Breastfeeding Clinic and Institute**, 416-498-0002,
www.breastfeedinginc.ca, breastfeedinginfoforparents.ca, ontariobreastfeeds.ca

11. **For Postpartum Depression Support:**

- **Postpartum Support International**, www.postpartum.net
- **Our Sisters' Place**, www.oursistersplace.ca
- **Mental Health Service Information Ontario (MHSIO)**, 1-866-531-2600, www.mhsioon.ca/index.html#
- **Mount Sinai Ambulatory Perinatal Mental Health Program**, OPG 8th floor, 416-586-4800 ext. 8325
- **A Maternal Support Program, Women's Health Centre**, St. Joseph's Health Centre, 30 The Queensway, Toronto, 416-530-6850, www.stjoe.on.ca
- **The East Toronto Postpartum Adjustment Program**, South Riverdale Community Centre, 955 Queen Street East, 416-469-7608, www.srchc.ca/program/postpartum-adjustment-program
- **Pacific Postpartum Support Society**, www.postpartum.org

A listing of PPD support groups in Alberta, British Columbia, Quebec and Ontario.

- **Toronto drop in womens support group**, 36 Eglinton Ave West, Suite 602, 416-486-8046, <http://mooddisorders.ca>
- **Women's Health Matters**, www.womenshealthmatters.ca/centres/pregnancy/newborn/emotional_health.html
- **Canadian Mental Health Association**, www.camh.ca
- **Women's Health Concerns Clinic, St. Joseph's Healthcare Hamilton**, www.stjosham.on.ca (search postpartum depression)
- **Online PPD Support Group**, www.ppdsupportpage.com

Government Sites

1. **Government of Ontario**

This site provides resources on parenting, staying healthy and other topics that affect your family's well being. Other resources include information on financial assistance and other services the Ontario government offers to help families. Also, access information on OHIP/Birth Certificate/SIN card/Child and Family Benefits/Ontario Child Care Supplement for Working Families.

www.ontario.ca/en/communities/families/index.htm?openNav=residents

2. **Service Ontario** – Registering the birth of your baby, applying for the birth certificate, Social Insurance Number and applying for Canada Child Benefits

www.serviceontario.ca/newborn

3. **Public Health Agency of Canada**

www.phac-aspc.gc.ca/chn-rcc/index-eng.php

4. **Transport Canada – Child Safety**

<http://www.tc.gc.ca/eng/roadsafety/safedrivers-childsafety-index-53.htm>

5. **Ontario Ministry of Health and Longterm Care**

www.health.gov.on.ca/en/

<http://healthycanadians.gc.ca/healthy-living-vie-saine/sleep-sommeil/cribs-berceaux-eng.php>

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