

Getting ready to go home after the birth of your baby



A guide for new families

Congratulations on the birth of your baby!

Reading this book can help you learn how to care for yourself and your baby in the hospital, and what to expect when you go home.

During your hospital stay, the health care team will provide additional information, help and support. We welcome your questions at any time!

Inside this book	Page
Chapter 1 – Your nursing care	1
Your care at the hospital	2
Hospital services	8
Chapter 2 – Caring for yourself	11
Your nursing care after having a baby	12
Caring for yourself after a vaginal birth	13
Caring for yourself after a cesarean birth	18
Your moods and feelings	22
Resuming your normal activities at home	30
Exercises after having a baby	33
Healthy sexuality	34
Chapter 3 – Your baby’s care	37
Your baby’s care at the hospital	38
Getting to know your baby	43
Feeding your baby	48
Jaundice	55
Hearing screening	60
Newborn screening	61
Chapter 4 – Getting ready to go home	65
Registering your baby’s birth	66
Preparing to go home	68
Support from Public Health Services	69
Follow-up care for you and your baby	70
Car seat safety	71
A smoke-free environment	75
Sleeping safely	76
Choosing safe baby clothes	80
Tummy time	81
Chapter 5 – Community resources	83
Where to get information and help	84
Chapter 6 Checklists and forms	87
The diaper chart	88
Health concerns for Mom	89
Health concerns for Baby	90
My baby’s first week at home	92
My appointments	94
My learning needs	96

Chapter 1 – Your nursing care

In this chapter you will learn about:

- Your care at the hospital
- 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 on 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

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 family members and support persons 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.

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

Entering the hospital



To protect mothers and babies, the doors to Ward 4C are locked at all times.

Please use the phone beside the entrance 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.

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



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

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.

Wards 4B and 4C

The staff of Wards 4B and 4C 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.

Visiting at the hospital

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 child care 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.

Hospital services

Phones and television

There are pay phones at the entrance to Ward 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 – Caring for yourself

In this chapter you will learn about:

- Your nursing care after having a baby
- Caring for yourself after a vaginal birth
- Caring for yourself after a cesarean birth
- Your moods and feelings
- Resuming your normal activities at home
- Exercises after having a baby
- Healthy sexuality



Your nursing care after having a baby

Your body will change now that your pregnancy is over. You can also expect some emotional changes as you adjust to being a parent.

Checking your health

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

- examine you to see how well you are healing
- help you manage your pain
- help you bond with your baby skin-to-skin
- ask about your feelings



Safety First

Prevent falls!

After childbirth, you may feel tired, shaky, dizzy, faint or uncomfortable.

The first time you get up, use your call bell and the nurse will come and help you. Do not get out of bed by yourself, even if you feel well.

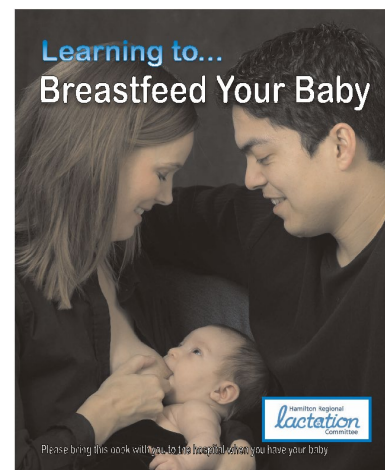
If you are not feeling well, the nurse may ask you to call for help each time you get up, until you are feeling better.

Supporting breastfeeding

Helping breastfeeding women is one of our most important roles. The nurses will help you learn about breastfeeding and provide support as you get started.

We will give you a copy of “Learning to Breastfeed Your Baby”.

If you have questions, concerns or need help with breastfeeding, please ask your nurse.



Caring for yourself after a vaginal birth

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

Your vaginal flow

You will have some bleeding and discharge from your vagina for up to 6 weeks after your baby's birth. This is called lochia. During this time it is best to use sanitary pads, not tampons. Change the pads often.

After the first few days, you should not have any more bright red bleeding or clots. It is normal to have more lochia when you are breastfeeding or when you are active. Over time, the amount of lochia becomes less and will stop. The lochia will change colour from red to pink to brown.

You may have a period as soon as 2 months after the birth of your baby. If you are breastfeeding, it may be longer before your periods return. You can become pregnant before your periods return. Breastfeeding is not a method of birth control.

Your perineum

The area between your vagina and rectum is called the perineum. This area may be swollen, bruised and painful after a vaginal birth. You may have stitches in your perineum if you had an episiotomy or a tear. The stitches will dissolve within 1 to 2 weeks.

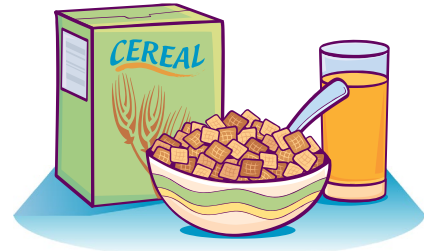
To prevent infection, keep this area clean. Have a bath or shower each day or more often if it makes you feel comfortable. Take your squirt bottle home and continue to use it each time you pass urine or have a bowel movement. Wash your hands before and after touching your perineum.

Your bowels

Your usual pattern of bowel movements should return in a few days.

Some women may become constipated.
To keep bowel movements soft and regular:

- Drink 6 to 8 glasses (1.5 to 2 litres) of water or other fluids each day, unless your doctor or midwife has told you to limit fluids.
- Eat foods that are high in fibre such as vegetables, fruits and whole grain products.
- You may need to take a stool softener. This is a medication that softens your bowel movements, making them easier to pass. Your doctor, midwife or nurse can give you more information.



Passing urine

It is important to get up to the bathroom every few hours to try and pass some urine, even if you do not feel the urge to go. Keeping your bladder empty helps to control your bleeding. Call your nurse the first few times you get up to the bathroom. The nurse needs to measure how much urine you pass.

Your breasts

For 1 to 3 days after your baby's birth, it is normal for your breasts to feel full, firm and tender. If your breasts are sore, talk with your nurse or lactation consultant.

**It is important to breastfeed your baby often,
beginning as soon as possible after the birth.**

Feed your baby when they show signs of hunger. Sometimes babies want to have feedings very close together – even right after you just finished feeding. This is normal and gives your breasts an important ‘head start’ to make plenty of breastmilk – whether you have one or more babies!

Your rest and sleep

It is normal to feel tired after giving birth. Labour and birth are hard work. It takes time to adjust to the changes after birth. It may take a few months before you have your full energy level back.

During the night, your baby will need to feed and be held skin-to-skin. Babies are often awake more during the night than the daytime.

You need to get as much rest and sleep as you can. Rest or nap during the day when your baby is quiet or sleeping. If you have visitors, you can ask them to keep their visits short.

Your comfort

After having a baby, you may feel pain or discomfort from:

- your perineum
- an episiotomy or tear
- a cesarean incision
- hemorrhoids
- full, engorged breasts
- tender nipples
- after pains or cramps from contractions of your uterus

Here are some things you can do:

- Take pain medication as directed by your doctor or midwife. Read important information about medications and breastfeeding on page 17.
- To reduce pain from your perineum or hemorrhoids, use an ice pack for a few minutes, several times a day. Ask your doctor or midwife about using a medicated cream for hemorrhoids.
- To help with tender nipples or full, firm breasts when you are breastfeeding, put a warm, wet washcloth on each breast for 5 to 10 minutes before or after feedings.
- If you have sore, cracked or bleeding nipples ask your nurse to help you with breastfeeding right away. Changing the way your baby is positioned and latched on to your breast will help with the pain. You can also express a little breastmilk and gently put it on your nipples after breastfeeding. Let your nipples dry uncovered for a few minutes after each feed.

- To help with full, firm breasts when you are formula feeding, put a cold, wet washcloth on each breast whenever you are uncomfortable.
- For gas pains - try using a warm blanket, walking or rocking in a rocking chair.

Tell your nurse when you have pain. Do not wait until the pain is very bad. It is helpful to describe your pain on a scale from 0 (no pain) to 10 (worst pain you can imagine).



The nurses will help you find ways to relieve pain and discomfort.

**If you have pain that is severe or is not getting better,
please tell your nurse, doctor or midwife right away.
You may also ask to speak with the Clinical Manager.**

Your medications



Safety First

**Use only the medication provided by the hospital.
Do not take your own medications from home.
Do not give your medications to anyone else.
Keep all medication away from children.**

SAM: The Self-Administered Medication Program



After your baby is born, you can take the medications provided by the hospital when needed by taking part in “SAM”, the Self-Administered Medication Program.

SAM includes medications to manage pain and to keep your bowels moving regularly.

To take part in SAM, you will need to:

- learn about your medications from a nurse or pharmacist
- follow the directions on the medication containers
- keep your medications safe at your bedside
- record the medications you take

Medications and breastfeeding

Medications can pass into your breastmilk. Make sure the medications you take are safe while you are breastfeeding. Talk with a health care provider such as:

- a pharmacist
- a lactation consultant
- your doctor or midwife

Do not take pain medications that contain codeine. Codeine may cause harmful side effects for a small number of breastfed babies.

Caring for yourself after a cesarean birth

Please read this section, even if you are not planning a cesarean birth. It is helpful to know what to expect if the decision to have a cesarean birth is made during your labour.

Your hospital stay

After a cesarean birth, you will stay in hospital for 2 to 3 days.

We encourage your partner or support person to be available to help you care for your baby, especially during the first 24 to 48 hours.

Your partner or support person can stay overnight to help care for your baby. If there are limitations due to space or privacy, your nurse will discuss this with you.

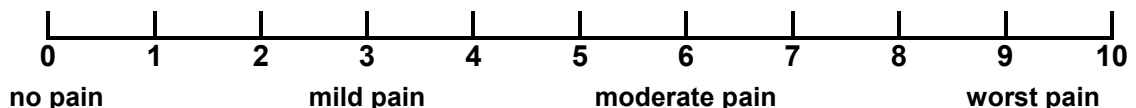


Managing your pain

If you had a general anesthetic, your throat may feel sore for a few hours. This is due to the tube that was used to help you breathe during surgery.

You will have pain from the incision in your abdomen. You will also feel “after pains” which feel like strong cramps during your period. The amount of pain is different for each person.

The nurses will help you manage your pain. Tell your nurse when you have pain. It is helpful to rate your pain on a scale from 0 (no pain) to 10 (worst pain you can imagine).



The nurses will help you get comfortable and give you medication to relieve pain. If you are breastfeeding, you will not be given any pain medications that contain codeine, as there may be safety concerns for you or your baby.

Over the next few days, your incision should become less painful. You will learn to manage your pain with medications and other comfort measures.

**If you have pain that is severe or is not getting better,
please tell your nurse, doctor or midwife right away.
You may also ask to speak with the Clinical Manager.**

The intravenous and catheter

Your intravenous (IV) will be taken out when you are drinking well and you no longer need IV medications.

Your doctor or midwife will decide when the catheter in your bladder can be removed.

Moving and getting out of bed

Getting up and moving around can help you recover and prevent problems after surgery. Moving keeps your blood flowing, which helps prevent blood clots from forming, especially in your legs.

The nurse will help you get out of bed the first time. It will help if you take your pain medication ½ hour before getting up. If you feel faint or dizzy, tell the nurse right away to help you get back to bed. When you are in bed, you can move from side to side.

As soon as you are able, go for short walks in your room and in the hallway. Take your baby with you in his or her cot. Do not carry your baby while you are walking in the hallway. Rest after each walk. Each day you should feel a little less pain and be able to walk a little more.

Getting your bowels moving

You may have gas pains in your abdomen. This is normal as your bowels start to work again. To relieve gas pains, try walking around or rock back and forth in the bed or chair. Gas pains usually go away after you have a bowel movement.

Your usual pattern of bowel movements should return in 3 to 5 days. Your doctor or midwife may prescribe a stool softener, a laxative or an enema to help you have a bowel movement.

Breathing exercises

Deep breathing and coughing exercises keep your throat and lungs clear. This helps prevent pneumonia. The nurse will show you how to do this.

Start these exercises when you are lying in bed. Later on, you can do them sitting up. You will be more comfortable if you cover your incision with your hand or a pillow.

Do these exercises every 1 to 2 hours while you are awake.

Breastfeeding your baby

You may need help with breastfeeding until you are more comfortable moving around.

Lying on your side may be the most comfortable position.



When you can sit up, the “football hold” may be the most comfortable position for feeding.

In this position, a breastfeeding pillow is helpful.

Caring for your incision

Under the dressing or tape, your incision is closed with stitches. The stitches will dissolve and do not need to be taken out.

Keep your incision clean and dry. Your nurse will tell you when you can have a shower or bath. After a shower or bath, gently pat your incision dry.

Check your incision to make sure it is healing well. Look at your incision before you leave the hospital. Then you will be able to see any changes.

Healthy eating for recovery

Whether they were awake or asleep during the birth, most women can begin eating and drinking after recovery. Some women do not feel like eating right away and may start with drinking fluids.

When you start eating solid foods, eat and drink small amounts and increase your diet as you recover.

Healthy eating can help your body heal and prevent constipation. Choose foods that are good sources of fibre. High fibre foods are fruits, vegetables, and whole grain breads and cereals.



Tell your nurse if you have food allergies or need a special diet (for example, if you have diabetes).

If you have questions about your diet, talk with your nurse, doctor or midwife, or ask to speak with the dietitian.

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.

Your health care providers will ask about your feelings.

Mood changes may become Perinatal Mood Disorders (PMD). PMD can be a serious health concern for you, your baby or your family. Ask your partner to read this section so that he or she can recognize symptoms and get help, if needed.



Did you know?

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

Tell your nurse, doctor or midwife if:

- you have any risk factors for PMD (see checklist on the next page)
- you are taking a medication for depression or a mood disorder
- you or your family become 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. 36499 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.

Are you at risk for Perinatal Mood Disorders?

Certain conditions make PMD more likely to develop. Tell your nurse, doctor or midwife if you have any of these risk factors for 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.



Did you know?

Breastfeeding provides natural protection against perinatal mood disorders.

The hormones released when your baby is breastfeeding can help to lift your mood and lower stress.

Perinatal Mood Disorders (PMD)

Perinatal mood disorders can affect any woman. It is important that you know what symptoms to watch for so you can get help if needed.

Baby blues

As many as 7 out of 10 new mothers feel “blue” within the first 2 to 5 days after their baby's birth.

The "baby blues" may include some or all of the following:

- crying
- feeling sad
- feeling irritable
- feeling tired even after rest
- trouble concentrating
- trouble sleeping

These feelings only last a few days and usually go away within 2 weeks. It can help to talk with your partner, family or friends.



**If these feelings do not go away or become worse,
call your doctor, midwife or public health nurse.**

Postpartum depression and anxiety

Postpartum is the time when your body and mind adjust to having a baby. About 1 in 7 new mothers have postpartum depression or anxiety. It can occur up to a year after the baby's birth.

Symptoms may include some or all of the following:

- feeling overwhelmed and anxious
- loss of interest in activities that you usually enjoy
- loss of or change in appetite
- difficulty bonding with your baby
- constant worrying about your baby's health
- feeling out of control
- thoughts of hurting yourself or your baby (notify your doctor right away)

It can be very distressing if your feelings about being a mother are not what you expected. It is helpful to talk about your feelings with people who are close to you and your health care providers.



If you have symptoms of postpartum depression or anxiety that last longer than 2 weeks, call your doctor, midwife or public health nurse right away.

If you live in the Hamilton area, another option for care is the **Women's Health Concerns Clinic** at St. Joseph's Healthcare Hamilton. You can call **905-522-1155, ext. 36499** 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.

Postpartum psychosis

Postpartum psychosis occurs in 1 to 2 out of 1,000 mothers in the first few weeks after giving birth. It is rare, but serious.

Symptoms may include some or all of the following:

- hearing or seeing things that are not there
- believing people or things are going to harm you or your baby
- feeling confused or out of touch with reality
- thinking about harming yourself or your baby



Postpartum psychosis is a medical emergency.
If you or your family notice any of the symptoms,
call 911 or go to the nearest hospital emergency
department.

If you live in Hamilton, please note:

- The emergency department at McMaster University Medical Centre cares for children and youth ages 17 and under.
- All ages are treated at the other emergency departments in Hamilton – Hamilton General Hospital, Juravinski Hospital and St. Joseph's Healthcare Hamilton (on Charlton Street).

Treatment and support

It is important to get help for postpartum depression, anxiety and psychosis as early as possible. It may be hard to ask for help, but with the right kind of treatment and support you can get better.

You will get help and treatment from skilled health care providers. The treatment you receive will depend on your needs. There are different types of treatment available such as counselling and taking medication. There are medications that are safe to take when you are pregnant or breastfeeding.

What you can do

Talk to a health care provider

- Keep all health care appointments.
- Health care professionals care about how you are feeling. They can help you get better.

Talk about your feelings

- Talk to someone you trust.
- Join a group with other parents, or an online support group.

Take care of yourself

- Eat a variety of healthy foods.
- Eat small frequent meals if you do not feel hungry.
- Sleep when baby sleeps.
- Do something you enjoy. Read, take a bath or go for a walk.

Ask for help

- It is OK to have help.
- Accept help from others.
- Ask someone to call for help if you are not able to do it yourself.
- Family can help with meals, older children and your new baby.

What your partner can do

Women who are coping with the feelings and emotions related to childbirth need support. As a partner, here are some ways that you can help:

- Encourage her to talk about her feelings
- Show her that you are trying to understand
- Let family and visitors know if she doesn't feel like company
- Help with the chores and responsibilities at home, or do this yourself
- Accept help from friends and family when it is offered. Go with her to appointments with the doctor or midwife and share your concerns.
- If you feel overwhelmed, talk with family members, a close friend or your health care provider.

Perinatal mood disorders (PMD) in fathers

Perinatal mood disorders affect as many as 1 in 10 new fathers. They are more likely to have depression if their partner has it too.

The most likely time for fathers to experience depression is 3 to 6 months after the baby is born.

Fathers may have different symptoms than mothers. Symptoms may include some or all of the following:

- feeling irritable
- feeling angry
- trouble concentrating
- loss of interest in activities you usually enjoy
- starting arguments
- spending less time with friends or family
- easily stressed out
- feeling discouraged
- increased use of alcohol or drugs

What Dads can do:

- Take time for yourself.
- Ask for paternity leave if this is an option for you
- Do things you enjoy
- Join a parenting class if you are feeling anxious
- Talk to other dads and friends
- Ask for help from a health care provider if you feel you are not getting better

If you have a history of depression, be aware that your symptoms can return. Put plans in place so you can get treatment quickly.

Important messages

- ✓ Mood changes are common after having a baby.
- ✓ Pay attention to your moods. Do not ignore negative feelings thinking they will go away.
- ✓ Talk to your health care providers.
- ✓ There is hope and help for parents with perinatal mood disorders. With treatment and support you can get better.



If you live in Hamilton, you will get a copy of this pamphlet.

More information about perinatal mood disorders, services and support is available from Public Health Services.

Call Health Connections at 905-546-3550.

If you live outside the Hamilton area, call your local Public Health Unit.

Resuming your normal activities at home

**Gradually resume your usual activities
over the next 6 weeks**

Having a baby changes your life and your body as well. You need time to rest and recover physically and emotionally. Take naps whenever your baby is sleeping. Allow family and friends to help with meals, laundry, cleaning and child care. Don't expect to keep your home perfect!

Here are some other changes you may experience as your body starts to recover.

Your weight and shape

You may lose about 10 lbs. right away and a little more as your body gets rid of extra fluid.

Do not try to lose your pregnancy weight right away. Losing weight gradually over several months is safest. Breastfeeding is a very effective way to help get you back to your pre-pregnancy weight.

Breast and nipple pain

As your breasts make more breastmilk, they may become full with milk. This increased pressure and fullness may be uncomfortable for a few days.

To feel more comfortable:

- Use cold compresses on your breasts (between feeds if you are breastfeeding).
- Hand express enough breastmilk to make the areola feel softer (ask a nurse, midwife or doctor how to do this).
- If you are breastfeeding, feed your baby often, about every 2 to 3 hours. Have a warm shower before feeding your baby and gently massage your breasts toward the nipples.
- Read more about this in your book 'Learning to breastfeed your baby'.

Bladder control

After having your baby, you may not always have full control of your bladder. Some urine may leak out when you laugh, cough or sneeze. This is called stress incontinence.

You can recover your bladder control by doing Kegel exercises regularly. These exercises strengthen the muscles that support your bladder.

How to do Kegel exercises

Kegel exercises are for your pelvic muscles. To feel your pelvic muscles, sit down. Try to squeeze the muscles of your rectum, like you are trying not to pass gas.

To do a pelvic muscle exercise:

- Squeeze the pelvic muscles and hold for 3 seconds, count “1 and 2 and 3”.
- Try not to tighten the muscles in your stomach or buttocks.
- Try not to hold your breath.
- Relax for 3 seconds.

10 exercises are called 1 set.

Do 1 set, 5 times a day.

As you get better at doing Kegel exercises, you can count to 5 and relax for 5. You must squeeze and relax your muscles for the same amount of time.

After you get used to doing these exercises, you can do them any time, any place and in any position. No one can see you doing them. Pelvic exercises are healthy to do your whole life.

Hemorrhoids

These are painful, swollen veins in and around the anus. Many women get them during pregnancy and they often get worse after giving birth.

Try these steps to manage your hemorrhoids:

- Use your sitz bath and soak in warm water with Epsom salts.
- Apply a cold compress for 5 to 10 minutes for comfort and to reduce swelling.
- Ask your health care provider which over the counter cream you can use to relieve pain and swelling.
- Eat foods that are high in fiber such as fruits, vegetables and whole grain breads and cereals.
- Drink plenty of water.
- Do not strain when you are having a bowel movement.

Exercises after having a baby

**Check with your doctor or midwife
about when you can start exercising.**

Exercise gives you more energy, helps you sleep better and may be helpful in preventing postpartum depression.

After a cesarean birth, your incision needs time to heal. Do not do any strenuous activities such as lifting anything heavier than your baby.

If an activity makes you feel tired or uncomfortable, stop and rest. Wait a few days before trying that activity again.

Guidelines for exercise:

- Wear comfortable clothes and shoes that offer good support.
- Begin with light activities such as short walks. Walk a little more each day. Slowly increase the amount of time that you walk. Walking improves blood flow which can help prevent constipation and blood clots.
- Do Kegel exercises (page 31) to strengthen and tone the muscles around your bladder and pelvis.
- Do gentle stretches to improve your flexibility and movement.
- Do not do sit-ups or other strenuous exercises such as jogging, swimming, jumping and skipping that will strain your abdominal muscles until after you have checked with your doctor or midwife at your 6 week postpartum visit.
- Begin slowly and work up to doing more exercise as you feel stronger.
- Relax before and after each exercise.
- Try not to hold your breath while exercising.
- Rest when you are tired. It is important to get as much sleep as possible to help you recover.
- If you feel pain STOP and rest. Begin again only if the pain is gone.

Remember!

**Always go at your own pace while doing
exercises that are right for you!**

Healthy sexuality

Childbirth may change your desire to have sex

Many women feel less interested in sex after having a baby. Most women find their usual interest in sex returns gradually over the next year.

You will need time to adjust to the physical and emotional changes after childbirth. You may feel exhausted as all your time and energy is spent caring for your baby. This can affect the sexual relationship with your partner.

Feeling less interested in sex may be caused by many things such as:

- changes in hormones
- discomfort or pain in your perineum, the area around your vagina and rectum
- exhaustion
- feeling less attractive
- fear of not hearing the baby
- fear of pregnancy
- breastfeeding
- need for birth control
- adjusting to your new role
- bladder or bowel problems

Try to plan some time to be alone with your partner. You may enjoy being close or trying sexual activities other than intercourse.

Breastfeeding may affect sexuality

When you are breastfeeding, you may feel less interested in sex because of changes in your hormones.

Some women leak breastmilk when they become sexually aroused or have an orgasm. If this makes you or your partner uncomfortable, wear a bra with nursing pads during sex or keep a towel close by.

Some women may have a dry vagina. A water soluble lubricant such as K-Y Jelly® can make sex more comfortable. You can buy a lubricant at the pharmacy without a prescription.

When to consider birth control

**If you do not wish to become pregnant again,
you and your partner should decide on a method of birth control
BEFORE you have sexual intercourse.**

Breastfeeding does not protect you from becoming pregnant. You can become pregnant at any time, even if you have not had a period since your baby was born. Your period may take several months to start again, especially if you are breastfeeding.

Talk with your obstetrician, family doctor or midwife about which methods of birth control are suitable for you at this time.

When to have intercourse

You may have sexual intercourse when your bleeding has stopped, your vaginal area feels comfortable and you feel ready. This is different for each woman. Some women resume sexual intercourse within 7 to 8 weeks of giving birth. Other women do not feel ready to have sex for several months to a year after giving birth.

When you feel ready will depend on many things such as:

- whether you have discomfort or pain
- how you are feeling
- your relationship with your partner
- medical advice from your doctor or midwife

Discomfort or pain during intercourse

Intercourse should not cause discomfort or pain. If you have either, stop. Talk to your doctor or midwife.

Your estrogen hormone levels will remain low until your periods start up again. This may make your vagina dry. If you are breastfeeding, high prolactin hormone levels can also cause vaginal dryness. Use a lubricant to provide moisture.

Go slowly at first. Tell your partner what feels good and what doesn't.

Choose positions that allow you to control movement. Stop right away if you feel any discomfort or pain.

Chapter 3 - Your baby's care

In this chapter you will learn about:

- Your baby's care at the hospital
- Getting to know your baby
- Feeding your baby
- Jaundice
- Hearing screening
- Newborn screening



Your baby's care at the hospital

Keeping your baby safe

Patient safety is the top priority for all staff at the hospital. Here are some things that you can do to help keep your baby safe.

Expect all hospital staff to introduce themselves

They should tell you their names, their jobs and their part in your care or your baby's care. Check that each staff member is wearing an identification badge with his or her picture on it.



Safety First

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

If someone without identification asks to take your baby, do not allow him or her to leave with your baby. Tell the nurse right away.

Move and change your baby safely

The safest way to move your baby is in his or her cot. If you wish to walk around the ward, always walk with your baby in their cot.

When you diaper or dress your baby, do this with your baby in the cot.



Safety First

Prevent falls!

Never carry your baby in your arms while you are walking in the hallway. Always use the baby's cot.

Never put your baby on the hospital bed as your baby can fall off.

Never leave your baby alone



Safety First

If you leave the ward, always leave your baby with:

- **Someone who is wearing a matching identification band, or**
- **A trusted friend or family member who will remain in the room with your baby. Please let the staff at the front desk know this before you leave.**

Do not ask your roommate to be responsible for your baby.

Bring your baby in his or her cot with you to the shower room or plan showers when your partner or a visitor is in the room.

Your baby may stay in your room when you use the washroom in your room. Bring your baby's cot close to the washroom door and leave the door slightly open.

When you are sleeping, keep your door closed and draw the curtains around your bed. Keep your baby in the cot, at the head of your bed.

Your baby should not leave the ward until he or she is discharged from the hospital.

If you need to leave the ward for a test or other special circumstances, a nurse will care for your baby.

Your baby's weight

It is normal for your baby to lose weight in the first few days. Your baby should start gaining weight after 4 to 5 days.

Generally, babies gain ½ to 1 ounce (15 to 30 grams) each day or 4 to 8 ounces (120 to 240 grams) a week. By 2 weeks of age, babies are usually back to their birthweight.

Your baby must be checked and weighed by a doctor, midwife or other health care provider within 1 to 2 days after you go home from the hospital.

Bathing your baby

Your baby does not need a bath right away. The nurse can help you and your support person do the first bath when you are ready. This is a good time to have a close look at your baby.

Your baby does not need a bath every day. You can decide how often to bathe your baby.

Caring for your baby's cord

Keep your baby's cord stump clean and dry. You can bath your baby with the cord still on. You do not need to put alcohol or other creams or lotions on your baby's cord.

Keep your baby's diaper below the cord. You can fold the front of your baby's diaper down so it does not cover the cord or use newborn diapers with a "cut out" for the cord.

The cord clamp will remain on and fall off with the cord within 2 weeks.

Call your midwife or your baby's doctor if you notice redness, bleeding or drainage from the stump or the area around it.

Caring for your baby girl's genital area

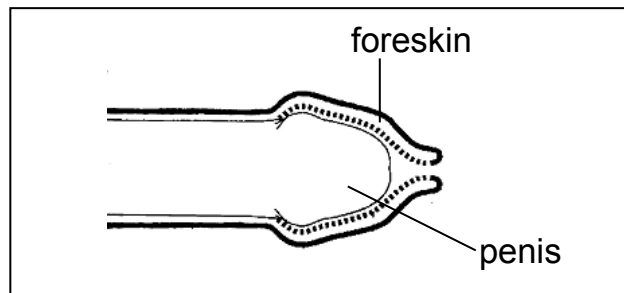
Gently wash her genital area at diaper changes and during a bath. Use a mild soap, rinse well and pat dry. Always wipe and wash from front to back.

It is normal to see a little white discharge from her vagina. There may also be a tiny amount of blood from her vagina. This is normal during the first diaper changes due to the effects of the mother's hormones during pregnancy. If it continues, please call your family doctor.

Caring for your baby boy's penis

Gently wash his penis at diaper changes and during a bath. Use a mild soap, rinse well and pat dry.

A covering of skin called the foreskin protects the tip of the penis.



It is normal to see a little bit of white substance under the foreskin. Do not pull back the foreskin, as it is attached to the penis. Forcing back the foreskin can harm the penis.

The foreskin will naturally separate from the penis in a few years. When your son is older, he can learn to pull back the foreskin and clean under it daily.

If you are thinking about circumcision, talk with your baby's doctor.

Circumcision is not done at the hospital during your stay.

There is a fee for circumcision, as the Ontario Health Insurance Plan (OHIP) does not pay for this service.

Caring for your baby's nails

Your baby's nails are soft and thin, but they can scratch his or her skin. Keep your baby's nails trimmed with:

- baby nail scissors with rounded tips,
- a soft emery board, or
- a baby nail clipper.



When your baby's nails are smooth, you won't need to cover his or her hands with mittens or blankets. Babies need their hands free to comfort themselves and to show that they are hungry.

Swaddling your baby

The practice of swaddling (wrapping a baby snugly in a blanket) has been around for hundreds of years. Recent research has shown there are risks as well as benefits to swaddling. For this reason, Health Canada and the Public Health Agency of Canada have no recommendations regarding swaddling. Please read the following information to make your decision about swaddling.

Swaddling may help babies sleep better on their backs. However, swaddling restricts baby's hand-to-mouth, arm and leg movements. These movements are early signs of hunger (feeding cues).

Incorrect swaddling can lead to overheating, hip problems and more serious outcomes such as suffocation. Examples of **incorrect swaddling** are:

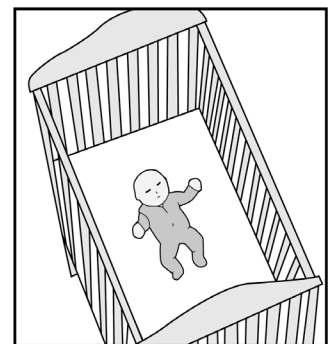
- baby's face or head are covered
- baby is wrapped too tightly, preventing free movement of the chest, hips and legs.
- the blanket is too warm or heavy, or the baby is dressed in too much clothing under the blanket.

Stop swaddling when your baby begins to roll.

Back to sleep

Babies should always sleep on their backs. This reduces the risk of Sudden Infant Death Syndrome (SIDS).

For more information about sleeping safely, see page 77.



Safety First

**Always put your baby to sleep on their back.
Never put your baby to sleep on their tummy or side.**

Getting to know your baby

The first few days

Your relationship with your baby is very important. That's why the best care for your baby means staying with you, 24 hours a day. You will only be separated for medical reasons. Have your baby in your room with you, your partner or support person at all times. When you room-in with your baby and respond to their needs consistently, your baby bonds with you and learns that you are a source of love, comfort and protection. Your baby feels safe and secure.

Spending this important time together with as few interruptions as possible has long-lasting, positive effects.

Spending a lot of time with your baby skin-to-skin will help:

- ✓ you and your partner start to build your relationship with your baby
- ✓ you and your partner learn about your baby and know when they need feeding, changing or holding
- ✓ make breastfeeding more successful
- ✓ your baby sleeps more deeply



Your partner or support person can help you get to know your baby by making sure that you both get enough rest and privacy. Tell friends and family they can help by keeping visits short. They can also help by making a few meals or doing household chores.

Be prepared for your sleep to be interrupted. Your baby will need to feed often, about every 1½ to 3 hours.

If your partner or support person is with you overnight, they can help by:

- holding and rocking your baby
- getting you a drink or snack
- changing the baby's diaper
- putting baby back in the cot on their back to sleep
- washing your breast pump kit, if needed

Your baby's behaviour

During the first few days, your baby will have times when he or she is awake and alert, and other times when they may be very sleepy.

Right after birth, your baby may be wide awake and alert. This awake time may last from 1 to 4 hours. This is the best time for their first feeding.

After this feeding, you may find that your baby is more sleepy. It may take a day or so for your baby to latch to your breast for most feeds. Soon after birth, we will show you how to hand express your milk and give it to your baby. This extra milk helps keep your baby fed every few hours while you are working on the latch.

Try to sleep when your baby is sleeping, so that both of you can recover from the hard work of childbirth. It is best to limit visitors during this important time when you are bonding and trying to establish breastfeeding.

By the second day, your baby may become more hungry. They may want to feed often. This is normal, but it can be tiring for you. Your nurse will continue to help you at this time.

Baby's second night

- You may find that when you take your sleeping baby off your breast, they cry loudly and start seeking the breast again. This can go on for most of the night. This is normal as your baby adjusts to their new surroundings.
- Feed your baby as often as they show signs of wanting to feed. A lot of moms think babies need frequent feedings because they do not have enough milk. This is rarely the case.
- If your baby falls asleep at the breast after a good feed, break the suction and slide your nipple gently out of their mouth. You do not have to burp your baby. Snuggle with your baby until they fall into a deep sleep.
- When your baby is fast asleep put them down in a safe sleeping space if you wish. If your baby starts to root and act as though they want to go back to the breast, that is okay.
- Comforting your baby at the breast will not 'spoil' them or create bad habits. This is what your baby needs to feel safe and secure.

By the third or fourth day, your baby may seem more content. As you get to know your baby, you will learn what your baby is "saying" he or she needs.

How to soothe your baby

Here are some things that you or your support person can do to soothe your baby when they are fussy or crying.

Feed your baby. If baby is still fussy, try putting baby to your breast again. If your baby does not want more to eat, try:

- holding your baby skin-to-skin
- gently rocking or massaging your baby
- holding and cuddling your baby
- singing softly to your baby
- making sure your baby's diaper is clean and dry

**While your baby is learning to breastfeed,
do not give them a soother (pacifier).**

Your baby's crying

Crying is an important way that your baby communicates to you before they can speak. Here's what to expect:

- Most babies have at least one fussy time each day, often in the evening.
- They may cry up to 20 or 60 minutes, even when being soothed. This does not mean they have colic.
- Some babies cry more at 6 to 8 weeks than at birth.

Why do babies cry?

Possible reason	What you can do
Hunger	<ul style="list-style-type: none">• Feed your baby. Offer the breast often if that helps to soothe your baby.
Bored or needs to be close to people	<ul style="list-style-type: none">• Massage, rock, talk, sing or bathe your baby.• Go for walks.• Hold your baby every day. Hold baby skin-to-skin.
Pain or discomfort	<ul style="list-style-type: none">• Change your baby's diaper, burp them or rub their back.• Changing your baby's position or bring them into another room so they can see a new environment.• If you are concerned that they are in pain, see your doctor or call Telehealth Ontario at 1-866-797-0000.
Too hot or too cold	<ul style="list-style-type: none">• Hold your baby skin-to-skin.• Check room temperature and make sure your baby is dressed appropriately.
Tired or overstimulated	<ul style="list-style-type: none">• Turn off lights and keep surroundings quiet.• Rock your baby gently. Rhythms or white noise may be soothing for your baby.
Illness	<ul style="list-style-type: none">• If your baby's cry sounds different to you or your baby cannot be soothed after trying everything, see your doctor or midwife, or call Telehealth Ontario at 1-866-797-0000.
Unknown reasons	<ul style="list-style-type: none">• Sometimes babies cry for unknown reasons.• Try to comfort your baby, allowing time for your baby to respond to each thing you try.

What to do if you become frustrated by baby's crying

If you become frustrated:

- take deep relaxing breaths
- count to 100
- have a good cry or scream into a pillow
- call someone for help
- put your baby in the crib and walk away for a few minutes



Safety First

Never, never shake a baby!

Shaking can damage your baby's brain and may cause death. This is called Shaken Baby Syndrome.

No child, at any age, should be shaken.

Make sure that everyone who cares for your baby knows this important information including your partner, relatives, nannies and babysitters.

For more information or help:

- Call your family doctor or midwife.
- Call your local Public Health Unit. In the Hamilton area, call **Health Connections** at 905-546-3550
- Visit www.dontshake.org or <http://purplecrying.info/> for more information on the Period of PURPLE Crying. This program offers a new way to understand your baby's crying.
- Visit www.caringforkids.cps.ca the Caring for Kids website (Canadian Pediatric Society) to read 'Never shake a baby'
- Visit the OMama website at www.omama.com
- Call YWCA Good Beginnings at 905-522-9922, ext. 310
- Call Women's Health Concerns Clinic at 905-522-1155, ext. 36499
- Call Crisis Outreach and Support Team (COAST) at 905-972-8338

Feeding your baby

Breastfeeding



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.

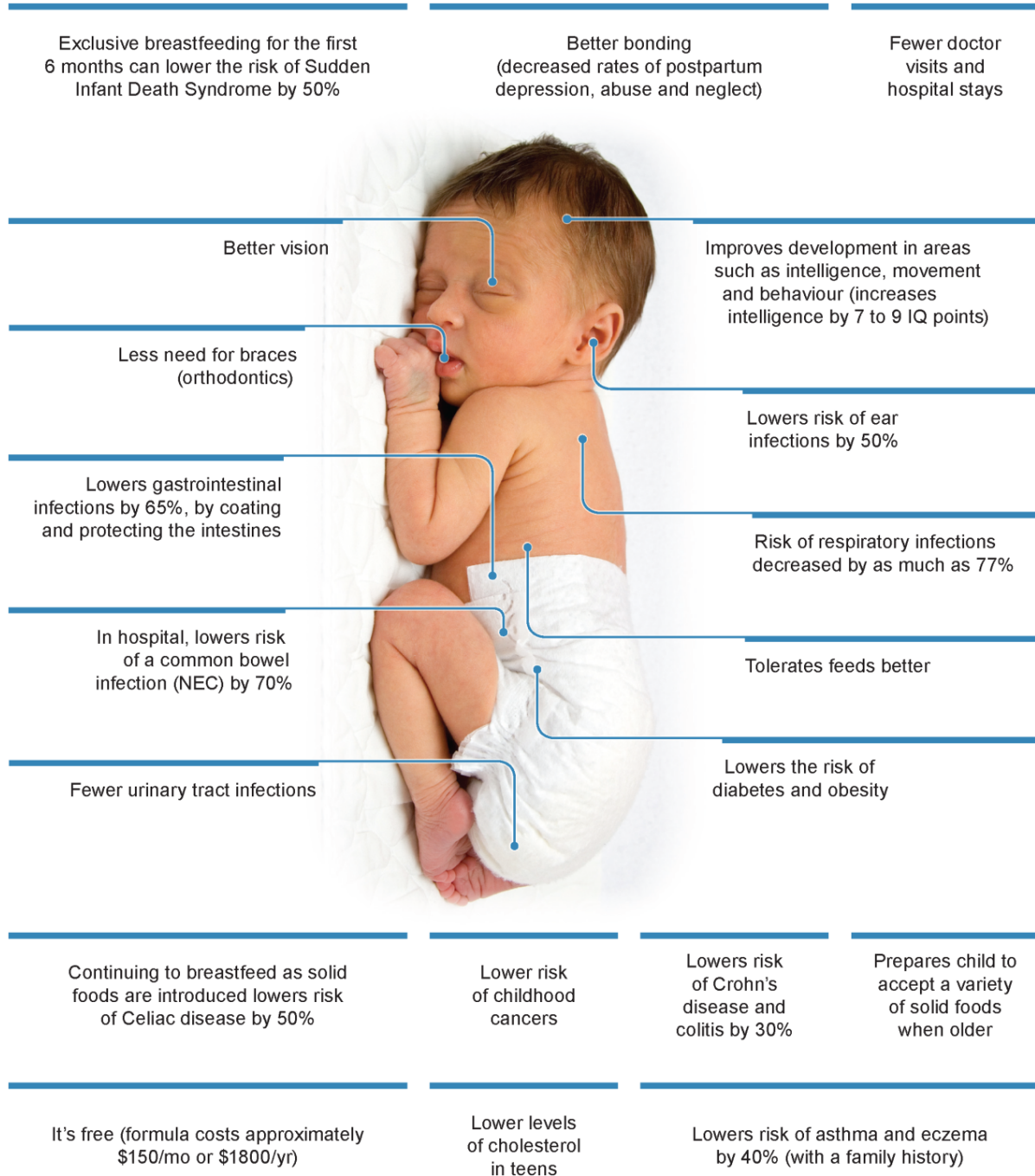
If you have not decided how you would like to feed your baby, talk with your health care provider and make sure you know all the facts. Our staff will respect your decisions about feeding your baby.

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

The health care team at this hospital is committed to supporting and promoting breastfeeding.

The Benefits of Breastfeeding

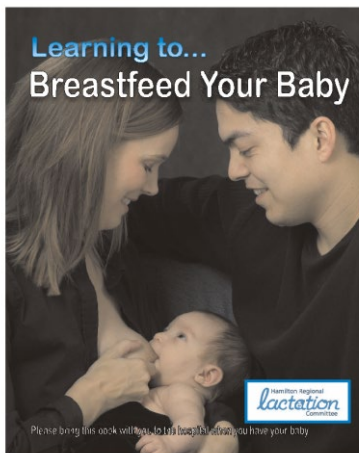
Breastfeeding is the normal way to feed babies. Here are the benefits of breastfeeding, when compared to formula feeding.



Learning to breastfeed your baby

During the first weeks after your baby's birth, you and your baby will be learning to breastfeed. Like learning any new skill, it takes time and practice before you feel confident. Be patient, but persistent – it will be worth it!

Your health care providers will give you information and support as you get started. **Ask your nurse whenever you need help.** Your nurse can also arrange for a Public Health Nurse to speak with you about home visits and Public Health Breastfeeding Clinics.



We will give you a copy of the book
"Learning to Breastfeed Your Baby".

This book is also available online at:
www.hhsc.ca/ped/ Search for "Learning to breastfeed".

Some women may worry about whether they will be able to breastfeed successfully. If you are worried, please talk with your health care providers. We can help and support you as you learn to breastfeed.

For more information:

- Talk with your midwife or doctor
- Call the Breastfeeding Support Helpline (24 hours) at 1-866-797-0000
- Call your local Public Health Unit. In the Hamilton area, call **Health Connections** at 905-546-3550
- Visit Hamilton Regional Lactation Committee's website:
www.breastfeedinghelphamilton.ca
- Visit the OMama website: www.omama.org

Formula feeding your baby

If your baby needs formula in the hospital for a medical reason, we will provide it.

If you are going to feed your baby formula, you need to know:

- Babies require a liquid formula for at least the first 2 months. Then you can talk with your health care provider if you would like to change to a powder.
- Some liquid formulas come in a sterilized concentrate form and need to be diluted with water. Carefully follow the directions on the package.
- All bottles and nipples must be sanitized.



We will also give you a copy of the book called "**Formula Feeding Your Baby**".

This book is also available online at: www.hhsc.ca/pedI Search for "formula".

For your baby's health and safety, carefully follow the instructions in this booklet to make your baby's formula.

Have formula ready at home. The hospital does not provide you with formula when you leave the hospital.

How to tell when your baby is ready to feed

In the first 24 hours after birth, you may find your baby is sleepy and that you need to wake them to feed at least every 3 hours. In the next 24 hours your baby will be more awake and want to feed more often, at least 8 times in 24 hours.

Spend as much time as you can with your baby to get to know them. You will learn to recognize the signs that your baby is hungry and ready to feed.

Here are some signs that your baby is hungry and ready to feed:

- your baby's eyes move rapidly behind closed eyelids
- your baby may try to lick or suck at whatever is close to their face
- your baby may turn their head from side to side
- your baby may bring their arms closer to his or her face
- your baby's hands may rub or even scratch their face

Crying may be one of the last signs that your baby is getting ready to feed.

How to tell when your baby is finished feeding

Here are some signs that your baby has finished feeding:

- your baby seems more relaxed and sleepy
- your baby may not seem interested in sucking even after you burp and move them
- your baby settles well and becomes quiet and content

How do I care for my baby's mouth?

A healthy mouth is very important for your baby's overall health.

When you look inside your baby's mouth:

- You will see the gums are pink and shiny.
- You will not see any teeth, but they are there! Your baby's first teeth are hidden under the gums. Teeth will start to grow and come through the gums in 6 to 10 months.

Good mouth care starts at birth – before the first tooth appears!

Follow these steps:

1. Dampen a clean, soft cloth with water.
2. Wrap the cloth around your finger and gently wipe your baby's gums.
3. Do this two times a day. For example, each morning and evening.

How do I tell if my baby has enough wet diapers and bowel movements?

The Diaper Chart		
Baby's age	Wet diapers	Stools
1 day	<ul style="list-style-type: none">• 1 to 2 wet diapers.	<ul style="list-style-type: none">• At least 1 stool that is black and tarry. This is called meconium.
2 days	<ul style="list-style-type: none">• At least 1 to 2 wet diapers.• It is common to see small pink spots on the diaper caused by uric acid in the urine.	<ul style="list-style-type: none">• At least 1 stool that may have a greenish colour.
3 days	<ul style="list-style-type: none">• 3 or more wet diapers.• You may still see small pink spots.	<ul style="list-style-type: none">• At least 3 stools that are dark green, yellow or brown.
4 to 6 days	<ul style="list-style-type: none">• 6 or more wet diapers each day, without any pink spots.• Diapers will seem heavier as your baby passes more urine.	<ul style="list-style-type: none">• 3 or more soft stools each day. Your baby may have a stool with every diaper change.• Breastfed babies' stools are yellow and "seedy".• Formula fed babies' stools are yellow-brown.
7 days to 1 month of age	<ul style="list-style-type: none">• 6 or more heavy, wet diapers each day that have pale or colourless urine.	<ul style="list-style-type: none">• At least 3 soft stools each day. Yellow (breastfed) or yellow-brown (formula fed).

If you are concerned about your baby's wet diapers or stools, call your doctor, midwife, public health nurse or Telehealth Ontario at 1-866-797-0000

Jaundice

What is jaundice?

Jaundice is a common condition in newborn babies. It can give the skin or the white part of the eyes a yellow colour. The yellow comes from bilirubin in the blood. Before birth, the mother's liver removes the bilirubin from the baby's blood. After the baby is born, it takes a few days for the baby's liver to get better at removing the bilirubin on its own. During this time, many babies develop jaundice. Jaundice can occur in a baby of any race or skin colour.

Feeding your baby often (especially breastfeeding) in the first few hours and days after birth can help lower the risk of jaundice. This helps your baby pass more bowel movements (stools) and gives your baby's liver the energy it needs to remove the bilirubin.

Are some babies more likely to get jaundice?

Yes, these circumstances can make jaundice more likely or make jaundice worse:

- birth earlier than 2 weeks before the due date
- bruising from a difficult delivery such as when forceps are used
- baby's blood type is different than the mother's blood type
- signs of jaundice within the first 24 hours after birth
- baby has a sibling who was treated for jaundice
- baby is not feeding well, especially if breastfeeding
- baby has an infection
- baby is of East Asian race (for example, Japanese, Chinese, Indonesian, Korean, Vietnamese or Cambodian)
- baby has a family history of a genetic condition called G6PD deficiency

Is jaundice harmful?

Most babies have mild jaundice, which is not harmful. However, it is possible for a baby to have so much bilirubin in the blood that it becomes harmful. A very high bilirubin level can damage a baby's brain and cause hearing loss and mental disability.



As a safety measure, we check all newborn babies for jaundice.

Safety First

Babies who have signs of jaundice will be closely monitored and if needed, will be treated to lower the bilirubin level.

How do I know if my baby has jaundice?

Signs of jaundice

Each person who cares for your baby, including you and your family, should watch for these signs of jaundice:

- The whites of the baby's eyes are yellow.
- The baby's skin turns yellow. First on the face, then down the baby's chest, tummy, arms and legs. This is harder to see in babies with darker skin.
- The baby is sleepy and may be hard to wake.
- The baby does not feed well or refuses to feed.
- The baby is more fussy.
- The baby is losing weight.

Blood tests for jaundice

The Canadian Pediatric Society recommends that all babies should have a blood test to check for jaundice.

The amount of bilirubin in your baby's blood will be measured from a small sample of blood taken from his or her heel.

A bilirubin test can be done along with your baby's Newborn Screening blood test, or at any time there is a concern that your baby is jaundiced.

The best time for this routine test is when your baby is between 24 and 72 hours old. If your baby goes home less than 24 hours after birth, ask your baby's doctor or your midwife about a bilirubin test at your first follow-up visit.

Depending on the amount of bilirubin and your baby's age in hours, the doctor or midwife will decide if your baby needs more tests or treatment.

By treating babies before their bilirubin level gets too high, we can prevent complications.

Your nurse will tell you if your baby needs another bilirubin test while you are in the hospital or after you go home. If your baby needs treatment, the doctor or midwife will discuss this with you.

How is jaundice treated?

The best way to lower bilirubin levels is to expose your baby's skin to a special light. This treatment is called phototherapy.

If your baby needs phototherapy, the doctor or midwife will decide which method of phototherapy is best for your baby. The nurse will give you more information and show you how to care for your baby during treatment.

Putting baby in direct sunlight will not treat jaundice.

How do I care for my baby if they have jaundice?

1. Feed your baby more often

Frequent feeding gives your baby extra fluids and helps to get rid of bilirubin through the stools.

If you are breastfeeding, feed your baby every 2 to 3 hours, during the day and night. Feed your baby as long as he or she wants.



Safety First

If your baby is very sleepy or having problems feeding, have your baby checked right away. Do not wait for your baby's next appointment!

2. Check your baby's diapers each day

Check to see if he or she is passing enough stools for their age. See the chart on page 54.

3. Check your baby for signs of jaundice

Check your baby each day for signs of jaundice on page 56. If you think your baby is becoming jaundiced (or more jaundiced), call your baby's doctor or midwife right away. If you cannot reach your doctor or midwife, take your baby to the nearest hospital Emergency Department to be checked.

When does jaundice go away?

In breastfed babies, jaundice often lasts for more than 2 to 3 weeks.

In formula fed babies, most jaundice lasts for about 2 weeks.

Jaundice may take longer to go away in babies who are sick or premature and who are being cared for in the Neonatal Nursery.

What follow-up care does my baby need?

Your nurse will tell you:

- if your baby needs another bilirubin test after you leave the hospital
- when your baby needs to be seen by the doctor or midwife

Your baby must have a follow-up appointment with the doctor or midwife to make sure that they are not becoming more jaundiced.

Before leaving the hospital, call to confirm the date and time of your appointment. Do not cancel or reschedule the appointment, even if you think your baby looks fine. The timing of this test is very important.

At home, continue to check your baby each day for signs of jaundice.



Safety First

If you are concerned that your baby may be jaundiced or is becoming more jaundiced, call your baby's doctor or your midwife.

Do not wait for your appointment.

If you are unable to reach the doctor or midwife, take your baby to the nearest hospital emergency department to be checked.

Hearing screening

Every year in Ontario, about 3 in 1,000 babies are born deaf or hard of hearing. Some babies may develop hearing loss as they grow older.

Most babies are able to hear at birth. Good hearing is needed for babies to learn how to talk and understand language. Hearing loss can delay or prevent babies from learning these skills. Early detection of hearing loss gives your baby the best chance to develop normal language skills.

Most babies are eligible for 'screening' before they leave the hospital. This hearing test is comfortable and safe for your baby.

There are 2 types of screening: Otoacoustic Emission (OAE) and Automated Auditory Brainstem Response (AABR). Most healthy babies will have the OAE screening done first. If they do not pass the OAE or if there are other risk factors for hearing loss, an AABR will be done.

If your baby does not pass the screening in hospital or it cannot be done before you go home, your baby will need to be followed in the community by the Infant Hearing Program (IHP).

- Staff from the IHP in your region will contact you within about 2 weeks of leaving the hospital.
- If you do not get a call, please call IHP at 905-385-7927, ext. 221 or toll-free at 1-866-826-4327.

For more information

- More information about the **Infant Hearing Program** is available from the Government of Ontario website www.ontario.ca/infanthearing
- In the Hamilton area, IHP services are provided by "**Early Words**". Early Words also provides free information and services related to preschool children's speech and language. You can call Early Words at 905-381-2828, ext. 225 or visit www.earlywords.ca

Newborn screening

What is newborn screening?

Newborn screening is the testing of a small amount of blood from newborn babies to check for rare health problems, called disorders. If these disorders are found early, they can be treated. Treatment can prevent babies from developing disabilities or serious illness.

As directed by the Ministry of Health and Long Term Care, all babies born in Ontario must be offered a newborn screening test. The standard of care at our hospital is for all babies to have their newborn screening test done before they leave the hospital or to have this test done by their midwife.

Why does my baby need a screening test?

A screening test shows whether there is a high or low risk that your baby has any of these disorders. If your baby has a high risk of developing a disorder, he or she will have more tests. If tests show your baby has a disorder, your baby can be treated to prevent serious health problems later in life.

When is this test done?

The screening test is done when your baby is between 24 and 48 hours old.

If your baby is born early or is in one of the Neonatal Nurseries, the timing of this screening test may vary. Your baby's doctor or nurse will give you more information.

How is the test done?

The screening test is done by taking drops of blood from your baby's heel. The blood is collected on a special paper, and sent to a special lab for testing.

When is a second screening test needed?

Your baby must have a second screening test within 5 days:

- If your baby's first screening test was done before 24 hours of age.
- If there is a problem with the quality of the blood sample in the first test.
- If your baby has a blood transfusion in one of the Neonatal Nurseries before the first test was done. Ask your baby's doctor when the screening test needs to be repeated.

It is your responsibility to arrange for your baby to have a second test at one of these Outpatient Laboratories:

Lab location	Hours	Phone
McMaster University Medical Centre 1200 Main Street West, Hamilton Specimen Collection Centre Room 3H6, 3 rd floor	Monday to Thursday 8 am to 4:30 pm Friday 8 am to 3:30 pm	905-521-2100, ext. 76263
St. Joseph's Healthcare Hamilton 301 James Street South, Hamilton Fontbonne Building, 1 st floor	Monday to Friday 7:45 am to 3:30 pm	905-522-1155, ext. 33401
The laboratories are closed on weekends and holidays.		

How do I get the results of my baby's screening test?

A report of the test results will be mailed to your hospital and/or health care provider. The report will be filed in your baby's health record.

If your baby's screening test is "negative", it means that your baby has a low risk of developing the disorders. More than 99% of babies screened have a "negative" result.

If your baby's screening test is "positive", it does not necessarily mean that your baby has a disorder, but only that further testing is needed. The hospital or your midwife will contact you right away to make arrangements for follow-up at a hospital where specialists can do more tests. If a diagnosis of a disorder is made, your baby will be treated and your family will get more information and support.

For more information about Newborn Screening:

- Visit the website: www.newbornscreening.on.ca
Search under the tab “About Screening” to read the fact sheet
“Newborn Screening: A healthy start leads to a healthier life”.
It is available in 20 languages.
- Talk with your nurse, doctor or midwife.

Chapter 4 - Getting ready to go home

In this chapter you will learn about:

- Registering your baby's birth
- Preparing to go home
- Support from Public Health Services
- Follow-up care for you and your baby
- Car seat safety
- A smoke free environment
- Sleeping safely
- Choosing safe baby clothes
- Tummy time



Registering your baby's birth

Every child born in Ontario must be registered with Ontario's Office of the Registrar General.

Your baby must be registered before they can get other government services and documents such as a Birth Certificate, Social Insurance Number, Canada Child Benefits or Ontario Health Card.

Birth Registration

Registration creates a permanent identity record for your baby with his or her legal name. This is required by law in Ontario. There is no charge to register your baby.

You will need to give details about your baby's birth, including the name and address of the 'attendant' at your baby's birth. This is the doctor or midwife who delivered your baby.

You must go online to register your baby's birth directly with the Government of Ontario

To register or get more information, go to
<https://www.ontario.ca/page/register-birth-new-baby>

Register by using the 4-in-1 Newborn Bundle which allows you to:

- Register the birth
- Get a Birth Certificate
- Apply for a Social Insurance Number
- Sign up for Canada Child Benefits

If more than one parent is going to be named on the baby's birth registration, they must be present at the computer to confirm this form online.

Applying for other government documents

Birth Certificate

- Any parent who is named on the baby's Birth Registration or a legal guardian of the baby may apply online for the Birth Certificate.
- There is a fee to get a Birth Certificate.
- Your baby's Birth Certificate will be mailed to you.

Social Insurance Number (SIN)

- Applying for a SIN is optional. The online application is quick and easy and saves you from having to apply at a later date.
- Only the parent(s) may apply for their baby's SIN.
- There is no fee for the SIN.

Canada Child Benefits

- The birth mother of the baby may apply for the Canada Child Benefit (CCB) online, if eligible.
- There is no fee for the CCB.

**For information about any of these government services,
call the Canada Revenue Agency at 1-800-387-1193.**

Applying for your baby's Ontario Health Card (only for residents of Ontario)

After you have your baby, you will receive the Ontario Health Coverage Infant Registration form. You must take this form to Patient Registration before you leave the hospital to register your baby for the Ontario Health Insurance Plan (OHIP). Patient Registration is on the 2nd floor, near the main lobby. It is always open.

If you are a resident of Ontario, you will be given a temporary health card number. Use this number for your baby's health care until the permanent Health Card arrives in the mail within 4 to 6 weeks.

**For information about government services and programs,
call Service Ontario at 1-800-267-8097.**

Preparing to go home



Most women who have a vaginal birth are ready to go home within 1 to 2 days.

Most women who have a cesarean birth are ready to go home within 2 to 3 days.

Your stay may be shorter or longer, depending on your health and your baby's health.

To help you get ready to go home, your health care providers will help you learn about:

- how to care for yourself and your baby at home
- what to expect during your recovery
- what medications you or your baby require and if you need prescriptions
- what help you may need at home
- what follow-up appointments you and your baby need
- what warning signs to watch for – see pages 89 and 90
- how to get in touch with a public health nurse
- who to call for questions or help – there are many people who can help you – see page 84 for community resources

**Please talk with your nurse, doctor or midwife
if you have special needs or concerns about going home.**

Support from Public Health Services

While you are still in the hospital, your nurse will ask if you would like to speak with a Public Health Nurse (PHN). The PHN can tell you:

- about the community services that are available for you and your baby
- how a PHN supports you once you are at home with your baby

When you are at home, you can easily access information and support from Public Health Services.

A PHN can help you learn about:

- breastfeeding
- healthy eating
- child development
- child safety such as car seats and safe sleep
- parenting concerns such as sleeping and crying
- mood disorders during pregnancy and postpartum
- preparing for healthy pregnancies

A PHN can also help you access important services, such as the breastfeeding clinic for breastfeeding support, home visits from the Healthy Babies, Healthy Children program and other community services.



To connect with a Public Health Nurse,

- call Health Connections at 905-546-3550
- visit Healthy Families Hamilton on Facebook at www.facebook.com/HealthyFamiliesHamilton
- visit our website at www.hamilton.ca/public-health

If you live outside the Hamilton area, contact your local Public Health Unit.

To connect with a Registered Dietitian:

- Call EatRight Ontario at 1-877-510-5102
- Visit EatRight Ontario at www.eatrightontario.ca

Follow-up care for you and your baby

When your baby should visit the doctor or midwife

Your baby's first follow-up appointment with the family doctor, midwife or other health care provider will be within 1 to 2 days of leaving the hospital. Your obstetrician does not check your baby's health.

Call and make this appointment before you leave hospital. If you have a midwife, the midwife will visit your baby at home.

Over the next year, your baby will need to visit a doctor or health care provider at specific times to make sure that he or she is healthy and growing well, and to get immunizations.

For information about immunizations go to the Public Health Agency of Canada website: <http://www.phac-aspc.gc.ca/im/index-eng.php>

When you should visit your doctor or midwife

You will need to visit your doctor or midwife about 6 weeks after your baby's birth.

At your 6 week follow-up visit, your doctor or midwife will:

- check that your body is healthy and healing
- arrange for tests to check your health, if needed
- answer your questions about resuming sexual intercourse, family planning and birth control
- answer questions about exercise
- give you information about parenting if needed
- help you learn more about feeding and caring for your baby, if needed



Call your doctor or midwife if you become concerned about your baby or your health.

Car seat safety

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.

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

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 "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.

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 **rear facing** car seat 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.

How to use your car seat

Putting your baby in the car seat

- Keep your baby rear facing for as long as possible to protect your baby's head and back.
- The harness straps should be flat and sit at or below your baby's shoulders.
- The harness should be snug. If you can vertically pinch the webbing, the harness is too loose and needs to be tightened.
- The chest clip is at the baby's armpit level and closed properly.

Your baby should not wear bulky clothing

- Do not dress your baby in a snowsuit, bunting bag or puffy jacket while 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.
- 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.
- To watch a video on the risk of using snowsuits in car seats go to: <https://www.youtube.com/watch?v=9XIE5kyyg5s>

Aftermarket products

- Only use items that came with the car seat. Adding products like bunting bags, head huggers and strap covers are not safe.
- Keep your car clear of loose items (such as baby on board signs) that could injure you or your baby during a collision or sudden stop.

Car seats are for travel only

- Your baby should only be in a car seat while they are travelling in a vehicle.
- Take your baby out of the car seat when you reach your destination.

Distracted driving

- Always keep your eyes on the road.
- Pull over if your baby needs you and avoid baby mirrors as they can be a visual distraction.
- It is against the law to use a hand held device such as a phone while driving.

Other safety tips

- It is against the law to smoke in your vehicle if a child 16 or younger is also in the vehicle.
- Never place your car seat on a high surface like a table or counter-top.

Other resources

Hamilton Public Health – Car seats: www.hamilton.ca/public-health/health-topics/car-seats

Healthy Families Hamilton on Facebook:
www.facebook.com/HealthyFamiliesHamilton

Ontario Ministry of Transportation: 1-800-268-4686 or
www.mto.gov.on.ca/english/safety/choose-car-seat.shtml

Transport Canada: 1-800-333-0371 or
<https://www.tc.gc.ca/eng/motorvehiclesafety/safedrivers-childsafety-car-time-stage1-1084.htm>

A smoke-free environment

Smoke is a health risk for you and your baby. It is one of the greatest risk factors for Sudden Infant Death Syndrome (SIDS).

Make sure your baby is not exposed to smoke

- Exposure to smoke increases the risk of SIDS.
- If you smoke, the best thing that you can do for yourself and your baby is to quit smoking.
- Do not expose your baby to second-hand smoke. It is best if no one smokes in your home or vehicle. Anyone who wishes to smoke should do so outside.
- Do not take your baby to smoky places.



If you would like help to quit smoking:

- Call the Hamilton Public Health Tobacco Hotline at 905-540-5566, or
- Call the Smokers' Helpline at 1-877-513-3333 (toll free) or visit www.smokershelpline.ca

If you live outside the Hamilton area, call your local Public Health Unit for information and help.

If you smoke, here are some suggestions to reduce the risk of harm to your baby:

- Cut down on the number of cigarettes you smoke.
- Do not smoke while holding your baby, even outside.
- Only smoke after breastfeeding your baby.
 - Nicotine in smoke goes into your breastmilk. The amount of nicotine in your breastmilk decreases over time.
 - Smoking just before you breastfeed can interfere with your milk let down so your baby may get less milk.
- Change your clothes after smoking, before holding your baby.
 - Smoke clings to clothing. You may want to keep a T-shirt by your door, to wear when you go outside to smoke.

Sleeping safely

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.

A comfortable temperature

- Babies can get overheated from too many clothes or if the room is hot.
- Check the back of your baby's neck to see if they are too warm.

Swaddling

Some research has shown that swaddling (wrapping a baby snugly in a blanket) may help babies sleep. However, there is also evidence that incorrect swaddling can be harmful. For this reason, Health Canada and the Public Health Agency of Canada have no recommendations about swaddling.

To decide whether to swaddle your baby, please review the information on page 42.

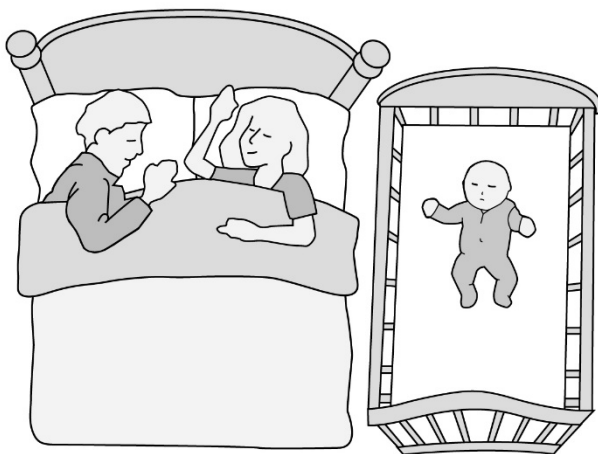
Back to sleep



Your baby should always sleep on their back – for every nap and sleep, day or night.

This position reduces the risk of Sudden Infant Death Syndrome (SIDS).

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 ("co-rooming") 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 in a crib, cradle or bassinet on a firm mattress designed for babies. Adults, children and pets should never sleep with your baby.

Although sleeping with your baby may seem natural, this can be very dangerous. Babies have been hurt or died by:

- falling off an adult bed
- being trapped between a mattress and headboard, or a mattress and wall
- being smothered
- sharing a bed with an adult who is extremely tired, or impaired by alcohol or drugs

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

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 <http://www.hc-sc.gc.ca/cps-spc/advisories-avis/aw-am/sleep-sommeil-eng.php> and <http://healthycanadians.gc.ca/kids/safe-sleep/>
- Canadian Pediatric Society, Caring for Kids
http://www.caringforkids.cps.ca/handouts/safe_sleep_for_babies

If you live in the Hamilton area, you can also call Health Connections at 905-546-3550. Outside the Hamilton area, please call your local Public Health Unit.

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.

Babies can get overheated from too many clothes or if the room is hot. Touch the back of your baby's neck to see if they feel too warm or too cold.

Remove hats and extra clothes when you come indoors or get into a warm vehicle, even if it means waking your baby.

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.

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.

Tummy time



During the day your baby will spend time in a crib, a car seat, carrier or swing. This can add up to a lot of time on their back. Your baby needs some “tummy time” each day. This is playtime on their stomach, when your baby is awake and someone is watching.

Newborn babies can only lift their heads briefly. In time, babies learn to lift their heads and push up with their arms to lift their chest. This strengthens the muscles of the neck, shoulders and back. These muscles are important for learning to roll and crawl.

Without tummy time, your baby’s upper body movements may be delayed and the back of your baby’s head can become flat.

Tummy time also gives your baby a chance to explore and enjoy their surroundings in new ways.

Chapter 5 - Community resources

In this chapter you will learn about:

- Where to get information and help



Where to get information and help

As a new parent, you are learning to care for yourself, your baby and your family. You may have many questions or concerns. Please remember that you are not alone. There are many people in your community who can give you support, information and help.

As well as your doctor or midwife, here are some other helpful people and services.

	Phone number
City of Hamilton Public Health Services Call Health Connections and speak to a Public Health Nurse about: <ul style="list-style-type: none">• breastfeeding• child safety such as car seats and safe sleep• growth and development• healthy eating• parenting issues such as sleep, crying and challenging behaviours• postpartum depression• programs and services such as home visits and groups www.hamilton.ca/familyhealth www.facebook.com/HealthyFamiliesHamilton	905-546-3550 Health Connections Monday to Friday 8:30 am to 4:30 pm
Community Information Hamilton	905-528-8127
Labour and Delivery Triage Unit McMaster University Medical Centre, Hamilton Health Sciences	905-521-5050

	Phone number
Newborn Assessment Post-discharge Clinic Ward 4C, McMaster University Medical Centre	905-521-2100 ext. 76347
Ontario Early Years Centres Parenting, health and educational resources and supports for children from prenatal to six years. <ul style="list-style-type: none"> • Take part with your children in a range of FREE programs and activities • Get answers to your questions from early years and health professionals • Get information about child and family programs and services in the community • Learn more about your child's development • Connect with other parents and caregivers in your community 	Hamilton Early Years information line: 905-524-4884
Public Health Services Breastfeeding Clinic Please call for an appointment	905-546-3550
Social Assistance If you want to find out where you can apply for financial help or get free food, clothing or household items, call: <ul style="list-style-type: none"> • Health Connections • Ontario Works www.mcass.gov.on.ca 	905-546-3550 905-546-4800

	Phone number
St. John's Ambulance <ul style="list-style-type: none">• Parents and other caregivers can learn first aid and infant CPR (cardiopulmonary resuscitation)• For information about new parent courses and branch locations, go to www.sja.ca	905-387-1880
Telehealth and Breastfeeding Support Helpline <ul style="list-style-type: none">• 24 hour telephone information by Registered Nurses offered by the Ontario Government	1-866-797-0000
Women's Health Concerns Clinic St Joseph's Healthcare Hamilton King Campus (2757 King Street East) <ul style="list-style-type: none">• Provides care for women with health concerns relating to their periods, childbirth or menopause. You do not need a doctor's referral.	905-522-1155 ext. 36499

Chapter 6 - Checklists and forms

In this chapter you will find:

- Diaper chart
- Health concerns for mom (checklist)
- Health concerns for baby (checklist)
- My baby's first week at home (feeding chart)
- My appointments
- My learning needs

The image shows a sample of a 'My appointments' form. It is titled 'My appointments' and contains three sections:

- Appointment for Baby**: Within 1 to 2 days of leaving the hospital, your baby must be checked by a doctor, midwife or nurse. Appointment with: _____ Date: _____ Time: _____
- Appointment for Mom**: About 6 weeks after baby's birth, you need to be checked by your doctor or midwife. Appointment with: _____ Date: _____ Time: _____
- NAP Clinic (Newborn Assessment Post-discharge Clinic)**: The NAP Clinic is on Ward 4C. Come with baby ready to breastfeed. If you need to cancel or change your appointment, call the day before. 905-521-2100, ext. 76347. Date: _____ Time: _____

The Diaper Chart

Baby's age	Wet diapers	Stools
1 day	<ul style="list-style-type: none">• 1 to 2 wet diapers.	<ul style="list-style-type: none">• At least 1 stool that is black and tarry. This is called meconium.
2 days	<ul style="list-style-type: none">• At least 1 to 2 wet diapers.• It is common to see small pink spots on the diaper caused by uric acid in the urine.	<ul style="list-style-type: none">• At least 1 stool that may have a greenish colour.
3 days	<ul style="list-style-type: none">• 3 or more wet diapers.• You may still see small pink spots.	<ul style="list-style-type: none">• At least 3 stools that are dark green, yellow or brown.
4 to 6 days	<ul style="list-style-type: none">• 6 or more wet diapers each day, without any pink spots.• Diapers will seem heavier as your baby passes more urine.	<ul style="list-style-type: none">• 3 or more soft stools each day. Your baby may have a stool with every diaper change.• Breastfed babies' stools are yellow and "seedy".• Formula fed babies' stools are yellow-brown.
7 days to 1 month of age	<ul style="list-style-type: none">• 6 or more heavy, wet diapers each day that have pale or colourless urine.	<ul style="list-style-type: none">• At least 3 soft stools each day. Yellow (breastfed) or yellow-brown (formula fed).

If you are concerned about your baby's wet diapers or stools, call your doctor, midwife, public health nurse or Telehealth Ontario at 1-866-797-0000

Health concerns for Mom

Call your family doctor, obstetrician or midwife if you have ANY of these problems after your baby's birth:

Fever	<ul style="list-style-type: none">• Your temperature is 38°C (100°F) or higher.
Perineum	<ul style="list-style-type: none">• You have pain, redness or swelling in the area between your vagina and rectum that is getting worse.
Vaginal flow	<ul style="list-style-type: none">! You have heavy bleeding – soaking a maxi pad in 1 hour, or passing large clots the size of an egg from your vagina.• There is a change in the discharge from your vagina. For example, it increases in amount, has a bad smell or that area is very itchy.
Cesarean birth incision	<ul style="list-style-type: none">• Pain in your incision that does not get better with medication.• Your incision is bleeding, draining or coming open.
Passing urine	<ul style="list-style-type: none">• You have the urge to pass urine all the time.• You have trouble passing urine and it is painful.
Bowel movements	<ul style="list-style-type: none">• Your usual pattern of bowel movements has not returned in 2 to 3 days after a vaginal birth, or 3 to 5 days after a cesarean birth.
Breasts	<ul style="list-style-type: none">• Your nipples are cracked or bleeding and/or breastfeeding is painful.• Your breasts are so full and hard that your baby cannot latch on.
Feelings	<ul style="list-style-type: none">! You are feeling anxious, panicky, hopeless or helpless.! You are experiencing no feelings or angry feelings towards your baby.! You have thoughts of harming yourself or your baby.
Other	<ul style="list-style-type: none">• You have one or more of these symptoms: a headache, neck pain, or neck stiffness – and they are severe or do not get better.! You are unable to care for yourself or your baby.! You have pain or tenderness in your leg (calf) with swelling, redness or warmth.! You have trouble breathing or chest pain.! You feel faint or dizzy often.

If you are concerned, call your family doctor, obstetrician or midwife right away. **Do not wait for your next appointment.** If you are unable to reach a doctor or midwife, go to the nearest hospital emergency department.



For these emergencies call 911 or go to the nearest hospital emergency department.

Health concerns for Baby

Call your baby's doctor or your midwife if your baby has ANY of these problems in the first month of age:

Feeding	<ul style="list-style-type: none"> Does not want to eat – refuses 2 feedings in a row. A breastfed baby cannot latch onto the breast or is feeding less than 8 times within 24 hours. A formula fed baby is feeding less than 6 times within 24 hours. Throws up (vomits) 2 entire feedings in row. Vomit is green in colour. You are concerned that your baby is losing weight.
Wet diapers and stools (bowel movements)	<ul style="list-style-type: none"> Has fewer wet diapers or stools than expected for his or her age (see chart on page 88). Has pink spots (uric acid) on the diaper after 3 days of age. Has stools that are black and tarry after 3 days of age. Has watery or bloody stools.
Infection	<ul style="list-style-type: none"> Has a temperature over 37.5°C (99.5°F) taken under the armpit. Has a low temperature less than 36.5°C (97.7°F) taken under the armpit. Has a weak cry, looks pale or tired and not feeding well.
Jaundice	<ul style="list-style-type: none"> Your baby's skin looks yellow or is becoming more yellow. The whites of your baby's eyes are yellow. Your baby seems sleepy and is hard to wake. Your baby is becoming more fussy.
Emergencies	<div> <div> <ul style="list-style-type: none"> ! Your baby is not responsive. ! Your baby is not breathing. ! Your baby begins to turn blue. </div> <div> <p>For these emergencies call 911</p> </div> </div>
<p>For any of these problems, it is important to call your doctor or midwife immediately. Do not wait for your baby's next doctor or midwife appointment. If you are unable to reach the doctor or midwife, take your baby to the nearest hospital emergency department immediately.</p>	

My Baby's First Week at Home

Day 1:				Day 2:				Day 3:				Day 4:			
Day				Day				Day				Day			
Time	Feed	Pee	Poo	Time	Feed	Pee	Poo	Time	Feed	Pee	Poo	Time	Feed	Pee	Poo
7 am				7 am				7 am				7 am			
8 am				8 am				8 am				8 am			
9 am				9 am				9 am				9 am			
10 am				10 am				10 am				10 am			
11 am				11 am				11 am				11 am			
12 pm				12 pm				12 pm				12 pm			
1 pm				1 pm				1 pm				1 pm			
2 pm				2 pm				2 pm				2 pm			
3 pm				3 pm				3 pm				3 pm			
4 pm				4 pm				4 pm				4 pm			
5 pm				5 pm				5 pm				5 pm			
6 pm				6 pm				6 pm				6 pm			
Night				Night				Night				Night			
Time	Feed	Pee	Poo	Time	Feed	Pee	Poo	Time	Feed	Pee	Poo	Time	Feed	Pee	Poo
7 pm				7 pm				7 pm				7 pm			
8 pm				8 pm				8 pm				8 pm			
9 pm				9 pm				9 pm				9 pm			
10 pm				10 pm				10 pm				10 pm			
11 pm				11 pm				11 pm				11 pm			
12 am				12 am				12 am				12 am			
1 am				1 am				1 am				1 am			
2 am				2 am				2 am				2 am			
3 am				3 am				3 am				3 am			
4 am				4 am				4 am				4 am			
5 am				5 am				5 am				5 am			
6 am				6 am				6 am				6 am			

Day 5:				Day 6:				Day 7:			
Day				Day				Day			
Time	Feed	Pee	Poo	Time	Feed	Pee	Poo	Time	Feed	Pee	Poo
7 am				7 am				7 am			
8 am				8 am				8 am			
9 am				9 am				9 am			
10 am				10 am				10 am			
11 am				11 am				11 am			
12 pm				12 pm				12 pm			
1 pm				1 pm				1 pm			
2 pm				2 pm				2 pm			
3 pm				3 pm				3 pm			
4 pm				4 pm				4 pm			
5 pm				5 pm				5 pm			
6 pm				6 pm				6 pm			
Night				Night				Night			
Time	Feed	Pee	Poo	Time	Feed	Pee	Poo	Time	Feed	Pee	Poo
7 pm				7 pm				7 pm			
8 pm				8 pm				8 pm			
9 pm				9 pm				9 pm			
10 pm				10 pm				10 pm			
11 pm				11 pm				11 pm			
12 am				12 am				12 am			
1 am				1 am				1 am			
2 am				2 am				2 am			
3 am				3 am				3 am			
4 am				4 am				4 am			
5 am				5 am				5 am			
6 am				6 am				6 am			

My appointments

Appointment for Baby

Within 1 to 2 days of leaving the hospital, your baby must be checked by a doctor, midwife or nurse.

Appointment with: _____

Date: _____

Time: _____

Appointment for Mom

About 6 weeks after baby's birth, you need to be checked by your doctor or midwife.

Appointment with: _____

Date: _____

Time: _____

NAP Clinic (Newborn Assessment Post-discharge Clinic)

The NAP Clinic is on Ward 4C. Come with baby ready to breastfeed.

If you need to cancel or change your appointment, call the day before:
905-521-2100, ext. 76347.

Date: _____

Time: _____

Other appointment

Appointment with:

Date:

Time:

Other appointment

Appointment with:

Date:

Time:

Other appointment

Appointment with:

Date:

Time:

My learning needs

Put a checkmark beside any topic that you would like to learn more about. Write down any questions you may have about the topic. Your health care team will review this checklist, give you information and answer your questions.

Caring for myself

Topic	Questions
<input type="checkbox"/> Vaginal bleeding, clots	
<input type="checkbox"/> Care of my perineum or stitches	
<input type="checkbox"/> Caring for my breasts and nipples	
<input type="checkbox"/> Managing pain	
<input type="checkbox"/> Bowel movements	
<input type="checkbox"/> Passing urine	
<input type="checkbox"/> Cesarean birth and care of my incision	
<input type="checkbox"/> Perinatal mood disorders (baby blues, postpartum depression and anxiety)	
<input type="checkbox"/> Resuming sexual intercourse and birth control	
<input type="checkbox"/> Exercises	
<input type="checkbox"/> Warning signs to watch for (when to get medical help)	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	

Caring for my baby

Topic	Questions
<input type="checkbox"/> Skin-to-skin care	
<input type="checkbox"/> Diapers, bathing and cord care	
<input type="checkbox"/> Sleep position (back to sleep)	
<input type="checkbox"/> What to do when baby cries	
<input type="checkbox"/> How to feed my baby	
<input type="checkbox"/> How to tell that my baby is feeding well	
<input type="checkbox"/> How many wet and dirty diapers to expect	
<input type="checkbox"/> Car seat safety	
<input type="checkbox"/> Cribs and sleeping safely	
<input type="checkbox"/> Jaundice	
<input type="checkbox"/> Hearing screening	
<input type="checkbox"/> Newborn screening	
<input type="checkbox"/> Warning signs to watch for (when to get medical help)	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	



© Hamilton Health Sciences, 2017
PD 9567 – 05/2019

dpc/pted/lrgbk/GettingReadyToGoHomeAfterBirthBaby-lw.docx
dt/May 6, 2019