

Getting ready for childbirth at McMaster



**A guide for pregnant women
and their families**

Getting ready for childbirth at McMaster

Reading this book can help you learn about childbirth and know what to expect when you come to the hospital.

Each time you visit your doctor or midwife, or come to the hospital, please bring:

- ✓ This book
- ✓ Your Ontario Health Card
- ✓ The medications you take in their original pharmacy containers. This includes prescription and 'over the counter' medications, vitamins and herbal products.

What to have ready for baby	Where to find information
<input type="checkbox"/> Two bags packed with what you will need at the hospital	Page 16
<input type="checkbox"/> Before your baby is born, arrange for a health care provider to care for your baby.	Page 37
<input type="checkbox"/> A rear-facing infant car seat (if you plan to drive home from the hospital)	Page 38
<input type="checkbox"/> A safe place for baby to sleep	Page 40
<input type="checkbox"/> Safe clothes for baby	Page 43

Inside this book

	Page
Chapter 1 – Welcome to the hospital	1
Your care at the hospital	2
The Women’s Reproductive Health and Newborn Care Program	6
Hospital services	11
Chapter 2 – Labour and birth	13
Getting help during your pregnancy	14
When to come to the hospital	15
Learning about labour	18
Vaginal birth	25
Cesarean birth	26
Delayed cord clamping	28
Holding your baby skin-to-skin	28
Your baby’s care in Labour and Delivery	29
Getting up safely after childbirth	30
Going to Ward 4B or 4C	30
Chapter 3 – After your baby is born	31
Nursing care for you and your baby	32
Breastfeeding your baby	33
Your moods and feelings	35
Preparing to take your baby home:	37
Follow-up care for your baby	37
Getting a safe car seat for your baby	38
Preparing a safe place for your baby to sleep	40
Choosing safe baby clothes	43
Continuing your learning	44

Chapter 1 – Welcome to the hospital

In this chapter you will learn about:

- Your care at the hospital
- The Women's Reproductive Health and Newborn Care Program
- Hospital services



Your care at the hospital

Family centred care

Welcome to the Women's Reproductive Health and Newborn Care Program. We provide family-centred care. This means that you, your baby and your family are the focus of our care.

We care for you together, so that you and your family can form a strong bond with your baby.

There are times, however, when health concerns arise and we need to care for a mother and baby separately.

We encourage your partner and/or support person to help and support you during your hospital stay.

A team approach

A team of people will provide your care. We will work together to meet your needs.

The members of your health care team include:

- You, your partner support person and family
- Health care providers such as your doctor or midwife, nurses, lactation consultants, nurse practitioners, physician assistants, social workers, dietitians and public health nurses
- Support staff such as business clerks and environmental aides
- Supervised students and health professionals in training



Safety First

Expect all staff to introduce themselves.

Each staff member wears a hospital identification badge with their photo on it.

Be involved in your care

We encourage you to be an active member of your health care team.

You can be involved by:

- Sharing information about your health
- Telling us your wishes, such as how you would like your support person and family members to be involved in your care
- Learning about your health and taking care of yourself
- Learning about your baby's health and taking care of your baby
- Letting us know what information or help you need

We encourage you to ask questions at any time. We want you to have enough information and support to feel comfortable making health care decisions for you and your baby. If you do not understand part of your care, please ask again.

As you read through this book, write down your wishes, plans and questions. Discuss them with your health care providers during pregnancy and when you come to the hospital.

You will need to keep your birth plans flexible as things do not always go as planned.

Learn about pregnancy and childbirth

We encourage you to take prenatal classes early in your pregnancy.

- In the Hamilton area, call **Public Health Services** at **905-546-3591** for information about prenatal classes. They offer classes for teens, singles and adult couples, and an online prenatal program.
- Outside the Hamilton area, call your local Public Health Unit.



To learn more about pregnancy, labour, birth and newborns - visit the "O Mama" website at www.omama.com or download their mobile app.

Communication

For us to work well as a team, communication is very important. We welcome your comments and questions at any time.

We will protect the privacy of your personal health information. The members of the health care team only share information as needed, to provide the best care for you and your baby.

We use Language Line Services to help people who have a limited understanding of English. The patient or family member and health care provider talk to each other over the phone with the help of a professional interpreter.



It is also helpful to bring another adult with you who understands English to help with interpretation.

We are a fragrance restricted hospital

- Many of our staff and patients have asthma and allergies.
- Please do not wear or bring perfume, cologne, aftershave, scented hairspray or other scented products.

We are a smoke-free hospital

- Smoking is not allowed anywhere on the hospital grounds, including parking lots, garages and vehicles.
- We appreciate your co-operation in providing a safe and healthy environment for everyone.



If you would like help to quit smoking:

- Talk to your health care provider
- Call Smokers' Helpline at 1-877-513-5333 or visit www.smokershelpline.ca
- Call the City of Hamilton Tobacco Hotline at 905-540-5566

Your hospital bill

If you have a valid Ontario Health Card

Some patient services and equipment are not fully covered by the Ontario Health Insurance Plan (OHIP).

For example, there are extra charges if you:

- arrive by ambulance
- request preferred accommodation (semi-private or private room), as well as our beautiful Victorian Room (which is a charge above a private room)
- require an electric breast pump kit

**Please ask ahead of time
about the costs**

You may have employment benefits or private health insurance that covers some or all of these costs. It is your responsibility to contact your insurance company to confirm your coverage. Be aware that coverage may change year to year.

Please note: You will be billed for any charges not covered by OHIP or your insurance company. See payment options below.

If you do not have the Ontario Health Insurance Plan (OHIP)

You will be responsible for all costs related to your care, including your accommodation. Please have a credit or debit card available on the day you leave the hospital. You will be expected to pay your hospital bill at the Cashier's Office before you leave (located on the 2nd floor). If you are unable to do so, you will receive an invoice in the mail within 5 business days.

Payment options

Online	www.hamiltonhealthsciences.ca Click on Pay-A-Bill
By mail	Hamilton Health Sciences Finance Department - P.O. Box 2000 1200 Main Street West Hamilton Ontario, Canada L8N 3Z5
By credit card	Call Patient Accounts at 905-521-2100, ext. 77000 Patient Accounts is open Monday to Friday from 8am to 4pm
At a financial institution	Pay in person, through a bank teller

The Women's Reproductive Health and Newborn Care Program

Maternity Registration Package

Your obstetrician or midwife will give you this package. It contains the forms and information you need to register to have your baby at McMaster. Please follow the instructions printed on the envelope.

Forms	<p>Hamilton Health Sciences Pre-Admission Registration</p> <ul style="list-style-type: none">• Please mail your completed form to the hospital as soon as possible, using the envelope provided. Accurate information at registration will help to avoid an unnecessary hospital bill.• If you need help with this form, call the Preferred Accommodations Co-ordinator at 905-521-2100, ext. 75107. <p>Pre-operative Patient Questionnaire – Adult</p> <ul style="list-style-type: none">• Bring the completed form with you to Labour and Delivery or whenever you come to the hospital. Present this on arrival.
Information	<p>Getting help during your pregnancy</p> <ul style="list-style-type: none">• Please review this card with your doctor or midwife. Keep this important information close at hand. <p>Getting ready for childbirth at McMaster</p> <ul style="list-style-type: none">• Please read this book, written by your health care team. The information will help you prepare you for your stay in the hospital.

Depending on your needs, your doctor or midwife may feel you would benefit from having an appointment at the hospital before your labour and birth.

Entering the hospital

If you need to come to the hospital during the night, please remember that **the hospital entrances are locked between midnight and 5 am.** During this time, you must enter the hospital through the Children's Emergency Department entrance. If you park in the underground garage, park by the red elevators. You can use the elevators 24 hours a day,



To protect mothers and babies, the doors to Labour and Delivery are locked at all times.

Please use the phone in the entrance hallway to Labour and Delivery to ask staff to let you in.

Please be aware that there is video surveillance at the hospital.

Clean your hands

Handwashing is the best way to stop the spread of germs that could cause illness or infections.

You can wash your hands with soap and water, or use an alcohol-based hand rub (hand sanitizer).



Everyone must wash their hands:

- when entering and leaving each unit or ward
- when entering and leaving a patient's room
- before and after touching or caring for a baby



You can expect all staff to wash their hands before caring for you. If you do not see them clean their hands, please remind them to do so.

Labour and Delivery Triage Unit

During pregnancy or labour, you may need to be assessed. This is done in the Labour and Delivery Triage Unit. Labour and Delivery is located on the 4th floor in the red section.



Call 905-521-5050 for the Triage Unit.

Please call before coming to the hospital so that we can get ready for you.

The health care providers will decide if you need to be admitted to the hospital. Many women go home from the Triage Unit if they are in early labour and return when their labour has progressed.

If you are scheduled for a cesarean birth, you will come here on the day of surgery to be admitted to the hospital.

Labour and Delivery Unit

The Labour and Delivery Unit has:

- 8 labour/birthing rooms
- a tub room
- 2 operating rooms

Our birthing rooms are a comfortable, home-like setting for your birth. Each room has a birthing bed, a bathroom and shower.

Taking pictures

You are welcome to take pictures before and after your baby's birth. During the birth, you are not allowed to use your camera or video equipment.

To protect the privacy of our staff, please **ask their permission before taking their picture** or including them in your video.

Visiting in the Labour and Delivery Unit

Your partner or support person can be with you in the Labour and Delivery Unit to help and support you through your labour and birth.

You may have one other support person with you if you wish during this time. In some situations it may be necessary to change to a different support person during labour.

If you plan to have your children with you during labour, discuss this with your doctor or midwife during your pregnancy, before you come to the hospital.

- Help your children prepare for this experience. Talk with them about where they will go and what they will see and hear.
- At the hospital **there must be an adult, other than your partner or support person, with the children at all times.** The hospital does not provide childcare services.

Important to remember:

- We ask that all visitors be in good health. If your visitors are not feeling well, please tell them not to visit. This includes symptoms such as cough, fever, runny nose, sore throat, diarrhea or vomiting.
- Visiting guidelines may change in certain situations. Please talk with your nurses.
- There may be times when no children or only 1 visitor can visit for infection control reasons.

Wards 4B and 4C

Ward 4B and 4C are located on the 4th floor in the red section. The staff on these wards provide care to:

- women before delivery who have health risks or develop complications with pregnancy
- women after childbirth and their babies

We will provide your meals. If you would like to prepare something for yourself, use the self-serve kitchen on Ward 4C. There is a microwave oven, refrigerator, hot water dispenser and an ice machine. Please put your name and the date on any food containers you put in the fridge.

On Ward 4C, mothers and babies stay in the same room together, 24 hours a day. This helps families get to know one another. This is the best time to learn to feed and care for your baby, with help from your partner or support person.



Safety First

LATEX (rubber) balloons are NOT permitted in the hospital.

Latex balloons can cause serious allergic reactions in some people. Only shiny MYLAR balloons are allowed.

Neonatal Nurseries

If your baby needs special care, they may go to one of the Neonatal Nurseries. They care for babies who are sick, premature, need surgery or have other health needs.

The care in these nurseries is also family-centred. You and your family will join your baby's health care team and take part in your baby's care.

Please be aware that additional precautions may be needed to protect the health of babies who need special care. All visitors must be healthy and we will review your children's immunizations before they can visit.

There may be times when we need to restrict visiting in the Neonatal Nurseries. Your nurse will let you know if this happens.

Hospital services

Phones and television

There are pay phones at the entrance to 4C and in the family room. You can rent a bedside phone and/or television from Hospitality Network. Information about this service is at your bedside.

Wireless internet service

Patients and visitors can access wireless high speed internet by connecting to our i-visitor network, powered by Cogeco. Your device will scan and notify you that the HHS i-visitor network is available. Connect to the i-visitor network, log in and choose which plan you wish to purchase.

Gift Shop

McMaster Give Shop is located on the 2nd floor, just inside the main entrance to the hospital. Call ext. 75346.



Pharmacy

The McMaster Drug Store is located on the 2nd floor, beside the main entrance to the hospital. If you have a prescription, you may want to get it filled here before you leave the hospital.

The pharmacy has many items for new mothers, such as:

- breast pumps and breast pump kits
- sanitary pads
- ladies disposable mesh underwear

Parking

For current information about parking rates and long term parking options go to www.hhsc.ca and click on “Parking & Directions”.

You can buy long term parking passes at the Parking Office located in the underground parking garage, red section by the Main Street exit.

Phone: 905-521-2100, ext. 76156
Email: parkingoffice@hhsc.ca
Office Hours: Monday to Friday, 8 am to 8 pm
Call for weekend and holiday hours

Chapter 2 - Labour and birth

In this chapter you will learn about:

- Getting help during your pregnancy
- When to come to the hospital
- Learning about labour
- Vaginal birth
- Delayed cord clamping
- Cesarean birth
- Holding your baby skin-to-skin
- Your baby's care in Labour and Delivery
- Getting up safely after childbirth
- Going to Ward 4B or 4C



Getting help during your pregnancy

If you have a medical emergency: call 911



**EMERGENCY
CALL 911**

Examples of medical emergencies include:

- heavy bleeding from your vagina
- a seizure
- you feel like your baby is coming now or you feel like pushing
- you feel that there is something in your vagina or between your legs
- sudden or constant pain in your belly (abdomen)

If you have questions or concerns that are not urgent:

If you need medical advice, call your family doctor, midwife or obstetrician's office. Other hospital staff cannot give you medical advice over the phone.

My doctor, midwife _____

or obstetrician _____



Safety First

**If you are concerned about you or your baby,
it is best for you to come to the hospital to be seen.**

Please call the Labour and Delivery Triage Unit at **905-521-5050** before coming to the hospital so that we can get ready for you.

When to come to the hospital

Come to the Labour and Delivery Unit when:

- your contractions (labour pains) are regular or uncomfortable
- your water has broken
- you have bleeding from your vagina
- your baby is moving less or not at all
- you have a severe or constant headache, blurry vision or you see spots before your eyes
- you have been in a car accident, fallen or you have been injured – even if you think it is minor
- you have any **signs of preterm labour when you are less than 36 weeks:**
 - **regular** contractions or tightening of your uterus
 - cramps like a period or a low, dull backache



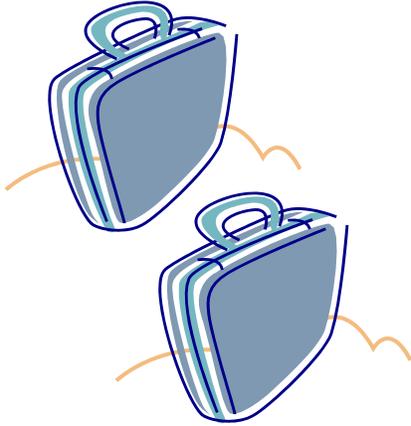
Please call before coming to the hospital so that we can get ready for you.

Call the Labour and Delivery Triage Unit at 905-521-5050

Directions to Labour and Delivery:

1. Park in the visitors' underground parking garage near the red elevators.
2. Take the elevator to the 4th floor.
3. Turn left and follow the signs to Labour and Delivery.

Packing for the hospital



You will not know when labour will start, so it is best to get ready a few weeks before your due date.

Pack one bag with the things you will need for you and your partner or support person during labour.

Pack another bag with what you will need for your hospital stay after your baby is born. Keep this bag in the car until needed.

A checklist of what to bring to the hospital is on the next page.

There are a few things you should NOT bring:

- **Do not bring anything made of latex**, such as your exercise or birthing ball, or latex balloons. Latex causes serious allergic reactions in some people.
- **Do not wear or bring scented products to the hospital**, such as perfume, cologne, aftershave, scented lotions and hair products. The chemicals in scented products can cause health problems for some people.
- **Do not bring baby powder or talcum powder**. These powders affect the air we breathe and our smoke detectors.
- **Do not bring a lot of money or valuables**, such as jewelry and credit cards. The hospital is not responsible for lost or stolen items.

What to bring to the hospital

You will need

	Ontario Health Card and other insurance information
	Medications you take regularly in labelled pharmacy containers
	A pen
	A limited amount of money for telephone, parking etc.

For you and your partner during labour

	Lip balm
	Camera, if you wish
	Non-slip footwear
	Large t-shirt or loose, comfortable clothes
	Books, magazines, CDs, etc.
	Personal care items and snacks for your partner
	A bathing suit for your partner, if you and your partner plan to use the tub during labour
	Pillow with a non-white pillowcase
	Long, maxi or super absorbent sanitary pads and 3 to 4 pairs of comfortable full-brief underwear
	Comfortable clothes and a blanket for your partner

For your hospital stay

	Soap, shampoo and deodorant (unscented)
	Toothbrush and toothpaste
	Long, maxi or super absorbent sanitary pads and 3 to 4 pairs of comfortable full-brief underwear
	Box of tissues
	Nightgown, bathrobe, underpants and bra (a supportive bra that opens easily is best for breastfeeding)
	Comfortable clothes or maternity clothes to wear home, clothes that open at the front are best for breastfeeding

For your baby

	Baby sleepers and newborn diapers (at least 20) to use in hospital
	Diapers, undershirt, sleeper and hat for taking baby home Do not take the hospital blankets home
	A rear-facing car seat that meets all safety standards (see page 38)

Pack 1 bag for labour and delivery

Pack separate bag for hospital stay

Learning about labour

Most women begin labour between 37 and 41 weeks of pregnancy. It is a good idea to be ready a few weeks before your due date.

Ask your doctor or midwife for instructions about when you should go to the hospital.

Signs that your body is getting ready for labour

You may or may not notice these signs.

Your baby drops lower

Up to 4 weeks before labour, the baby moves down into your pelvis. This is called lightening or engagement. If you have had a baby before, this may not happen until you are in labour. This may make breathing feel easier. You may feel some pressure or feel as if you need to pass urine (pee) more often.

You have a mucous discharge from your vagina

Early in pregnancy a plug of mucous forms in the cervix. As you get closer to your due date, your cervix begins to soften and open slightly. This often causes the mucous plug to come out. When this happens, you may notice a mucous discharge from your vagina. The discharge may be clear or have a small amount of blood. If the discharge looks more like blood or water, call your doctor or midwife right away.

You have irregular contractions

Your uterus may start contracting by getting tight and then relaxing. This may feel like cramps during your period. When the contractions become regular or get closer together, you may need to go to the hospital.

Inducing labour

Inducing labour means getting your labour started before it begins on its own.

Some reasons why labour may need to be started are:

- you are past your due date
- your water has broken but labour has not started
- your baby needs to be born soon because of changes to your health or your baby's health

Labour can be started by:

- putting a hormone gel near your cervix
- gently stretching or lifting the membranes off the cervix
- breaking (rupturing) the membranes
- giving an intravenous medication called oxytocin
- putting a thin tube called a catheter into your cervix

Sometimes, more than one method is needed to get labour started.

Your doctor or midwife will discuss the reasons for inducing your labour, the method that is right for you and the risks and benefits.

Eating and drinking during labour

When you are in early labour at home you may eat and drink whatever you feel like or your diet allows. When you are in the hospital you may drink clear juice or ice water, or suck on popsicles or ice chips. If you do not feel like eating, you should still drink water or clear juice. Some women feel sick and may vomit during labour.

Having a support person during labour

Research shows that women who have a support person do better during labour and feel more confident.

You may choose anyone you wish to be your labour support person. You and your support person will work closely with your nurse and doctor or midwife during your labour and birth.

Your support person can:

- help you find comfortable positions
- breathe with you to keep you focused
- rub your back or use massage to help you relax
- reassure and encourage you



Making yourself comfortable in labour

There are many ways to relax and find comfort during labour at home and in the hospital. Before labour begins, practise some of these methods so you and your support person will be ready. Your doctor, midwife or nurse can help you decide which pain relief methods may work best for you.

Prenatal classes can help you understand your choices during labour and delivery. You will learn and try out pain relief methods that may help you during the birth.

**Each woman feels discomfort or pain
and copes with it in her own way.**

In the next few pages we describe the most common ways of relieving discomfort and pain in labour. If you would like to try other methods of relieving pain, please discuss your plans with your doctor or midwife before you go into labour.

Walking and changing positions

Moving about and changing your body position may help control pain and speed up labour. Research has shown that women who are upright in the first stage of labour have less pain and do not need as many pain medications or epidurals.

You can try:

- walking or standing
- sitting or squatting
- kneeling on your hands and knees
- using a birthing ball

You can bring your own ball if it is in its original package and labelled latex-free. Also bring the device used to inflate it.



Using heat

The stress of labour can cause muscles to become tight. Heat may help relieve pain by helping you relax and feel less stress.

You can try:

- a warm bath or shower
- a warm blanket or compress

Using cold

Cold can help relieve or lessen back pain from labour by numbing the pain.

You can try:

- a cool shower
- a cool cloth
- a cold compress

Using touch and massage

Touch and massage help lower stress. Less stress helps your labour progress and helps you cope with discomfort.

You or your support person can try:

- light stroking and hand holding
- massage



Using distraction

Thinking about something can distract you from thinking about labour pain.

You can try:

- changing your breathing patterns
- thinking about something calming
- concentrating on a picture or object that is special to you
- meditating
- listening to music - there are some CD players available

Using TENS: Transcutaneous Electric Nerve Stimulation

TENS is simple and easy to use. First, small pads are placed on your back. Then, a low voltage electrical current is passed across the pads. Your body responds by making its own natural pain relieving substances, called endorphins. As contractions become more painful, the amount of electricity can be increased.

You can use TENS in the Labour and Delivery Unit. If you wish to use it at home, you can rent a TENS unit from a home health care store.

Taking medication for pain

Medications can be safely used to relieve labour pain. If you are considering pain medication, the doctor or midwife will discuss the risks and benefits of different types of medication.

Having an epidural

An epidural uses medication to block the pain of your contractions. Medication is injected outside the nerves coming from the spinal cord. This blocks the pain messages to your brain. An epidural can be used during labour and birth.

A doctor, called an anesthesiologist, explains the risk and benefits of having an epidural and answers your questions. An epidural can be used when you have regular contractions and your labour is progressing. Before the epidural is started, your blood tests will be reviewed and an intravenous will be put in your arm. The area on your back where the epidural needle will be inserted will be “frozen” or numbed with a local anesthetic.

While the epidural needle is being put into your back, you will need to lie on your side or sit up in bed. Your nurse will stay with you during the procedure. You may feel some pressure in your back while the epidural is inserted. Usually it does not hurt. However, you may feel a quick jolt when the epidural catheter (a very thin tube) is inserted.

When the epidural is in place, medication can be injected through the tube. It takes about 20 minutes for the medication to work. You should know that the epidural may not take away all your pain. Medication can be injected through the tube whenever you need it, or given continuously by a pump.

Epidural pain relief in labour is very safe. The epidural will not harm your baby. Serious problems from epidurals are very rare, and doctors and nurses are fully trained to monitor and treat complications. If you have questions about the risks or side effects, please talk with your doctor, midwife or the anesthesiologist.

While the epidural is in place, you will have less feeling below your belly button and less movement in your legs.

- You will need to stay in bed and wear a monitor belt that measures your baby's heart beat and your contractions.
- Your nurse may need to put a thin tube called a catheter into your bladder to drain urine (pee).



Safety First

Prevent falls!

When you have an epidural, it is not safe for you to get out of bed by yourself. Use your call bell and a nurse will come to help you

Your nursing care during labour and birth

The nurse and doctor or midwife will:

- go over your medical history and medications
- review your birth plans
- assess you and discuss the plans for your care

A blood sample will be taken from your arm. If you are in the early stages of labour, the nurse will encourage you to move around.

Nurses provide professional labour support. Here are some ways that they can support you:

- assist with your comfort and help manage pain
- keep you up-to-date with the progress of your labour
- check your vital signs – temperature, pulse, breathing and blood pressure, and your baby's heart rate
- provide information to meet your learning needs
- provide support when you are having strong contractions and during the birth of your baby

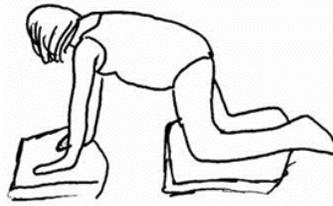
Vaginal birth

When your cervix is fully open (dilated) and you feel the urge to push, you can start to push your baby out. Your partner and/or support person as well as the nurse, doctor or midwife will help you during your baby's birth.

If there are no health concerns, your nurse, doctor or midwife can help you choose a position for pushing.

You can try:

- sitting
- semi-sitting
- squatting
- kneeling
- being on your hands and knees
- lying on your side
- using a birthing stool
- using leg supports



During birth, a small tear may occur in the perineum, the area between the vagina and rectum. A tear can usually be repaired with a few stitches.

If the doctor or midwife has concerns about your baby's well-being or the progress of your labour, he or she may need to assist your baby's birth.

Procedures that the doctor or midwife may need to consider include:

- using a medication to make your contractions stronger
- using a vacuum suction cup
- using forceps
- making a small cut (incision) where the vagina opens (episiotomy)
- urgent or emergency cesarean birth

If there are no health concerns, hold your baby skin-to-skin and begin breastfeeding as soon as possible.

Cesarean birth

In a cesarean birth the doctor makes a cut (incision) through the lower abdomen and uterus to deliver the baby. In Canada, about 1 out of 5 women have a cesarean birth. You may hear this type of birth called a “c-section”.

Some women know ahead of time, before labour starts, that a cesarean birth is needed. The date and time of the birth is planned.

Some reasons for a planned cesarean birth are:

- the baby is coming bottom or feet first - called the breech position
- the placenta covers the opening of the cervix - called placenta previa
- you have an active herpes infection or HIV at the time that labour starts

Not all cesarean births are planned ahead of time. During labour, a cesarean birth may be needed. In urgent or emergency situations the decision to have a cesarean birth must be made quickly.

Some reasons for an unplanned cesarean birth are:

- your doctor or midwife is concerned about your health or your baby's health
- the baby is unable to come through the vagina (birth canal)
- the baby is lying across your abdomen - called the transverse position
- you are having more than one baby, such as triplets
- you have heavy bleeding during labour
- your blood pressure is very high
- you have a medical illness such as diabetes, heart or kidney problems
- you have had a cesarean birth before

Before the cesarean birth, your health care providers will discuss:

- the reasons why a cesarean birth is needed
- the risks and benefits of this surgery
- the options for anesthesia and pain control
- what to expect during and after the surgery

There are different ways to prevent pain during a cesarean birth.

Types of anesthesia include:

- a general anesthetic that makes you sleep during surgery
- a spinal block or epidural that blocks pain, but allows you to be awake

A doctor called an anesthesiologist will discuss what options are available to you and explain the risks and benefits of each option. If your pain is not relieved, it may be necessary to change the type of anesthesia.

You will have an intravenous called an IV in your arm or hand. This is a thin tube put into a vein to give you fluids and medications.

You will also have a thin tube called a catheter put into your bladder to drain urine during the cesarean birth.

Your partner or support person can stay with you during the cesarean. However, in an emergency situation your partner or support person may not be able to stay with you. The staff will keep him or her informed.

If there are no health concerns, your baby can stay with you. As soon as possible, hold your baby skin-to-skin and begin breastfeeding.

Can I have a vaginal birth with a future pregnancy?

You may be able to have a vaginal birth with a future pregnancy. This is called a Vaginal Birth After Cesarean section or VBAC.

Having a VBAC depends on:

- the reason you had a cesarean birth and if this reason may happen again
- the number of cesarean births you have had
- the type of cut(s) made in your uterus
- how you felt about the previous birth
- whether there are problems or complications during your current pregnancy or birth

When you are planning another pregnancy, talk with your doctor or midwife. Together, you can review your situation and discuss your choices.

Delayed cord clamping

It is now an accepted practice to delay clamping of the umbilical cord for 1 to 2 minutes after birth, if there are no urgent health concerns for baby.

Delayed cord clamping has important health benefits for babies. It can:

- Increase a baby's hemoglobin and iron stores. This helps prevent anemia and can reduce the need for blood transfusions.
- Decrease the risk of infection and bleeding in the brain in preterm babies.

Holding your baby skin-to-skin

Skin-to-skin means putting your naked baby on your bare chest, with a cover over both of you to keep your baby warm and cozy.



Babies who are held skin-to-skin:

- ✓ are more likely to latch onto the breast and breastfeed well
- ✓ cry less often
- ✓ stay warmer
- ✓ have fewer heart rate and breathing problems
- ✓ have better levels of oxygen in the blood
- ✓ are less likely to have low blood sugars
- ✓ feel less pain during needle pokes
- ✓ go home earlier from the hospital

Your baby may feed only a few times in the first 24 hours of life. This is normal. Continue holding your baby skin-to-skin and offer your breast frequently. This will help increase your milk supply. Your baby will wake up more often on the second day.

We encourage moms and partners to hold their baby this way. The benefits of holding your baby skin-to-skin continue later on as well.

Hold your baby skin-to-skin as soon as possible and for as long as possible. This strengthens the bond with your baby.

Your baby's care in Labour and Delivery

Identifying your baby

As soon as your baby is born, 4 matching identification bands are made.

One band is put on:

- your arm
- your partner's or support person's arm
- your baby's arm
- your baby's leg

All bands have this information:

- the mother's name as it appears on her Health Card
- the mother's hospital identification number
- the baby's last name (which must be the same as the mother's)
- the baby's hospital identification number
- a special security number



Safety First

These identification bands must be worn until you take your baby home.

Nurses will match the identification bands each time you and your baby are brought together and before you leave the hospital.

Medications for your baby

The nurse will give your baby two medications:

- An antibiotic ointment called erythromycin is put into your baby's eyes within 1 hour of birth. This prevents eye infections.
- A shot (injection) of Vitamin K is given in your baby's thigh within 6 hours of birth. This prevents bleeding problems.

Getting up safely after childbirth

After childbirth, you may feel tired, shaky, dizzy, faint or uncomfortable. The nurse will help you get up the first time. After that, pull your call bell if you need the nurse to come and help you.



Safety First

Prevent falls!

A nurse will help you the first time you get up after a vaginal or cesarean birth. Do not get out of bed by yourself, even if you feel well.

If you are not feeling well, the nurse may ask you to call for help each time you get up, until you are feeling better.

Going to Ward 4B or 4C

If you and your baby are well, you will go to Ward 4C to stay together in the same room 24 hours a day. Your baby will have a cot that fits beside your bed. The nurse will regularly check you and your baby, and show you where to find any items you need.

If your baby needs to be in one of the Neonatal Nurseries, you may stay on Ward 4B or 4C.

We will make every effort to give you the type of room that your insurance provides or that you choose to pay for. There are a limited number of private rooms, so you may have to wait to be moved to a private room. It is possible that a private room will not be available during your hospital stay.

Our goal is to provide open visiting (24 hours a day) for your partner or support person. However, some rooms have limitations due to space or privacy, which can affect overnight stays. Please discuss this with your nurse when you arrive on the ward.



Safety First

Each staff member wears a hospital identification badge with their name and photo on it.

Do not give your baby to anyone without a photo identification badge.

Chapter 3 - After your baby is born

In this chapter you will learn about:

- Nursing for you and your baby
- Breastfeeding your baby
- Your moods and feelings
- Preparing to take your baby home:
 - Follow-up care for your baby
 - Getting a safe car seat for your baby
 - Preparing a safe place for your baby to sleep
 - Choosing safe baby clothes
- Continuing your learning



Nursing care for you and your baby

During your stay in the hospital, the nurses will check that you are recovering well from the birth of your baby.

- After a vaginal birth, you can expect to stay in hospital for 1 to 2 days.
- After a cesarean birth, you can expect to stay in hospital for 2 to 3 days.

The nurses will help you learn what you need to know and do for the first few days.

You will learn about:

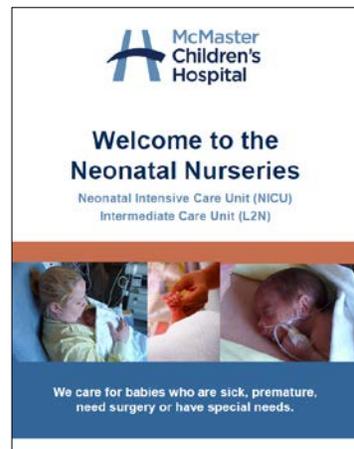
- how your body heals
- your moods and feelings
- how to manage pain
- bonding with your baby
- how to care for yourself and your baby
- how to resume your normal activities at home



If your baby is staying with you, the nurses will regularly check your baby. They will help you learn about feeding and baby care in the first few days.

If your baby is staying in one of the Neonatal Nurseries, your baby's health care team will help you learn about your baby's health and how to care for your baby.

They will encourage you to take part in your baby's care as much as possible.



Breastfeeding your baby



Your breastmilk is the best food for your baby.

Breastmilk helps your baby grow and develop in the best possible way.

Breastmilk is the only food your baby needs for the first 6 months.

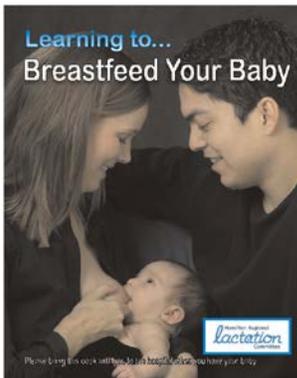
The World Health Organization and the Canadian Pediatric Society recommend that babies be breastfed for 2 years or longer, in addition to other foods after 6 months of age.

Speak with your health care provider for information or questions about breastfeeding.

If you have not decided how you would like to feed your baby, talk with your health care provider and make sure you know all the facts. Our staff will respect your decisions about feeding your baby.

Prenatal classes are a good place to learn about breastfeeding before your baby arrives.

Supporting breastfeeding



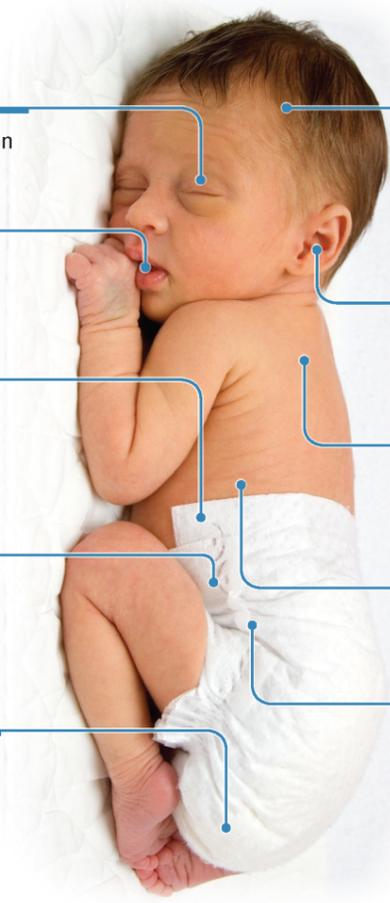
Helping women with breastfeeding is one of our most important roles.

The nurses will help you learn about breastfeeding and provide support as you begin your first feeding soon after birth in Labour and Delivery.

We will give you a copy of “Learning to breastfeed your baby” after you have your baby. This book is also available online at www.hhsc.ca/pedl

The Benefits of Breastfeeding

Breastfeeding is the normal way to feed babies. Here are the benefits of breastfeeding, when compared to formula feeding.



Exclusive breastfeeding for the first 6 months can lower the risk of Sudden Infant Death Syndrome by 50%

Better bonding (decreased rates of postpartum depression, abuse and neglect)

Fewer doctor visits and hospital stays

Better vision

Improves development in areas such as intelligence, movement and behaviour (increases intelligence by 7 to 9 IQ points)

Less need for braces (orthodontics)

Lowers risk of ear infections by 50%

Lowers gastrointestinal infections by 65%, by coating and protecting the intestines

Risk of respiratory infections decreased by as much as 77%

In hospital, lowers risk of a common bowel infection (NEC) by 70%

Tolerates feeds better

Fewer urinary tract infections

Lowers the risk of diabetes and obesity

Continuing to breastfeed as solid foods are introduced lowers risk of Celiac disease by 50%

Lower risk of childhood cancers

Lowers risk of Crohn's disease and colitis by 30%

Prepares child to accept a variety of solid foods when older

It's free (formula costs approximately \$150/mo or \$1800/yr)

Lower levels of cholesterol in teens

Lowers risk of asthma and eczema by 40% (with a family history)

Your moods and feelings

Many women have mood changes, such as mood swings, feelings of sadness, and/or feeling anxious after their baby is born. These may become Perinatal Mood Disorders (PMD).

Did you know?



Perinatal mood disorders such as depression and anxiety are the #1 complication of childbirth.

Breastfeeding provides natural protection against PMD. The hormones released when your baby is breastfeeding can help to lift your mood and lower stress.

Certain things make PMD more likely to develop. These are called risk factors. Find out if you are at risk for PMD by reviewing this checklist.

Are you at risk for Perinatal Mood Disorders?

Risk factors for perinatal mood disorders or PMD:

- You have had depression, perinatal mood disorder or a mental illness before.
- You have little interest or pleasure in doing things.
- You are feeling down, depressed or hopeless.
- You are having feelings of anxiety or panic for no known reason.
- You are having unrealistic thoughts about yourself, the situation and/or the future.
- You do not have or feel support from family or friends.
- You lack contact with other people and you feel isolated.
- You have had a pregnancy that ended with a miscarriage, abortion or sick baby.
- You have had stressful life events such as a crisis related to your finances, illness, child care, job, marriage or relationship (including physical or emotional abuse by a partner).
- You have a family history of depression, mental illness, alcohol or drug abuse.

When to talk with your health care providers

Pay attention to your moods. Do not ignore negative feelings thinking they will go away. PMD can become a serious health concern for you, your baby and your family.

Tell your nurse, doctor or midwife if:

- you have any risk factors for PMD
- you are taking a medication for depression or a mood disorder
- you or your family are concerned about your moods
- your feelings are overwhelming and interfere with your daily life

If you have had depression, a perinatal mood disorder or a mental illness before, be aware that your symptoms can return. Put plans in place so you can get treatment quickly.

- In the Hamilton area, one option for service is the **Women's Health Concerns Clinic** at St. Joseph's Healthcare Hamilton. You can call 905-522-1155, ext. 33979 for an appointment. You do not need a referral from your doctor.
- If you live outside the Hamilton area, call your local Public Health Unit for information about similar services in your community.

**There is hope and help for parents with perinatal mood disorders.
With treatment and support, you can get better.**

Preparing to take your baby home

Follow-up care for your baby



Important!

Before your baby is born, arrange for a health care provider (a doctor, midwife or nurse practitioner) to care for your baby. We recommend doing this before 35 weeks of pregnancy.

Your baby must have their first check-up 1 or 2 days after leaving the hospital. Knowing who will be caring for your baby will prevent delays when you and your baby are ready to go home.

Before your baby can leave the hospital, you will need to confirm with your nurse that you have made a follow-up visit for your baby.

To find a family doctor or nurse practitioner in your community, call **Health Care Connect** at 1-800-445-1822 or go to <https://www.ontario.ca/page/find-family-doctor-or-nurse-practitioner>

Getting a safe car seat for your baby

If you are going to drive your baby home from the hospital, your baby must have a safe car seat. We encourage you to buy and install a safe car seat before you have your baby.

Steps to make sure your car seat is safe

1. Check for the Canada Motor Vehicle Safety Standards (CMVSS) label.



All car seats used in Canada must have this label. The label shows that the car seat has been tested and meets CMVSS requirements. Car seats from the USA do not meet Canadian standards and must not be used.

- 2. Check the weight and height limits** to see if the car seat is safe for a newborn baby and when your child will outgrow it.
- 3. Check the expiry date** on the car seat. Make sure the expiry date will cover the entire time that you will need the seat. If the expiry date is not on the car seat, contact the manufacturer.
- 4. Check that the car seat has not been recalled.** If you buy a new car seat, register online or mail in the manufacturer's card so that you will be notified if it is recalled.

If you have a used car seat, here is how to find out about public safety notices and recalls:

- Call the car seat manufacturer (the phone number is on the car seat)
 - Call Transport Canada at 1-800-333-0371
 - Go to Transport Canada's website: www.tc.gc.ca and search for "public notices"
- 5. Check that the car seat can be properly installed in your vehicle.** Read your vehicle owner's manual and the car seat manual carefully. Not all car seats will fit all vehicles. If the car seat does not fit properly in your vehicle, you will have to return it and buy one that fits properly.

If you do not follow these steps, it can result in a fine and demerit points off your driver's license.

Used car seats

Be cautious when using a used car seat. Do not use it if:

- it does not have the CMVSS label
- it was in a crash, whether or not a baby was in the seat at the time
- there is a recall notice on the car seat
- the expiry date has passed
- it does not have the manufacturer's instructions
- the car seat has cracks, chips, rips, broken or missing parts or wear marks

How to install your car seat

Before installing your car seat, make sure you read the car seat manual and your vehicle owner's manual.

To learn how to install a rear facing car seat and watch a video, visit the Ministry of Transportation website: www.mto.gov.on.ca/english/safety/install-child-car-seat.shtml

Tips for installing a car seat

- Install your car seat rear facing in the back seat
- Secure your car seat using the UAS (Universal Anchorage System) or the seatbelt, or as directed by the manufacturer
- Make sure that the car seat is at the correct angle, following the manufacturer's instructions
- Fasten the car seat tightly. There should be less than 1 inch of movement side-to-side and back-to-front
- Check the car seat manual to see if the carry handle should be up or down in the vehicle

**For more information or help, call your local Public Health Unit.
In Hamilton, call Health Connections at 905-546-3550 to schedule a car seat inspection.**

Preparing a safe place for your baby to sleep

To create a safe place for your baby to sleep, you will need:

A safe crib, cradle or bassinet

- Use a crib, cradle or bassinet that meets current Canadian safety regulations. Always follow the manufacturer's instructions. Check regularly to make sure it is secure and not damaged.
- It is not safe for your baby to sleep in an adult bed, waterbed, daybed or any "make-shift" bed, armchair or couch. Strollers, playpens, swings or bouncers are also not safe for unsupervised sleep.
- Car seats are for travel. When you get home, always put your baby to sleep on their back in the crib, cradle or bassinet.

A firm mattress with a tightly fitted sheet

- The mattress should be clean, flat and tight against all sides of the crib, cradle or bassinet. Use one sheet that fits snugly over the mattress.

Nothing else in the crib

- Dress your baby in light clothing (fitted, one-piece sleepwear is safest) instead of a blanket or use a thin, lightweight blanket.
- Do not use heavy blankets, quilts, comforters, pillows, or other soft bedding such as bumper pads.
- Do not put any toys or loose items in the crib, cradle or bassinet.

Where should my baby sleep?



The safest place for your baby to sleep is next to your bed - in a crib, cradle or bassinet that meets current Canadian safety regulations.

If your room is too small for a crib:

- use a cradle or bassinet that meets current Canadian safety standards, or
- move your baby's crib into a larger room and sleep on a mattress beside the crib.

Sharing your room with your baby can:

- ✓ make it easier to breastfeed your baby often
- ✓ help you get to know your baby
- ✓ reduce the risk of Sudden Infant Death Syndrome or SIDS

Sharing your bed or “co-sleeping” is unsafe

The Canadian Pediatric Society and Health Canada recommend that babies sleep alone. Adults, children and pets should never sleep with your baby.

Although sleeping with your baby may seem natural, this can be very dangerous.

You may bring your baby into your bed for feeding or comforting, but always return your baby to his or her crib, cradle or bassinet afterwards, when you are ready for sleep.

For more information about a safe sleep environment for your baby:

Call your local Public Health Unit. In Hamilton, call Health Connections at 905-546-3550.

Visit these websites:

- Hamilton Public Health Services www.hamilton.ca/childsafety
- Public Health Agency of Canada www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/index-eng.php
- Health Canada <https://www.canada.ca/en/health-canada/services/safe-sleep/safe-sleep-tips.html> and <http://www.hc-sc.gc.ca/cps-spc/advisories-avis/aw-am/sleep-sommeil-eng.php>
- Canadian Pediatric Society, Caring for Kids http://www.caringforkids.cps.ca/handouts/safe_sleep_for_babies

Choosing safe baby clothes

The clothes your baby wears should have these safety features:

- Tightly-knit fabrics, so your baby cannot get a finger or toe caught in loose knitting or weaving. No knitted mittens or booties that could entangle your baby's fingers or toes.
- No drawstrings or belts, which could strangle your baby.
- No loose threads or buttons. No extra buttons, ribbons or decorative items that could come off, get into your baby's mouth and cause him or her to choke.
- No hoods or high collars that could cover your baby's face.

Safe winter clothing when using a car seat

Bulky clothing, such as a snowsuit or bunting bag, is not safe for your child when riding in their car seat. Clothing that is fluffy or padded creates space between your baby and the car seat harness. In a car crash, the clothing flattens out from the force, leaving extra space under the harness. Your baby could slip out and be hurt or thrown from the car.

Plan to dress your baby in thinner layers. For example, an undershirt (onesie) under fleece pants and jacket or sweater can keep baby warm without adding padding. Your baby can also wear a hat, mittens and socks or booties. Once your baby is secured in the car seat harness, add a coat or blanket on top.

Continuing your learning

We hope that this book helps you feel prepared for childbirth and your hospital stay. If you need more information, help or support, please talk with a member of your health care team.



We are looking forward to meeting you and welcoming your new baby.

When you go to Ward 4B or 4C after your baby is born, the nurses will give you a copy of our next resource book **Getting ready to go home after the birth of your baby**. This book will help you learn how to care for yourself and your baby in the hospital and what to expect when you go home.

You will also receive a copy of **Learning to breastfeed your baby** or **Formula feeding your baby**, depending on your choice for feeding your baby.

You can read or download our resource books from the Patient Education Library at www.hhsc.ca/pedi

We encourage you to:

- ✓ Take prenatal classes to learn about pregnancy, labour and birth, breastfeeding, newborn care and the 6 weeks after birth.
- ✓ Visit the City of Hamilton Public Health Services' website www.hamilton.ca/pregnancy
- ✓ Visit the OMama website www.omama.com



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