

A PRACTICAL GUIDE TO PREPARING FOR YOUR BABY

Prepared by the Women & Babies Program,
Sunnybrook Health Sciences Centre



In September 2010, We're Moving

Sunnybrook is pleased to be providing a new state-of-the-art home for the patients, families and staff of our Women & Babies Program. In September 2010, we will be moving from our current home at 76 Grenville Street and 60 Grosvenor Street at Women's College Hospital, to a brand new facility at Sunnybrook's 2075 Bayview Avenue site. Construction of the 120,000 sq. ft. state-of-the-art facility will allow the program to expand to 4,250 deliveries annually, treat more infants requiring care in the neonatal intensive care unit and will provide access to highly specialized care for patients who may experience complications during their pregnancy.

Until September 2010, you will continue to receive your care at Sunnybrook's downtown site as per normal. In September 2010, you will receive the same quality care, with the same healthcare team, at 2075 Bayview Avenue.

Next year, you will begin to see more detailed updates on the move through your physician's office. In the meantime, if you have any questions about the move, please speak with your healthcare professional or visit www.sunnybrook.ca

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WELCOME !

Thank you for choosing our hospital for the birth of your baby! Here at Sunnybrook, we believe:

- Each childbearing family is unique
- Childbearing families should be cared for together
- Women and their families are partners in their care

There have been many changes in maternity care over the last two decades in Ontario. Birth is seen as a healthy event in the life of a family and healthy mothers and babies are going home from hospital earlier than they used to. At Sunnybrook, we recognize that this must change how we care for you. Traditional prenatal care and classes have emphasized labour and birth but, with such a short hospital stay, families can also plan ahead to make your stay at home with a new baby easier!

With all this in mind, we designed this booklet to help you plan with your caregivers for your birth and for your care after the birth **during your pregnancy**. It contains some basic but essential information. We know that women tend to read a lot on their own, ask questions of their caregiver and many attend prenatal classes. This booklet is not made to replace any of these resources but is a guide to help organize all that information.

HOW TO USE THIS BOOKLET

The booklet has a work book format with several areas to make notes and jot down questions. Throughout the booklet you will find:

ASK YOURSELF checklists. Let's see how it works:



ASK YOURSELF

- Do I feel I need more information to use this booklet?
- Do I know how to share this information with my partner and support team?

We've also included **HH** "Helpful Hints"

At the back of this booklet you will find:

- PLANNING AHEAD checklist
- What you can do now to get ready for your baby
- FAMILY TEACHING RECORD Summary

After the birth you will be asked what you need to learn before you leave. You can fill in the list now to share with your postpartum nurse in hospital.

As your pregnancy goes on and you work through the booklet, we hope that you find it a useful resource. We encourage you to bring this booklet to your caregiver visits and to the hospital when you come to have your baby. We will do our best to meet your special needs. By asking lots of questions and by taking an active part in your care and your baby's care, you will be taking the first steps towards becoming involved, confident parents.

CARE FROM YOUR DOCTOR OR MIDWIFE

- Good prenatal care throughout pregnancy will help you to have a healthy baby
- Good prenatal care includes monthly checkups by your midwife, doctor or clinic nurse until your seventh month of pregnancy and then more often after that
- At each visit, your caregiver will check your weight and your blood pressure test your urine and listen to your baby's heart

Your midwife, doctor or nurse will want to know if you have any special concerns or worries. You may want to write your questions down before your next visit so you don't forget. Ask your caregiver for a longer appointment if you need more time for questions. Your partner may want to come to one or more appointments.

WARNING SIGNS

Tell your caregiver if you have any of these signs:
Sudden swelling of your hands or face
Blurry vision, or spots in front of your eyes
A bad headache that won't go away
Feeling faint or dizzy often
Strong pain in your abdomen, with or without nausea
Bleeding from vagina
It hurts or burns when you urinate
Chills or fever of more than 37.5°C
Your baby moves less than normally
Your water breaks
You have a "gut" feeling that something is wrong

ADVICE ABOUT PREMATURE LABOUR

When labour begins early (before 37 weeks) it takes women by surprise. Not only because it is unexpected because it doesn't feel like they thought it would (or what the books say). Women often feel guilty for not recognizing what was happening. This is especially true if labour is beginning very early (30 or 32 weeks). Here's what you may feel:

- persistent pressure or heaviness in the pelvis
- persistent backache
- period-like cramps (more than three an hour)
- loose bowels or frequent urination

If you are having any of these signs, rest for an hour and call your caregiver. It is important to seek help early if you think you are in premature labour.

PRE-ADMISSION

Your caregiver will ask you to fill out a pre-admission form for the Admitting Department. If you have not received it, please ask. The pre-admission information lets the hospital register you as a patient before you arrive in labour. You will be asked whether you prefer a four-bed, semi-private or private room for your postpartum stay. **We will make every effort to meet your request.** However, please be aware that semi-private and private rooms are available on a 'first-come, first-served' basis and, if you do not have extended health insurance, there will be an extra charge. You may fax your preregistration form to (416) 323-6026.

PARKING

Parking at Women's College Hospital is limited. Do not park in the front circular driveway. The hospital parking lot, to the east of the main entrance, usually has vacancies from 5:00 PM to 8:00 AM. The rates are about the same as all downtown lots. While you are an outpatient, ask to have your parking slip validated for a discount. We are unable to validate parking once you are admitted to hospital. When you are in labour, why not ask a friend or family member to be on stand-by to drive you to the hospital. During the evenings and on weekends, we offer reduced parking rates.

HOSPITAL RESOURCES

Bay Centre for Birth Control and Regional Women's Health Centre

A Women's College resource providing comprehensive sexual and reproductive health care for women in Ontario 416-351-3700

Breastfeeding Clinic

Staffed by certified lactation consultants, the clinic provides assistance and support and pump rentals.

- For concerns during pregnancy too
- Helpline for breastfeeding problems 416-323-6526

Childbirth and Family Life Preparation Department

Offers a variety of prenatal and parent preparation classes. Group and individual classes 416-323-6030

Sportcare (Physiotherapy/Rehabilitation Services)

For information on rental of TENS units and back care 416-323-6022

RESOURCES YOUR CAREGIVER MAY REFER YOU TO:

Anaesthesia Consultation

- For women with problems that may affect the medication they receive in labour
- Can be arranged through your health care provider 416-323-6014

Antenatal Assessment Clinic

- For special ultrasound (Biophysical Profile) and Fetal Heart Monitoring (Non Stress Testing) later during the pregnancy
- 60 Grosvenor Street, 6th floor 416-323-6262

Antenatal Care of Multiple Pregnancies Centre (ANCOMP) “Multiples Clinic”

- A referral centre for clients expecting multiples
- 60 Grosvenor Street, 6th floor 416-323-6262

Obstetrical Day Unit (ODU)

- Pre-operative caesarean section Clinic
- 76 Grenville St, Room 301
- Speak to your Healthcare provider about an appointment

Reproductive Life Stages Program

- Assess and provide treatment options for women with mood, anxiety and interpersonal difficulties related to pregnancy and postpartum issues 416-323-6400 ext. 5635

PRENATAL TESTS

Questions to ask your caregiver:

What will the test tell you?

How will you use the results?

Will having this test change the course of my pregnancy?

ULTRASOUND

First test is usually at 11-12 weeks

Echoes from sound waves create an on-screen image of the fetus

Estimates your baby's due date

Checks for more than one baby

Checks to see how your baby is growing

Can detect many major abnormalities

NON-STRESS TEST

A screening tool to see how baby is doing

An electronic monitor measures the baby's heart patterns

FETAL BIOPHYSICAL PROFILE (BPP)

A screening tool that checks how your baby is doing

Uses ultrasound and the electronic fetal heart monitor

Evaluates breathing movements, body movements, muscle development (tone) and amniotic fluid levels

Uses a point system to check your baby's health

GROUP B STREPTOCOCCUS (Group B Strep or GBS) TEST

GBS is a bacteria found in some healthy adult women.

GBS does not usually pass to the baby but if it does it can cause serious illness.

A vaginal or rectal swab may be done around 35-37 weeks so that mom and baby can be treated in labour if necessary.

PRENATAL EDUCATION

The Department of Childbirth and Family Life Preparation (CFLP) at Sunnybrook offers a variety of classes for parents-to-be. Classes prepare you for pregnancy, birth and the newborn period. For more information please call (416) 323-6030 early in your second trimester (12-14 weeks).

Classes offered are:

FOR FIRST-TIME PARENTS

Preparation for Childbirth Classes

This course prepares first-time parents for their birth and postpartum experience. Classes cover:

- comfort measures and coping strategies for labour
- medications and interventions
- hospital tour
- informed choice
- breastfeeding
- postpartum adjustment
- class reunion

Weekly series: four 3-hour evening classes

Weekend workshop: two 7-hour classes

Burton Hall, Women's College Hospital

TWINS AND MORE CLASSES

Twins and More Childbirth classes:

This series of classes prepares parents of twins and triplets for their birth and postpartum experience. Classes cover:

- differences in multiple pregnancy and birth
- preterm labour, bed rest and the premature baby
- labour and delivery
- comfort measures & coping skills for pregnancy and labour
- medications and interventions
- caesarian section
- postpartum
- breastfeeding multiples
- hospital tour
- caring for yourself and your babies
- resources
- class reunion

Weekly series: four 3-hour evening classes

Burton Hall, Women's College Hospital

Twins and More Baby Care:

A 3-hour class similar to our Baby Care Workshop, but geared to parents of multiples.

Burton Hall, Women's College Hospital

ADDITIONAL WORKSHOPS

Baby Care Workshop:

Learn how to care for and cope with a newborn. Besides tips on bathing, diapering and soothing, this 3-hour workshop covers baby equipment, when to call the doctor and other new parent issues.

Burton Hall, Women's College Hospital

Child Emergency Workshop:

A 3-hour basic first aid and safety course for parents and those caring for infants and small children. Run by the Link to Life organization.

-Burton Hall, Women's College Hospital

Breastfeeding Workshop:

A 1 1/2-hour class that emphasizes the importance of breastfeeding while providing practical suggestions for the first few months. Burton Hall, Women's College Hospital

Hospital Tours

Clients who are not taking classes at this hospital may book the tour, which includes a brief discussion and tour. There is a fee of \$10 per family at these 1 1/2 hour sessions.

Book a few months before your due date by calling 416 323-6302

FOR EXPERIENCED PARENTS**Refresher Class:**

Refresh your memory about labour and birth.

Includes coping techniques, hospital tour and learning how to prepare for your growing family

Burton Hall, Women's College

Big Kids Class:

Let us help you prepare your children for the new baby. This 2-hour class includes a brief tour.

Burton Hall, Women's College Hospital

WE ALSO OFFER**Communication Night** (no charge)

Members of our obstetrical team answer your questions about having a baby at our hospital. Held on the last Monday in January, March, May, July, September, and November

Hospital Auditorium, Women's College Hospital, 7-8:30 P.M.

Tours for High School Students

We offer an educational program about pregnancy and birth to high school students.

Private Classes (fees set by teacher)

Please call for a referral.

We encourage you to participate in learning more about pregnancy and birth.

An Infant CPR course designed for those who know their babies may have breathing or other health problems is offered by the Respiratory Therapy department. 416-323-6033.

This information will help you be a more active partner in your care. Call 416 323-6030 to book or find out more!
www.sunnybrook.ca/prenatalclasses

**ASK YOURSELF**

- Have I arranged prenatal classes?
- Have I arranged a hospital tour or Communications Night?

THE ROAD TO GOOD HEALTH**NUTRITION**

During your pregnancy, what you eat will influence your health and the health of your baby. Although your body's own stores will help support your baby's growth and development, you will also need extra energy (calories), protein and certain nutrients to ensure a healthy pregnancy.

Weight Gain:

Many women who are pregnant worry about whether they are eating the right amount and type of food to meet

the needs of their growing baby. Because women's bodies adjust differently to pregnancy, there is no simple answer to this question. The best advice is to eat according to your appetite; keeping in mind that pregnancy is not the time to try to lose weight nor is it an excuse to have a second helping of dessert after every meal!

How much weight a woman should gain during her pregnancy depends on many factors including pre-pregnancy weight. For a woman who has a healthy body weight before becoming pregnant, the recommended weight gain is 25-35 pounds (11-15 kg) most of which occurs during the second and third trimesters. However, women who are underweight before their pregnancy may be advised to gain more while women who are overweight before becoming pregnant are often advised to gain less weight.

Use Canada's Food Guide to Healthy Eating as a tool to help you make healthy eating choices. It provides a range of servings of foods from the four main food groups. Here's a quick review of the Food Guide's recommendations:

Grain Products 5-12 servings

- 1 serving 1 slice of bread
- 4 crackers (varies according to the type)
- 1/2 cup (125 ml) granola cereal
- 2 servings 1 cup (250 ml) flaked cereal
- 1 cup (250 ml) cooked pasta
- 1 english muffin /pita/tortilla

Vegetables & Fruit 5-10 servings

- 1 serving 1/2 cup (125 ml) - fruit juice
- 1 cup (250 ml) - vegetable juice (e.g. V8)
- 1/2 cup (125 ml) - cooked, canned, frozen or fresh vegetables
- 1 medium fruit

Milk and Milk Products 3-4 servings

- 1 serving 1 cup (250 ml) milk
- 3/4 cup (175 ml) yogurt
- 2 slices processed cheese

Meat and Alternatives 2-3 servings

- 1 serving 1/2 cup (125 ml) legumes (e.g., kidney and baked beans, chick peas, lentils)
- 1/3 – 2/3 cup of canned fish
- 1 chicken thigh
- 2 tbsp (30 ml) peanut butter
- 1 egg or 2 egg whites

The following table lists and reviews the role of certain nutrients that are important for a healthy pregnancy.

Nutrient	Role during pregnancy	Good food sources
Calcium	Helps build strong bones and teeth	Milk, yogurt, cheese, canned salmon (with bones), calcium fortified orange juice
Essential Fatty Acids	Involved in eye and brain development	Fish (e.g. salmon, sardines), vegetable oils (e.g. canola or safflower oil), nuts (e.g. walnuts), margarine

Folic Acid (folate)	Helps reduce the risk of neural tube defect like spina bifida - a condition that can affect your baby's brain and/or spine	Lentils, fortified cereals, dark green vegetables (e.g. broccoli, asparagus, spinach), orange colored fruit (e.g. cantaloupe, mango, orange), banana; a vitamin supplement is strongly recommended –ask your physician about dosages
Iron	Helps produce red blood cells which carry oxygen in the blood	Beef, pork, chicken and turkey (dark meat especially), kidney and baked beans, egg noodles, dried apricots, whole grain breads and cereals
Vitamin A	Helps with overall growth, the immune system and vision	Milk, dark green vegetables (e.g. spinach, broccoli), eggs, orange colored vegetables and fruit (e.g. sweet potato, carrot, cantaloupe)
Vitamin D	Helps build strong bones	Milk, sardines, enriched yogurt

Some pregnant women find it hard to meet the increased nutrition needs through food alone. A health professional may recommend a daily vitamin & mineral supplement. Consult with a health care professional for specific recommendations. ***Consider** speaking with a dietitian if you have any concerns about meeting your body's nutrient needs during pregnancy, or if one or more of the statements below applies to you:

- you have diabetes or any other condition that influences what you eat
- you have multiple food allergies
- you are following a strict vegetarian diet
- you are expecting multiples
- you are a teenager
- your current financial situation makes it difficult for you to buy food

Should you be concerned about food safety during your pregnancy? The answer is yes.

- Health Canada recommends that pregnant or lactating women limit the amount of caffeine that they consume to 400-450 mg of caffeine – approximately 2 cups (500 ml) of coffee or 3 cups (750 ml) strong tea.
- Women who are pregnant should be cautious when choosing and drinking herbal teas since they may be harmful during pregnancy. The following herbal teas are considered safe if consumed in moderation (2-3 cups per day) during pregnancy: citrus or orange peel, ginger, lemon balm, rose hip. Although considered safe, herbal teas should not replace more nutritious beverages such as milk.
- Products containing artificial sweeteners can be part of a healthy diet during pregnancy as long as they don't replace more nutritious alternatives (e.g. diet pop instead of milk) and if they are consumed in moderation.
- Avoid eating raw seafood (e.g. sushi, raw oysters), undercooked eggs and meats, and soft unpasteurized cheese (e.g. brie, camembert) – in order to reduce your risk of developing food-borne illness.
- Remember to wash all raw fruit and vegetables before eating.
- Keep hot foods hot (> 60 C/140 F) and cold foods cold(<4 C/39 F); when reheating, ensure that foods are piping hot (74 C/165 F).

Unfortunately, you may experience some digestive discomfort during your pregnancy. Here are a few tips on how to minimize these symptoms:

If you experience **nausea and/or vomiting** try the following:

- avoid (or minimize exposure to) foods with strong smells
- avoid very spicy and/or high fat foods
- eat a few dry crackers when you wake up
- get out of bed slowly
- drink between meals rather than with meals
- eat smaller meals during the day (every 3-4 hours)

- an empty stomach can make nausea worse If you experience **heartburn or indigestion** try the following:
- eat slowly and chew your food well
- eat smaller meals more often during the day
- avoid spicy and/or high fat foods
- avoid lying down for 1 to 2 hours after eating If you experience **constipation** try the following:
- drink 6-8 glasses of fluids such as water, milk or juice
- include high-fiber foods, such as high-fiber cereals (All-Bran, Bran Flakes, Raisin Bran), whole grain bread, raw fruit and vegetables in your diet
- maintain your current level of physical activity; remember to consult your physician before making any changes to your exercise routine



ASK YOURSELF

- Is it difficult for me to eat everything in Canada's Food Guide for Pregnancy?
- Is there one area that I have trouble with? (for instance, not enough servings of milk)
- How can I improve in this area?
- Do I need help from a Dietician to get the nutrition I need to build a healthy baby?

LIFESTYLE ISSUES

ALCOHOL

When you drink so does your baby. There is no known safe level of alcohol use during pregnancy. To be safe, stop drinking when you are pregnant. Talk to your caregiver if this is difficult for you. Babies whose mothers drink during pregnancy may suffer from Fetal Alcohol Syndrome (FAS). If you have concerns about alcohol or substance abuse, call 1(877)327-4636.

SMOKING

The effects of smoking (cigarettes, cigars, pipes or marijuana) on the health of your baby are well known. They include low birth weight, miscarriage, bleeding during pregnancy and early rupture of the membranes. Second hand smoke is no less dangerous. Children of smokers are more likely to have colds and chest infections. Quitting smoking is never easy.

DRUGS

Review with your caregiver all drugs you and your partner have been using, including prescription drugs, over-the-counter drugs or recreational drugs. Don't discontinue a medication or take a new one without consulting your caregiver.

ASK YOURSELF

- Am I concerned about any lifestyle choices that may affect my pregnancy?
- Do I know where to go for help?

EXERCISE

Physical activity is an important part of everyday life. Keeping as active as you can and doing exercise that helps you cope with pregnancy is important not only for you but for your baby.

You will have more energy and feel better, all of which can help during labour and after the baby is born. The amount and type of exercise you choose depends on how active you were before pregnancy. This is not a good time to start a strenuous exercise program or one that has a lot of twisting or jarring movements or a high risk of falling. Some aerobic exercises are easier on your body during pregnancy, like swimming, cycling, cross-country skiing and walking. Choose something you enjoy and you'll be more likely to do it!

- Listen to your body. If it hurts, don't do it!
- Do the talk test! You should be able to talk comfortably during exercise
- Don't get overheated during exercise. Take it easy and drink plenty of fluids

- Exercise for twenty to thirty minutes, including warm-up and cool-down, three times a week
- Gradually increase your activity and exercise tolerance

If you are already very active, try to maintain the level you are used to.

- Don't hold your breath while exercising and lifting

The following exercises are particularly useful during pregnancy and afterwards:

PELVIC FLOOR EXERCISES (KEGELS)

- Strengthen your pelvic floor so that your pelvic organs have good support
- Help muscles stretch and give during your baby's birth
- Promote healing of the pelvic floor after birth
- Help you enjoy sex more and prevent common problems
- such as stress incontinence (leaking urine when you run, jump, cough or sneeze)
- Are important throughout life

How to do pelvic floor exercises (Kegels):

1. Tighten your pelvic floor as if you were holding back a flow of urine
2. Keep it tightened for ten seconds at a time
3. If the muscles start to relax, just tighten them again. Remember to breathe

PELVIC TILT EXERCISE

Relieves backache

Improves posture

Strengthens abdominal muscles

Lying on your back with your knees bent; press your back into the floor. Hold for three seconds and keep breathing. These can be done sitting in a chair, standing (against a wall) or on hands and knees. Work up to eight to ten times.

MODIFIED CURL-UPS

Lie flat on your back with knees bent and arms crossed hugging your stomach area to support the abdominal muscles. Push your lower back into the floor, breathing in. As you breathe out, look at the ceiling and slowly raise your shoulders slightly off the floor. There is no need to raise your back any further than your shoulder blades. Hold this position for two normal breaths, then slowly lower your head to the floor and relax. Repeat six to ten times or however many times are comfortable for you. This can be done every day.

FOR GOOD POSTURE

Good posture will help you avoid backache. Repeat the pelvic tilt while standing. Be conscious of good posture throughout the day.

HH

- Consider the height of the surfaces at which you work. Hip height is a good level
- When you lift an object, bend at the knees, not the waist and let your leg muscles do the work. Lift any weight close to your body
- Rest or sleep on your side with your knees bent (with a pillow between your knees if you like). Later in pregnancy, a pillow under your abdomen may feel good
- When getting up from lying down, turn to the side and push up with your hands to a sitting position

RELAXATION

Make time to rest every day. Use any relaxation techniques you are familiar with.

ASK YOURSELF

- Do I still have any concerns about my activity level? (e.g., How much is too much?)
- Do I know what type of activity I would like to do?
- Do I feel more comfortable exercising at home, taking an exercise class or doing something active like walking or dancing?
- Do I know how I will balance activity, rest and relaxation during my pregnancy?
- Do I need to call Motherisk with questions about exercise or physical discomforts? 416-813-6780

SEX DURING PREGNANCY

Feelings about sex during pregnancy are different from person to person. Interest in sex varies from person to person. Most of the time, there is no reason to avoid intercourse during a healthy pregnancy. Talk to your caregiver if you're not sure. Intercourse can become uncomfortable, so you may need to get creative with different positions and pleasures as your abdomen grows. There are some good books on this subject if you would like to know more.

ASK YOURSELF

- Do my partner and I need to discuss anything about sex?
- Do I have questions for my caregiver?

YOUR FEELINGS

Pregnancy is a time of wonderful highs and some real lows. You may feel unsure about the changes ahead as you journey toward parenthood. This includes both partners. Keeping the lines of communication open and recognizing that each partner may communicate differently is often helpful. If you are on your own, having someone to talk to is especially important.



YOURSELF

- Am I feeling worried or depressed?
- Do I feel I am coping well? Do I feel I need more support?
- Am I worried I may not be able to cope later?
- Where can I get support?
- Do my partner and I need to discuss anything?
- Do I have questions for my caregiver?

FEELINGS OF GRIEF

If you are experiencing a sense of loss, this feeling may be more difficult during pregnancy. If you have lost a family member or friend or have lost a child, you may find yourself especially sensitive at this time. It is so important to have love and support to help with these feelings.

FEARS DURING PREGNANCY

It is quite normal to worry during pregnancy about whether your baby will be healthy and whether you will be able to cope with the pain of labour. Some women have quite vivid dreams during this time. Don't be afraid to talk to someone about these fears, like your partner, a trusted friend or family member, your childbirth educator, your caregiver or a counselor. You may be surprised to discover just how many people go through these same feelings.

DOMESTIC VIOLENCE

Domestic violence is known to increase during pregnancy. We are committed to supporting those who have experienced violence. You may talk to your caregiver or call any of the following programs at Women's College Hospital:

- Sexual Assault and Domestic Violence Care Centre 416-323-6040
- Brief Psychotherapy Centre for Women 416-591-2000

SEXUAL ABUSE

If you are a survivor of sexual abuse, pregnancy and becoming a parent may be difficult for you. Speak to your caregiver. You may need a referral to a social worker. See the paragraph on Domestic Violence for some useful phone numbers.



ASK YOURSELF

- Have I ever lost a pregnancy? Have I ever lost a child?
- Am I grieving the death of a family member or friend?
- Is there something I am fearful about or having bad dreams about?
- Do I need to talk about it with someone? Who can I turn to?
- Do my partner and I need to discuss anything?
- Do I have questions for my caregiver?
-

PLANNING AHEAD FOR AFTER BABY COMES

PARENTAL LEAVE

Both mothers and fathers (biological or adoptive) are entitled to unpaid pregnancy or parental leave. You may also be entitled to Unemployment Insurance. To learn more about these benefits, call 1 800 206-7218.

ASK YOURSELF

- Have I discussed with my partner options for parental leave?
- Do I need more information?

GETTING STARTED

The early weeks at home with a new baby are busy ones. The more things you can get done or planned now the better. There are some things you can do to make the early weeks of parenting easier. This section is designed to get you thinking well ahead.

HH

- Make meals ahead of time and freeze (a casserole shower is a great gift from friends)
- Stock up on household supplies and foods (Buy in bulk!)
- Stock up on supplies for baby
- Prepare bags for hospital stay
- Have a place for the baby to sleep
- Purchase or rent an approved infant car seat
- Arrange for partner (or someone you trust) to be with you for as much of the hospital stay as possible and first few weeks at home
- Arrange for help with housework after baby comes
- Let family and friends know about your wishes for visitors in hospital and at home
- Check out resources in your area
- Have some resource books on hand (e.g. breastfeeding, baby care)
- Consider and investigate a diaper service (a great gift idea!)

SUGGESTED CLOTHES AND EQUIPMENT FOR BABY

Babies grow very quickly – buy clothes in the 3-6 month size rather than newborn.

5 – 6 cotton 'onesies'

Diapers-cloth (2- 3 dozen) or disposable (newborn size)

6 – 8 sleepers

6 pairs booties or socks

Hats for outside

Snowsuit (if appropriate)

Warm blanket and receiving blankets

Wash and double rinse all clothes for your baby before use.

SUPPLIES:

Mild baby soap/shampoo
Washcloths/wipes/towels
Barrier cream

NECESSARY EQUIPMENT:

Approved car seat
A safe place for baby to sleep, such as a baby basket or crib (not waterbeds)
NO PILLOW

EQUIPMENT THAT IS USEFUL:

Baby carrier or sling
Baby carriage or stroller

It is important to make sure your baby equipment is safe. Phone Product Safety- Health Canada 416-973-4705.

CHOOSING A DOCTOR FOR YOUR BABY

Throughout your baby's first two years, you will be visiting the doctor's office frequently for "well baby" care. Since it is important to have your baby seen **within the first three to five days** after birth, it is **essential** to have chosen a doctor before the baby is born. This may be your family doctor or paediatrician. If your chosen doctor has privileges at the Women's College Campus, she will see your baby before you go home. Otherwise your baby will be seen by a hospital paediatrician. Ask for a recommendation from someone you trust, e.g., a good friend, or your caregiver. Some people like to interview a few doctors and see which one they prefer.

**CONSIDER:**

- Location of the office: Is it near your home, sitter or place of work?
- Is there parking? Is it accessible by TTC?
- Availability: How difficult is it to get the doctor on the phone?
- Office hours: How long do you wait in the office? Who is available on weekends & after hours?
- Office staff: Are they friendly to both children and parents?
- Include a few questions which will help you decide if you share similar values, e.g. how do you feel about circumcision, breastfeeding, working parents? Think about your specific lifestyle.

DECIDING ABOUT CIRCUMCISION

Circumcision is minor surgery where the foreskin covering the end of the penis is removed. It is done in the early newborn period and is a must for some religious groups. We encourage you to talk to each other and to your caregiver about the advantages and disadvantages of circumcision before your baby is born. The Ontario Hospital Insurance Plan no longer includes circumcision as a medically indicated procedure and, therefore, you will have to pay for it yourself. Arrangements can be made to have the circumcision done while you are in the hospital. However, because your stay in hospital is short, it may have to be done after you go home. Ask about the hospital and doctor's fee for the circumcision.

PLANNING FOR SUPPORT AFTER BABY ARRIVES

Support after the baby comes is just as important as support during the labour and birth. While every family has different needs, here are some suggestions:



- Have someone with you for the first week.
- If you can, try not to be alone too much during the first three weeks.
- If you don't have friends or family members who can stay, check the Postpartum Resources in your area

THINKING AHEAD ABOUT VISITORS AT HOME

Like many new parents, you may find that people are very interested in celebrating your new addition. Often parents find that a constant stream of visitors is overwhelming. Here are some suggestions for planning for rest and family time in the first few weeks.



- If you have an answering machine, use it and put some baby news on your message
- Plan an open house for an afternoon.
- Ask your visitors to bring finger food
- Visitors should be support people. You shouldn't find yourself cutting cake and doing dishes
- Have a list available of what you need done and your visitor's gift to you can be choosing an item, for instance, grocery shopping, a load of laundry
- Ask a family member or friend to return your phone calls and tell everyone the baby news

PLANNING AHEAD FOR BREASTFEEDING

Sunnybrook is committed to protecting, promoting and supporting breastfeeding. However, we support a woman's informed choice of the feeding option that is best for her. Should your choice be breastfeeding, this section will help you prepare.

REASONS TO BREASTFEED

- Breastmilk is the best possible food for your baby
- It is the best possible protection against disease and infection, so babies have fewer ear infections, chest colds and allergies, and gastrointestinal infections
- The nutrients in breastmilk change as your baby gets older to meet its changing needs
- Breastmilk is convenient - readily available and always the right temperature
- Breastmilk is free
- Breastfeeding strengthens the mother-child relationship
- Breastfeeding helps your uterus get back to normal more quickly after birth
- The hormones produced while breastfeeding help women feel calm and lose weight more easily
- Women who breastfeed seem less likely to develop breast and uterine cancers

GETTING READY

There is no need to prepare your breasts or nipples. Nature is already doing this. The best way to prepare is to be informed about breastfeeding. Your breasts have probably become bigger and your nipples and areola (the dark area around your nipples) darker. Later in pregnancy, you may notice a sticky fluid (colostrum) leaking from your nipples or notice a crust on them. All of these signs are perfectly normal.

Breasts come in all sizes and shapes. Just about all nipples and breasts are great for breastfeeding and women with small breasts can make as much milk as women with larger breasts. If you have been told you have flat or inverted nipples, remember babies need to **breastfeed**, not **nipple** feed. With education, patience and persistence, babies **can** learn to feed from flat or inverted nipples. If you have concerns, discuss them with your caregiver or see a lactation consultant at the Breastfeeding Clinic while you are pregnant.

GETTING HELP

Remember that breastfeeding is a learned skill for both mom and baby. It takes at least two weeks for you and your baby to learn about each other. Support from loving, caring friends and family members in the first weeks of breastfeeding is very important. It is helpful to have contact with a breastfeeding support group. You can also call the Helpline.



ASK YOURSELF

- Do I know the advantages of breastfeeding?
- Is there a special situation I need to consider?
- Do I need to talk to someone (my caregiver, a breastfeeding support group, my childbirth educator or someone at the Breastfeeding Clinic)?
- Do I have a breastfeeding book?
- Have I made a note of the Helpline and Clinic number?

PLANNING AHEAD FOR THE BIRTH

CHILDBIRTH PREPARATION

Again, we encourage you to go to prenatal classes where you will learn about what happens during labour, how you will feel and what you and your partner can do about it. You will also have a chance to think about the choices you would like to make about your birth and share concerns and experiences with other parents-to-be.



ASK YOURSELF

- How do I best learn about things? From a book?
- In a group where I can get support? One to one?
- Do I need to know more?
- Have I booked classes?

LABOUR SUPPORT

Support is an important part of a satisfying labour experience. Your partner or chosen labour support person can play an important role in this support. More couples are choosing to have an extra person with them to support them both during the labour and birth. This can be a friend or relative.

Continuous labour support has been associated with:

- reduced need for pain medication
- fewer caesarean births
- shorter labours

If you are interested, ask your caregiver about professional labour support. (Doula)



ASK YOURSELF

- In a stressful situation, am I comfortable with few or many people around me?
- Do I feel a need for professional support in addition to my partner?
- Is my labour support person someone that I am completely comfortable with?
- Does my labour support person know about, share or support my wishes about birth?

PREPARING YOUR OTHER CHILDREN



- Visit a home where there is a new baby
- Show the child his baby pictures and talk about what he was like and how much he's grown
- Make changes in sleeping arrangements/ child's schedule well before baby arrives
- Read books written especially for siblings. This will help for preparing for baby at home too.
- Help the child to plan or make a gift for the baby
- Take the child to a prenatal visit
- Prepare child for mom's hospital stay
- Take a Big Kids class. 416-323-6030

CHILDREN AT THE BIRTH

Some children like the idea of being a part of the birth of the new baby. If your caregiver agrees and you have a person in mind who can take care of your child(ren) in the hospital, you might like to consider this. For more information, call (416) 323-6030.



ASK YOURSELF

- Do my children know where they will be going when I go into labour?
- Have I involved and prepared my children? (Books, class, video, prenatal visit)
- Have my children shown an interest in being there when the new baby is born? How do I feel about this?
- Do I know what the visiting hours are for children?

THINKING ABOUT YOUR BIRTH

Most women have a lot of questions about what to expect in labour. You may find it helpful to jot down

questions that you need to ask your caregivers at the end of the booklet. Some people find it helpful make a *Birth Plan* – a way to let others know what you think you may need during your labour and birth. This plan can be discussed with your partner and caregiver or may be written down. Remember, plans often change depending on the circumstances, so be flexible.

PLANNING AHEAD FOR YOUR HOSPITAL STAY

Labour Bag for MOM

Extra pillow(/s) with coloured pillow slip
Lip balm or petroleum jelly—for dry lips
Powder or cornstarch and lotion—for massage
Help for backache-Ice pack, hot water bottle,
tennis balls in a sock
Large size socks, sweater—for chills
Music for relaxation – bring headset
Labour guide from prenatal class
Identification and Health Card
Personal items—e.g. photos, elastic for long hair,
glasses if you wear contacts
Several pairs of old underwear

Hospital Stay for MOM

HOSPITAL SUPPLIED BAG* includes
– three large peri pads
– one package (18) small peri pads
– plastic drinking cup
– pen
– mesh underwear
Nightgowns/pajamas - ones that button down
the front for breastfeeding
Comfortable clothing
Slippers, housecoat
Nursing bra
Clothes for going home
Personal toiletry items—kleenex, toothbrush and
toothpaste, soap, deodorant, shampoo, powder
Book with phone numbers
Books, magazines, pen, paper
Camera, music player (battery operated)

WHAT TO PACK FOR THE HOSPITAL

It is helpful to have your suitcases packed and baby's clothes prepared ahead of time. You may want to pack a smaller bag for your labour and a larger one for your hospital stay. Here are some lists of things you can bring to the hospital.

WHAT DO YOU NEED TO LEARN?

The nurses use a Family Teaching Record to assess your learning needs. It may help to look this over while you are pregnant and check off what you think you need help with. These may change once your baby is born. A shorter version of the record is included at the back of this booklet. If you like, you can read it and fill it out now and bring it with you when you come in to have your baby.

PUTTING IT ALL TOGETHER

We hope we have helped you think about how to prepare for the birth of your baby. Now that you have worked

Hospital Stay for BABY

HOSPITAL SUPPLIED BAG* includes
– diapers (one package of 20)
– hat for baby
– baby wipes

Labour Bag for PARTNER

Change for vending machines, telephones
Cooler with food and drinks, ice pack
Your Cord Blood kit if you are participating

Hospital Stay for PARTNER

Slippers, shoes, housecoat, pajamas,
comfortable daytime clothing, blanket
Snacks, beverages and reusable cup
Toothbrush and toothpaste, deodorant

Going Home for BABY

Car Seat ... properly installed
Undershirt
Sleepers or nightgown
Receiving blankets
Weather-appropriate clothing

*The HOSPITAL-SUPPLIED BAG costs \$20, which will be charged to your hospital account. This is below retail cost. You can refuse the package or buy more supplies if needed

through these sections, here is a checklist of reminders:

HAVE YOU:

- Booked your Hospital tour/communication night?
- Chosen a doctor for your baby?
- Chosen the people you want with you for your birth?
- Planned support for in the hospital after the baby comes?
- Packed your suitcases (mom, support person and baby)?
- Learned about labour and birth?
- Learned about breastfeeding?
- Completed your preadmission form?
- Considered options for parental leave and baby care?
- Completed the family teaching record at the end of the book?
- Thought about a Child Emergency Workshop?
- If you're interested in a cord blood program, have you followed up?

YOUR HOSPITAL STAY: LABOUR AND DELIVERY

YOU MAY BE STARTING LABOUR IF:

Your water has broken

You are having contractions. You may feel pain or tightening (in your belly and/or back) which is happening regularly, getting stronger, coming closer together and lasting longer. Follow the plans you have discussed with your caregiver about what to do if you think you are in labour.

WHAT IF YOUR WATERS BREAK?

Do you know your Group B Strep (GBS) status?

- If you are GBS positive, come to the hospital
- If you are GBS negative or unsure, call your caregiver

Look at the fluid. It should be clear or pinkish. If it is green or smells bad at any time, come back to the hospital. If you feel hot or unwell, call your caregiver or come to the hospital.

WHAT IF YOU ARE BLEEDING?

If you've recently had a vaginal exam, spotting is common. Many women also have a normal, brownish discharge while labour is in its early stages. However, if the bleeding is more like a period, come to the hospital, and if you are concerned, call your caregiver.

IF YOU HAVE A MIDWIFE

Make a plan with your midwife about what to do when you go into labour. While in labour, your midwife will take care of you and you will go home as soon as you and your baby are comfortable after the birth. Remember to ask your midwife what happens if a doctor needs to be called in. This section will help you prepare for that.

ARRIVING AT THE HOSPITAL

If you arrive at the hospital between 5:30 AM and 9 PM, come to the main entrance at 76 Grenville Street. Between 9 PM and 5:30 AM, use the Response Centre (Emergency) entrance (located at the northwest corner of the building, at Grosvenor Street). You will have to use the buzzer at this entrance and someone will open the door for you. Parking is available in the hospital parking lot (on Grenville Street, just east of the hospital entrance). Consider asking someone if they can drive you to the hospital and drop you off. If mom is in active labour (things are moving fast), drop her at the front entrance of the hospital. We are unable to validate parking once you are admitted to hospital. Remember to bring your health card and supplementary insurance information. There is no need to stop at the Admitting Department. Take an elevator to the third floor and turn right. Follow the signs to Triage.

TRIAGE (Obstetrical Assessment Unit)

Triage is a process that decides if you are ready to be admitted to the Birthing Unit. If you are not ready to be admitted, you may be sent home with information about when to return. If you arrive at Triage and no one

is there, follow the signs to the Birthing Unit and ask for the Triage nurse. Priority is given to women who are close to delivery or who are having problems. First come first served does not apply to Triage!

WHAT IF YOU ARE SENT HOME FROM TRIAGE?

Don't worry! You haven't "failed." We now know that things are beginning to happen. We also know that during early labour women usually do better at home in familiar surroundings. In fact, we send about 25% of women home. While you're at home, carry on with your normal day, eg. eating, relaxing, going for a walk. If you have concerns, please call your caregiver.

For pain relief:



- Take a warm shower with water flowing on your belly or back, or a warm bath if your waters haven't broken. Make sure you have help getting in and out of the tub
- Use different positions while you are having a contraction – leaning against a wall or your support person, squatting, kneeling or on all fours ... whatever helps
- Have a massage on your lower back, including constant pressure during contractions, or try light stroking or circling on your belly
- Between contractions you may like someone to massage your hands, feet, neck or shoulders. You can use your hands, a rolling pin, or tennis balls. Some women enjoy a massage oil
- Experiment with different types of music and lighting
- During early labour, try to relax and reserve your strength for the hours ahead
- Drink plenty of fluids and eat snacks like toast, muffins and tea
- Remember, being nauseated in labour is unpleasant but normal

Tune in to how your baby is doing:

- If you are worried about the amount that your baby is moving, don't hesitate to call your doctor

IF YOU'RE SENT HOME, WHEN SHOULD YOU GO BACK TO THE HOSPITAL?

First baby: Return to the hospital when your contractions are less than five minutes apart, are lasting about 60 seconds and are uncomfortable. If you are comfortable at home, stay there.

This stage may last for several hours. Come back to the hospital if you aren't comfortable any more.

If this is not your first baby: Return to the hospital when your contractions are five minutes apart, are lasting 45-60 seconds and are uncomfortable. If your water breaks, come back to the hospital. If you had a fast labour the last time, come as soon as your contractions are regular or you aren't comfortable any more.

THE BIRTHING UNIT

All of our rooms are birthing rooms with special birthing beds. Most births take place in the birthing rooms. Caesarean sections and complicated deliveries take place in the delivery rooms. Each nurse has one or labouring women to care for and will continue to check how you and your baby are doing. When you arrive in your room, your nurse will show you the call bell, the bathroom, the shower, how the bed works and where juice and ice chips are kept. We hope that you will feel comfortable enough to look around and see what you need and to share any special concerns or questions you have with your nurse. If you have a caesarean section or need to remain in the Birthing Unit longer than expected after the birth, you will be cared for in the Recovery Room in the Delivery Room hall.

VISITING POLICY: There are no visitors in the Birthing Unit. Partners are welcome any time. As well, you can have an additional support person.

WHAT YOU MIGHT EXPECT IN TRIAGE:

- A nurse will ask you some questions about your pregnancy and what brings you to the hospital
- She will check your health – blood pressure, pulse

- your labour – possible vaginal examination
- your baby – position and heartbeat
- Your caregiver will be notified and a decision will be made whether you will be admitted to the Birthing Unit. If you are in early labour, we may suggest you go home while your labour progresses

IN THE BIRTHING UNIT:

During Labour:

- When you are admitted to the Birthing Unit, your assessment will continue
- You will have blood taken
- The partner will be given a blue security identification band and a baby identification band.
- As your labour progresses, a nurse will check you and your baby regularly
- The nurse may encourage some comfort measures, such as walking, showering or relaxation
- Other things like an IV, continuous electronic fetal monitoring, induction or pain medication are not routine for every woman. They occur when there is a specific need for them or, as in the case of pain relief, if you ask for it.
- Discuss your plans for birth with your labour nurse
- Sunnybrook is a teaching hospital. You may be approached about being involved in a research study or have other caregivers taking part in your care

During the Birth:

- Women are encouraged to push in a variety of positions according to their comfort and wishes
- Episiotomies (a surgical cut between your birth canal opening and your rectum) are not routine

Immediately after Birth:

- After your baby is born, you will get medication by IV (if you already have one) or by injection. This helps the uterus contract after the birth to reduce bleeding and help the placenta come out
- Two assessments of your baby's health at birth (Apgar scoring) are carried out at one and five minutes
- All babies get antibiotic eye ointment and an injection of Vitamin K (which helps their blood clot). These routines can wait until you have had a chance to be with your baby but are done within the first hour before going to the Postpartum Unit
- Your baby will be weighed and a wrist and ankle identification band will be put on
- We believe babies and their families should be together, so we do not separate them unless there is a special reason
- The hour after birth is a good time to begin skin-to-skin contact and breastfeeding, and to spend some quiet time together

WHAT IF YOU ARE GOING TO BE INDUCED?

Sometimes your labour will be induced. You may want to discuss this with your doctor. You will be asked to come in for the induction in the Birthing Unit. However, if the Unit is busy, you may be called and told that your induction has been postponed. The Charge Nurse will keep in touch with you to let you know how things are progressing. Don't worry if your induction is delayed. We will see you as quickly as we can.

WHAT IF YOU'RE HAVING A PLANNED CAESAREAN?

If you already know that you will be having a Caesarean birth, expect the following:

- Your doctor will arrange a time with the Birthing Unit
- Your doctor will explain what you need to know
- You will be asked to come two hours before the scheduled time
- Occasionally, other Birthing Unit activities will delay your appointment
- If you are delayed, you will be kept informed by the Nursing staff

UNPLANNED CAESEAREAN BIRTH

A Caesarean Section is when the baby is born through an incision in the abdomen. At Sunnybrook the most common reasons for a Caesarean are dystocia (no progress) and breech birth. With most Caesareans you will have time to ask questions before the surgery.

What to expect:

- You will have an IV and a urinary catheter
- A nurse will shave your abdomen and pubic area

- You will have a spinal or epidural anesthesia. General anaesthetic is used in an emergency
- A sheet will be covering you up to your shoulders
- There may be several medical staff present and your partner will sit at your head
- The doctor will make an incision horizontally above the pubic bone (or vertically in an emergency) and into the uterus
- You may feel pressure, tugging or pulling and hear suction sounds
- Your baby is born within the first five to ten minutes of surgery
- Sewing up takes an additional 35 - 45 minutes

Remember, a Caesarean may be surgery but it is also a birth. Talk with your caregiver about how you want your family involved. For your next birth, talk to your doctor or midwife about VBAC (Vaginal Birth after Caesarean).

WHEN YOUR BABY NEEDS SPECIAL CARE

Sunnybrook has a Neonatal Intensive Care Nursery (NICU) which has skilled medical and nursing staff. In the NICU, parents are encouraged to be involved in their baby's care as soon and as often as possible. If your baby is admitted to the NICU, we will give you an information package.



ASK YOURSELF

- Have I had a tour and know where to go and what to expect?

YOUR HOSPITAL STAY AFTER BABY IS BORN

Congratulations on your new arrival(s)!

In the Birthing Unit, nursing care is usually one on one. When you arrive in our Postpartum Unit on the fourth floor, you will find the ratio changes to one nurse for every four to six families. You and your baby will be cared for by the same nurse. Your baby will be with you at all times and your family will get to know each other. Having your baby in your room may also help you to rest more easily. You will begin to understand your baby's needs and get a good start with breastfeeding. The nurses are available day and night to help you. Just ask.

LENGTH OF STAY/DISCHARGE

The usual stay is 36 hours for a vaginal birth and 72 hours after a caesarean section. Mom and baby will be sent home when they meet the discharge criteria. This is based on mom's physical and emotional well being and evidence that your baby is feeding well.

IF YOUR BABY IS SMALL

Some babies who have been born more than three weeks early or who weigh less than 5 lbs may have trouble breathing when placed semi-upright in a car seat, or swing. Before you leave the hospital, we will check your baby's heart rate and breathing in a car seat. This check will take thirty minutes plus the amount of time it will take you to drive home from the hospital.

PARTNERS

We encourage family-centred care. Your partner is welcome to stay overnight to learn how to care for and support mom and baby. If you are in a two or four bed room and want to stay over, please let your nurse know. As long as your roommates have no objection, then you are welcome to stay. We will try to give you a pull-out chair and linen. Please bring your own pillow and appropriate daytime and night time clothing.

CIRCUMCISION

Circumcision may be performed in the hospital or as an outpatient. There is a hospital fee for this procedure. The doctor also charges a fee. Make sure you know what each of these charges will be.

BABY'S HEALTH CARD

Don't leave the Postpartum Unit without the forms for your baby's temporary health card. These forms need to be signed in the Admitting department before you go home.

WHAT DO YOU NEED TO LEARN?

You will see the “Family Teaching Record” on a clipboard at your bedside. You may have already filled in the summary at the back of this booklet. If not, help us meet your needs by checking off the topics you want to learn about.

COMMUNITY ASSISTANCE

The Healthy Babies Healthy Children Program is a free Toronto Public Health service for pregnant women and families with children up to age six. It provides home visits, parenting information and community resources. Your nurse will speak to you about it while you are in hospital 416-338-7600.

BREASTFEEDING CLASS

Breastfeeding classes are held every morning. You’ll learn things like how to start out right, what to expect, understanding your baby’s cues and problem solving. We recommend that you go to the class if you are breastfeeding your baby.

VISITING HOURS ON THE POSTPARTUM AND HIGH-RISK FLOORS

These policies are based on what patients have told us they wanted, and on infection prevention and control policies:

- Partners or an identified support person are welcome anytime.
- Women may identify 2 additional visitors per day
- Visiting hours are between 3:30 and 8:30 PM
- Siblings of the newborn may visit accompanied by the partner or support person
- No visitors except partners between 1 and 3 PM This is rest period. You may phone out, but no incoming calls will get through
- If people are ill, or have been exposed to a communicable illness, they should postpone their visit

LATEX ALERT

Out of consideration for the health of our latex-sensitive patients and employees, latex rubber balloons are not allowed in the hospital.

SECURITY

Never leave your baby alone. If someone you don’t know comes into your room and asks to take your baby, ask for ID, or to go with them. If you want to leave your room, for instance to have a shower, ask a nurse to watch your baby at the front desk. In the Birthing Unit, the partner will be issued a blue security ID band and baby ID band. These are to be worn until discharge. On the postpartum floor, a second security band can be issued to a person of your choice if the partner has to leave.

MEAL SERVICE

Regular meals are provided. A dietician can visit you if you are on a special diet. You may, bring your own food and there is a small fridge, a microwave, toaster and kettle to use. Kosher meals are available. Breakfast and lunch are offered in buffet style .

TELEPHONE

There is a small daily charge for the telephone at your bedside. Please tell your nurse if you don’t want a phone. There are pay phones on each floor opposite the elevators. To make an outside call from your room, touch 8 before the number. For long distance calls, touch 0. Please use your cellular phones outside of the unit in the open space in front of the elevators.

SMOKING

The Women’s College Hospital is a smoke-free building. If you or your visitors must smoke, you may do so outside of a 10 foot radius from the hospital.

BABY IDENTIFICATION

Before you leave the hospital, a nurse will take your baby’s identification bands off and give them to you.

GOVERNMENT FORMS

Families will be give information on birth registration and family benefits.

POSTPARTUM WAITING AREA

Once you have been told that you may leave the hospital but have to wait for your ride home, you and your baby may wait in the Postpartum waiting room. Let the staff know when you and your family are leaving. This room may also be used as a visiting area while you are in the hospital.

YOUR ACCOUNT

As you leave the hospital, go to the Business Office on the main floor to settle your account. This might include costs of telephone, cable television, baby identification, baby photos and the extra cost for a room if you do not have insurance coverage. The hours are Monday to Friday 8 AM to 4 PM, Saturday 9 AM to 3 PM. 416-323-6002

BREASTFEEDING CLINIC

Sunnybrook has an outpatient Breastfeeding Clinic staffed by Lactation Consultants. The Clinic also offers a Pump Rental Service and a Breastfeeding Helpline (416) 323-6526. If you are having difficulties over and above the normal challenges of breastfeeding, your nurse may refer you to the clinic. If you have any questions or concerns about feeding your baby once you are home, call our Clinic at (416) 323-6526. If you need to come in, call for an appointment.

USEFUL SERVICES

Hard Hat Cafe 1st floor Mon–Fri 7 AM–5 PM and 24-hour vending machines.

Bank Machine 1st floor 24 hours, near Pharmacy

Gift Shop 1st floor Mon–Fri 10 AM–4:30 PM & 6–8 PM. Weekends 12:30–4 PM

Baby and mom gifts, magazines, books, snacks, cards, florist service.

PharmaCentre 1st floor Mon–Fri 9 AM–5 PM. (416) 323-6250

Baby and mom supplies, common medications and other drugstore needs.



ASK YOURSELF

- Have I discussed with my partner about staying overnight?
- Have I told others to call before visiting?
- Have I completed the Family Teaching Record at the end of this booklet?

BREASTFEEDING:A GOOD START

FIRST FEEDINGS

The first breastfeeding should happen as soon after birth as you and your baby are ready. Ninety percent of women delivering here breastfeed their babies before they are transferred from the Birthing Unit. Your nurse will help you with positioning and latching for the first feed. Some babies will snuggle, sniff and lick the breast during the first feed. Others will latch and suck eagerly. All these behaviours are normal. Don't forget that you have plenty of time to get the breastfeeding relationship off the ground. Spending lots of time skin-to-skin with your baby is important. So are the following:

- Offer your baby your breast at least eight times every 24 hours
- Take your time to achieve a good latch with your baby's mouth wide open and the bottom jaw well under the areola (the darker skinned area around your nipple)
- If your baby is sleepy, encourage his interest in feeding by undressing your baby down to his diaper and tickling your baby's back or head
- Let your baby "finish the first breast first." This means you should let your baby feed for as long as he wants on the first breast. After changing the diaper and burping, you can offer the second breast. Some babies will feed on the second side, some will not

- Feed your baby before he begins to cry with hunger. Crying is a late sign of hunger. Watch instead for early signs such as wiggling or eyelids moving during sleep

Almost all mothers can produce enough milk for their babies. Colostrum, your first milk, is all your baby needs as long as you feed your baby 8-12 times a day. It is normal for babies to have times when they feed several times in a 4-5 hour period. This “cluster feeding” behaviour does not mean your baby isn’t getting enough. It is a natural way to increase your milk supply. It is more important for your baby to breastfeed frequently during these times than be given formula or water. Any other food offered your baby will decrease your milk supply.

BREASTFEEDING IN THE FIRST FEW DAYS

It’s common for babies to be alert for the first few hours. During this time they should have their first feed and then go into a deep sleep, rousing once or twice. At about 24 hours they may want to have short, frequent (clustered) feeds.

LATCHING AND POSITIONING

As you will be feeding your baby eight to twelve times each day, it is important to be comfortable. Turn your newborn on his side, so his tummy is against yours. Support your baby’s back and shoulders and leave his head free to move onto the breast.

Some women find it easier at first to put a pillow or two on your lap. You can support your breast with your thumb well above and fingers well below the areola, so that your baby can take a large mouthful of breast. A baby needs to open wide to breastfeed well. To encourage this, lightly tickle baby’s upper lip with your breast and nipple. It’s important to be patient until your baby opens his mouth and then bring him very close onto the breast.



- Breastfeeding may be easier if you can sit in a chair with your back well supported, feet flat on the floor or raised on a stool
- Unwrap your baby so that you can position him more easily. Your nurse will help you
- If the baby is having trouble breastfeeding, you can try stripping him down to a diaper since skin-to-skin contact can help baby figure out what he needs to do

A baby who is breastfeeding well will have his chin tucked under your breast and nose lightly touching your breast. Don’t worry about him not being able to breathe. When a baby is doing well, his mouth is wide and both top and bottom lips are flanged out. When his mouth is wide enough, he will take a fair amount of the areola or breast into his mouth and will not just suck on the nipple.

When breastfeeding is done correctly, it is not painful. If pain is a problem and your nipples are sore, GET HELP. The key to successful breastfeeding is positioning the baby at the breast. You can be helped with hands-on support from your nurse or, after you leave the hospital, from the Breastfeeding Clinic.

COLOSTRUM

The first milk your baby receives is colostrum, thick yellow milk rich in proteins, minerals anti-infective and immune properties. A newborn receives one to one-and-a-half teaspoons of colostrum every feed. This is all your baby needs now. The more frequently and effectively your baby breastfeeds, the more milk your breasts will make. By day three or so, if your baby has been breastfeeding well, you will have more milk. It is whitish and thinner and your baby may take one to two ounces every feed. By feeding your baby early and often, you will have less chance of becoming engorged (painful swollen breasts as your milk comes in). Feeding often is also important to prevent jaundice by helping your baby move his bowels.

HOSPITAL STAY AND GOING HOME

While you are in the hospital, one nurse (on each shift) will look after you and your baby and help you get started with breastfeeding. When you are ready to leave, she will make sure you have a plan for feeding your

baby and taking care of yourself. This will include your caregiver's number, your Public Health Unit's number and the hospital's Breastfeeding Clinic number. When you go home, if you are having trouble breastfeeding, don't hesitate to call the Breastfeeding Helpline and see if you need an appointment in the Clinic. The sooner we know about your problem, the easier it is to solve it! We want you to ask questions.

HOW TO TELL IF YOUR BABY IS FEEDING WELL

As the amount of milk you have increases, you will be able to see or hear your baby wallowing. A baby may suck for 15-30 minutes during a feed and then will seem quite satisfied and sleepy. Although you cannot actually see how much milk the baby is taking in, you will be able to see how many wet and dirty diapers he has and this will tell you how things are going.

Minimum wet diapers

Day 1 - 1
Day 2 - 2
Day 3 - 3
Day 4 - 6

Minimum dirty diapers

1 bowel movement
1
1
2 (at least loonie size)

After day 6 or so when your milk is in, your baby should have four or more dirty diapers until the 6th week. After that he will settle into his own routine. At first a baby's stool is black and sticky. By day 5 a breastfeeding baby's bowel movements should be turning golden, liquidy and seedy. If your baby is becoming dehydrated, you will often see less dirty diapers, less wet diapers, and/or dark yellow urine. As well, the lips and the inside of his mouth will seem dry. If this is happening, make an appointment with the Breastfeeding Clinic or your caregiver immediately. Don't forget, if you're using disposal diapers, it is often difficult to tell if they're wet. Try pouring in an ounce (2 tablespoons) or two of water in a dry diaper and see how it feels.

YOUR BABY'S WEIGHT

Babies often lose up to 10% of their birth weight in the first four days. After this initial loss, they usually gain 15-30 grams (half to one ounce) per day. This rate of growth continues throughout the first six months.

TAKING CARE OF YOURSELF

CHANGES IN YOUR UTERUS

After your baby is born your uterus is a firm round mass just above your umbilicus (belly button). It gets a little smaller each day until by six weeks it will be about the same size as it was before you were pregnant.



- To get out of bed, turn onto your side and push yourself up with your arms. When you are in hospital it is also helpful to roll the head of your bed up
- Ask for help before you get out of bed the first time. You may feel dizzy

If you have had a caesarean birth, your dressing is usually changed two days after your surgery and then every day. The staples and non-absorbable stitches are usually removed by the nurse three or four days after the birth. At this time the skin is healed enough to stay together. Some women have stitches which dissolve about seven days after delivery.

It is not unusual for the area around your incision to feel numb for a few months. The feeling will gradually return to normal.



- Wait two or three days before you sit in a bathtub. Shower in the meantime
- Don't use soap or alcohol on your incision
- No heavy lifting (eg. a heavy bag of groceries)
- Remember to bend your knees when you lift anything
- Wear loose clothing to avoid pressure and rubbing on your incision
- Support your abdomen with a pillow or rolled towel when coughing and breastfeeding

HELP WITH PAIN

After the birth you may be in pain for a number of reasons. How you deal with it will depend on why you have it and your past experience. Try the methods of pain relief that have worked for you in the past. If you choose

medication, the bedside “self medication” package contains various products for pain relief. You may need some pain medication at home, particularly at night. Talk to your caregiver about medication before you leave the hospital.

- If you are in pain and can't get relief in other ways, take pain medication every four to six hours during the first few days
- Take your pain medication before your pain gets difficult. It works better this way
- If your pain medication is not keeping you comfortable, talk to your caregiver
- Constipation can be a problem with some medications

AFTERPAINS

Some women have afterpains, contractions that help your uterus get back to the size it was before you were pregnant. They feel like mild labour. They can hurt during the first two to three days and get stronger when you are breastfeeding. If this is not the first time you have had a baby, they may hurt more.



Use relaxation techniques.

- Do effleurage – gentle stroking of your belly
- Lie on your belly (with a pillow under your hips if you like)
- Urinate before breastfeeding
- Take pain medication at least half an hour before breastfeeding
- Use a warm water bottle over your belly if you have had a vaginal delivery

LOCHIA (Vaginal Bleeding)

After your baby is born, you will have bleeding from your vagina. Bright red bleeding for the first ten to fourteen days is normal but there will be less of it as time goes on. By the second week, the flow has no odour or clots and is pink to brown. At three weeks or later, the discharge should be brownish yellow or white. While you are in hospital, your nurse will be checking the flow at regular intervals. Large clots are not normal (larger than a quarter). Let your nurse know. You may notice that the bleeding gets a little heavier when you become more active. If the bleeding gets much heavier or you notice a strong odour, contact your doctor.

CHANGES IN YOUR PERINEUM

It is important to keep the perineal area clean by using your peri bottle each time you use the toilet. The flow of water and wiping should be from front to back. Remember to pat dry gently but thoroughly. If you have had stitches, they may hurt and itch while they are healing.



- Ask for ice packs after your baby is born
- Do pelvic floor exercises (Kegels) regularly, especially just as you sit down and get up
- Sitting in warm water (a sitz bath) may help to soothe and heal the area. There are two ways you can do this:
 1. Fill your clean bathtub with two to four inches of warm water. Sit in the tub for ten minutes two to three times a day. Don't add anything to the water until you are completely healed
 2. Buy a sitz bath, at the Pharmacentre, fill it with warm water and sit in it for ten minutes 2-3 times a day.
- Air dry your perineum by lying under the covers with your knees bent and legs apart for ten minutes after your sitz bath. Put a pad underneath you and keep your panties off
- You may also use your hair dryer on the cool or warm setting. Direct the air back and forth across the incision, not straight on it, for about five minutes
- Try deep breathing, sitting on a soft pillow and/or pain medication
- If your perineum feels different or you feel the stitches may have opened, look at the area in a mirror. Tell your caregiver if you are concerned

YOUR BLADDER

Some women have difficulty urinating after having their baby, especially if they had an anaesthetic. Your nurse will check your bladder and help you. She will also show you how to care for yourself after using the toilet. After the first day or two, you may notice that you are urinating more than usual as your body loses the extra fluid that you needed for pregnancy and labour.

CHANGES IN BODY TEMPERATURE

You may feel warm while your milk is coming in. Increased perspiration is common during the first 24-48 hours.

- Continue to drink six to eight glasses of water or clear fluids a day and whenever you are thirsty.

- Empty your bladder every two to four hours.
- Nurse your baby frequently to prevent engorgement.

LEG AND ANKLE SWELLING

You may experience some leg and ankle swelling during the first 24-48 hours. The swelling may not go down for several weeks. This is not unusual.

- When resting, watching television or reading, elevate your legs above the level of your hips.
- If your legs/ankles remain swollen and become painful, call your doctor.

HAEMORRHOIDS

Haemorrhoids (swelling of the veins in the anus) may cause extreme pain near your anus during the first few days after delivery. Over time they gradually get smaller and usually go away completely.



- Apply an ice bag after your baby is born, and as often as you like
- Sit on a soft pillow
- Apply creams which are **ordered** by your doctor
- Eat lots of fibre (whole grain bread, whole grain cereal, raw fruits and vegetables) and drink at least 6-8 glasses of water a day
- Cleanse after each bowel movement with warm water from peri bottle and wipe gently with cool vaginal haemorrhoidal pads (such as Tucks) or soft toilet tissue
- Place a vaginal/haemorrhoidal pad on top of your sanitary pad
- Don't sit on the toilet for too long and try not to strain when you have a bowel movement
- Use laxatives as ordered by your doctor
- Use cold or cool water in your sitz bath at first

CONSTIPATION

It's not surprising that you may be having difficulty moving your bowels considering the strain and stretching on your abdominal muscles. Many women worry about stitches in their abdomen or their perineum. Try not to delay a bowel movement because of these stitches – they are unlikely to break. It may take up to one week for your bowels to get back to normal. To avoid constipation, increase the fibre (bran muffins, vegetables and fruit) in your diet and drink six to eight glasses of clear fluid a day. You may need to take a stool softener or mild laxative. Ask your caregiver.

AT HOME WITH BABY

THE NEED FOR REST & SLEEP

Regardless of how you gave birth to your baby, give yourself a chance to regain your energy. During the first few weeks, make the care of your baby and yourself a priority. The more you rest and take care of yourself in the first few weeks, the sooner your energy level will return to normal.



Take rest periods during the day.

Gradually increase your activity each day.

Have a support person with you for the first week or two, a person you feel totally comfortable with.

Plan for support from your partner, family and friends.

Let go of things that don't have to be done, such as housework.

Sleep when your baby is sleeping. Unplug your phone. If you have an answering machine, use it. Use a "Do Not Disturb" sign.

Limit visitors for the first two weeks.

If you are taking pain medication, plan activities thirty minutes to two hours after you take it.



ASK YOURSELF

- Do I have the supports to be able to follow these hints?

NUTRITION

After your baby is born, you will begin to lose weight. You might lose up to 12 lbs after your baby is born and then perhaps 1- 2 lbs a week. If you are eating sensibly, the weight should come off naturally. Continue with the healthy eating habits you had when you were pregnant. Breastfeeding moms should aim for four servings of milk and milk products a day. Crash dieting is not a good idea.

Let someone else cook for you.

Rather than trying to eat three meals a day, have four to five smaller meals throughout the day.

Have lots of easily prepared foods available for you to eat (peanut butter, bread, yogurt, cheese and fruits).

Have a friend bring lunch or dinner.

Keep a shopping list on the fridge so that if people call and want to bring something you know what you need.

POSTPARTUM DEPRESSION / BABY BLUES

Within the first three to five days after delivery, up to 80% of mothers may have the “*baby blues*.” You may feel restless, irritable, tearful, discouraged, depressed or helpless. You may also feel suddenly excited or full of energy. Don’t forget, you may be sleeping a lot less than usual and that takes its toll. There are other physical and emotional reasons for your mood swings. No treatment is necessary since this usually ends by itself.

It is not uncommon for some new mother to become very depressed. It can happen right after birth and up to 18 months later. You may feel irritability, exhaustion, numbness, loneliness, guilt, inadequacy and inability to cope, and you may lose interest in your appearance, in your family and in sex. If you are having any feelings that make it difficult to care for yourself and your baby, please ask for help. This is particularly important if it lasts more than a week or so. Contact your caregiver, childbirth educator, public health nurse or refer to the Resource list near the back of the booklet. The Women’s College Hospital has the Reproductive Life Stages Program. To find out about referrals, call 416 323-6230.

Dad may be experiencing a lot of different feelings, too. For instance, you might feel excited, ecstatic, tired, scared, overwhelmed, left out, jealous or proud. Just as new mothers need time to adjust to a new baby, so do you. Spending time with your baby right from the beginning and talking things through with your partner will help you adjust. Some dads find it helpful to talk to other new fathers.



ASK YOURSELF

- Do I feel anxious or depressed?
- How long has this been going on?
- Do I need to get help?

EXERCISE AFTER THE BABY IS BORN

Begin some simple exercises right after your baby is born.

Pelvic Floor exercises (Kegels)

- repair stretched or damaged pelvic floor
- help prevent urine leaking (when you cough, sneeze or exercise)
- help prevent your uterus from slipping down as you get older

Do Pelvic Tilts – Standing (to improve posture), Lying, Sitting and on Hands and Knees

- to begin strengthening your abdominal muscles
- to improve your posture (Standing)

Abdominal exercise after vaginal birth

- Strong abdominal muscles mean less backache
- Help you get your tummy back in shape

Recovery after a caesarean birth takes longer, so begin exercises accordingly.

1. Arms stretched towards your knees, lift head and shoulders only. Keep chin tucked in. Hold this for three seconds at first and as you get stronger or after six weeks, try holding for longer. (Curl Up)
2. Once you feel strong enough or after six weeks, do exercise 1 but lift your upper back to a full sit up.

3. Arms stretched towards knees, push the small of your back into the floor. (Pelvic tilt) Reach diagonally to outside of opposite knee. Hold for three counts and slowly return to starting position. Repeat five times to each knee, alternating sides and increase the numbers of repetitions as you get stronger.



- Join a postpartum exercise class
- If you find it difficult to plan time out, a video on postpartum exercise is a great idea.
- It takes up to three months for your body to recover. It is best to wait until then to begin more strenuous exercise. Check with your caregiver.

PROTECT YOUR BACK

- Your stroller or baby carriage handles need to be high enough so that you won't need to bend forward
- Bend your knees, not your back
- The ideal working surface is near the level of your hipbone

YOUR CHILDREN AT HOME

If you already have children at home, you will be challenged with new feelings and experiences. You may feel very sad or guilty at leaving your other child(ren) or for not being able to spend as much time with them. Your other child(ren) may feel angry or jealous because they no longer have your full attention. They may feel unloved and rejected. This is called sibling rivalry.



- Have siblings visit the hospital
- Have a special gift for siblings from the new baby
- Leave siblings with a special person, such as a grandparent
- Encourage siblings to talk about feelings
- Tell siblings you miss them, they are special and that you love them
- Each of you spend time with a sibling during the day
- If involved with baby, have a special bag of toys for sibling to play with during this time
- Let siblings help with baby and hold baby when you are present. Give positive feedback. **Don't leave babies alone with their siblings**
- If you think problems are persisting, speak with a friend, caregiver or call your public health nurse

SEX AFTER THE BABY

Parenthood means major changes in your life and that affects your relationship as a couple. Many couples have concerns about their sex life. Once your lochia (bleeding from the vagina) has stopped, it is physically safe to start lovemaking again. There are some things you may want to think about before this happens:

- Is your perineum comfortable?
- What method of birth control are you going to use?
- Are you feeling like you want to have sexual intercourse? Talk over your answers together and see if you are both ready

CALL YOUR CAREGIVER WHEN

- you have heavy bleeding from the vagina, the blood is bright red and it goes through one pad in one hour
- you have a temperature over 38 C or 102 F, or you feel cold or have "the chills" (you are shivering)
- the discharge from your vagina smells bad
- it hurts when you urinate
- you find it hard to urinate
- you're urinating too many times
- you're having trouble breathing
- you have a lot of pain
- you've had a caesarean section and your incision is painful, leaking or very red or swollen
- you need medical or breastfeeding support (or call Breastfeeding Clinic at 416-323-6526)
- you feel sick as if you have the flu and your breasts are sore
- the "baby blues" (crying and feelings of being overwhelmed and unable to cope) last longer than a week or so
- your nipples are extremely sore or damaged. Get help early from the Breastfeeding Clinic 416-323-6526

TAKING CARE OF YOUR BABY

BOWEL AND BLADDER PATTERNS

In the first few days of life your baby will wet a couple of times a day. If you are concerned, talk to your baby's caregiver. After the first few days of life, 6-8 wet diapers a day mean your baby is getting enough fluid. All babies have a dark, sticky stool called meconium for the first few days. Meconium is followed by a brownish, green stool, and then usually becomes yellow or tan. The colour, consistency and frequency varies among babies and depends on whether your baby is breast or bottle fed. Breastfed babies' stools are usually yellow, soft and unformed, the consistency of grainy pea soup. Formula fed babies have more formed yellow stools. Most babies have one to two stools a day. Occasionally a breastfed baby may go four or five days without a bowel movement and a bottle fed baby may go three days without one. This is normal as long as your baby is comfortable, continues to have clear urine, and the stool is soft when he has a bowel movement.

CORD CARE

At birth the cord will be clamped, then it dries up and blackens over the next few days. The nurse will remove the clamp or show you how to do so. The cord usually falls off within 7 to 14 days. There may be very slight bleeding. Sometimes even after the cord falls off, you may see some bleeding or discharge. It is not necessary to use anything but warm water to clean around the cord. Wipe the area after a bath or diaper change and let it dry. To help keep it dry and free from rubbing, fold the diaper underneath the cord. Don't be afraid to wipe firmly. Continue until the cord area has healed. If you notice a bad smell or yellow discharge, call your caregiver if it doesn't get better.

DIAPERING

With every diaper change, wash your baby's bottom with warm water (and soap if he has a bowel movement) or baby wipes.

If there is any redness or rash, you may use a barrier cream before you put on a clean diaper.

Follow the package directions for putting on a disposable diaper or ask your nurse to give you a demonstration if you are using cloth diapers. Ask your nurse about hospital diaper recycling for disposables.

NEWBORN SCREENING

Certain diseases can be present in even healthy looking newborn babies. In the first few days of life, all babies' blood is screened for these diseases so that treatment can begin early, usually with diet or medication. When you leave the hospital, you will be told whether your baby needs to have blood work after you get home.

Hearing Screening

It has been recommended that all newborns have their hearing tested. The test is safe and painless and takes only a few minutes. Your nurse will talk with you about this.

Healthy Baby Healthy Children

This program from Public Health offers a phone call and possible home visit for families with new babies. Your nurse will discuss this with you.

JAUNDICE

About half of all full-term infants and three-quarters of premature infants develop jaundice in the first few days of life. When the newborn's liver cannot break down all the red blood cells it needed before birth, the result is jaundice (yellowed skin and whites of eyes). If your baby needs it, he may be placed under special lights while you are in hospital or you may be told to put him near a window at home. If, after you have left the hospital, you think your baby's skin or eyes have yellowed, please call your baby's caregiver. Breastfeeding early and frequently has been shown to decrease the likelihood of jaundice.

BATHING

Except for the diaper area, your baby only needs a bath every few days. If you use soap, use one that has no dyes or perfumes and rinse well afterwards. Wash his face first, then his hair, then his body. Dry well, especially in the creases. Ask your nurse about an in-hospital bath demonstration and ask for help with your first bath.

This will help you later when you are at home.

GETTING BABY READY FOR A BATH

You can get baby ready on a change table or countertop. Work at a comfortable height (around hip level). Have these on hand:

- mild soap • cotton balls
- washcloths
- change of clothing and diaper
- diaper supplies • tub support for head and body
- two large soft towels • pad to lay baby on after bath

SAFETY HINTS

Sometimes parents worry about tub baths because babies are slippery.

- Water temperature should be comfortable (around body temperature so that when you test it on your inner arm, it doesn't feel too warm or cold)
- Your baby needs about 3" (8 cm) of water
- Don't add hot water while baby is in tub
- Never leave the baby alone on the table or in the bath
- If reaching for anything, have one hand on the baby
- Keep supplies close to you

Place baby into the tub, remembering to support his head and hold him firmly. It may help to have someone else with you or to use a tub support. Gently wipe the baby's face with a clean wet washcloth without soap. There's no need to do anything to his eyes, ears or nose unless there is a discharge. If you need to wipe the eyes, use a clean part of the washcloth for each eye and wipe from the inner corner outwards. To clean the ears, gently wipe the OUTER part of the ear only. To clean the nose, wipe with a wet washcloth. Do not use cotton tipped applicators to clean baby's eyes, ears or nose. Wet baby's body and soap him from his shoulders to his toes and rinse off with a washcloth.

Wash genitals last: For baby girls, wash from front to back. Then cleanse the anal area by also wiping from front to back. For baby boys, clean and dry penis and scrotum, then clean and dry anal area. Do not push back or worry about cleaning under the foreskin if your baby is uncircumcised. Take the baby out of the tub onto the towel and pat him dry. It is not necessary to use powder since it can irritate his skin and lungs.

Once or twice a week shampoo your baby's hair. Hold him firmly wrapped in a towel in the football position, with his head over the basin. Use your free hand to wet his hair. Lather his hair with mild soap or shampoo, rinse thoroughly and rub dry. If he has cradle cap (a waxy scale on the scalp, common to infants) rub a very small amount of non-perfumed oil onto his head to soften the scales, comb to loosen if you want, then shampoo as above.

ALTERNATIVES TO THE TUB BATH

- All-over sponge bath: Wash one part of the baby at a time and keep his other parts warm and covered, washing genitals last
- Three-in-one approach: One parent sits in the bathtub while the other passes the baby in for bathing. When the bath is finished, the parent inside the bath can pass the baby out to the other parent

BABY SAFETY

Babies are born with reflexes which help protect them in the early days and weeks. Here are some simple things you can do in addition to ensure your baby's safety:

- When holding babies support the head and neck.

- Lay healthy babies on their back to sleep. (This has the lowest risk for SIDS, according to the Canadian Paediatric Society.) Do not use soft bedding, such as pillows, comforters, duvets, bumper pads or soft mattresses.
- Supervised tummy time is encouraged
- If your baby is gagging on mucous, lower the head slightly and gently pat or rub the back
- Never leave baby unattended in the bath
- Never leave babies unattended on any surface other than the floor. They can roll over early
- When driving, put your baby in an approved car safety seat. The car seat is for transit only
- Do not leave your baby to sit or sleep for long periods in the car seat
- Don't put baby in the front passenger seat
- When at home don't use a pillow under the baby's head
- Don't put baby on a waterbed
- Never shake or throw your baby
- Make sure your baby's furniture, equipment and toys (including soothers) meet current government safety standards, particularly if they are secondhand
- Keep poison control and other emergency numbers close to your phone.
- You may find a first aid or CPR course useful

CRYING AND SOOTHING

Hearing your baby cry can be very disturbing. However remember it is the baby's only way of letting you know that he is unhappy about something. Even healthy babies cry on average two to three hours a day, and may have a fussy time around supper. Between three to eight weeks of age they may cry more than usual but after three months, most babies cry less and less. Your baby may be able to calm himself. See what works best. Does he like your voice, your touch or both? Does he like to be cuddled and fussed over or left alone? There are many reasons for crying and many ways to soothe your baby.

HH

- First check if baby is wet, hungry, too cold or too hot
 - We encourage you to hold your baby skin to skin
- See if your baby likes motion:
- Rock in a cradle or rocking chair.
 - Carry your baby close to you in a carrier or sling.
 - Take your baby for a walk or ride in a car.
 - Try standing or sitting with baby and see what works better.
- See if your baby likes security:
- Be where your baby can see you or where there are other people talking or background music.
 - Wrap your baby in a blanket with his arms close to his body.
- See if your baby likes stimulation:
- Sing or talk to him
 - Have an interesting toy or mobile for him to watch

Sometimes babies get over stimulated. See if he wants to be quiet:

- Move to quieter, dimly lit surroundings.
- See if he'd like to nurse or suck on something.
- Take a warm bath with your baby
- Try quiet, rhythmic motion
- Create soothing background noise
- Lie down and take a nap with him

You may not always succeed in calming your baby. Remember it's OK to feel upset when he won't stop crying. It may be very hard to resist the impulse to strike or shake a baby, but both can be very harmful. If you cannot take it any more, put him somewhere safe, like a crib, and go away for a few minutes until you have more control. Some women take a short shower and put baby where they can hear him. These few minutes may be all you need. If you feel this overwhelmed (and many parents do) get some help.

Some parents are afraid they will spoil their baby. **Nothing could be further from the truth. When babies cry, they need more care, not less.** Go to your baby consistently when he starts to cry. During the sometimes trying weeks of early parenting, your own loving instincts and feelings will be the very best guide of all.



ASK YOURSELF

- Have we discussed our ideas about what to do when the baby cries?

FIRST DOCTOR VISIT

The first visit to your baby doctor should be 3 to 5 days after you leave the hospital. Arrange this when you get home by calling her office the next morning. Make sure you ask for an appointment for a newborn. At this first visit, your doctor will go over the well-baby visit schedule.

In the first few weeks CALL YOUR BABY'S DOCTOR WHEN:

- It is hard to wake your baby up and he won't stay awake for feedings
- Your baby will not stop crying
- Your baby feels very hot and has a temperature more than 37.5 C or 100 F. (To take the temperature, put the thermometer under his arm next to the skin for three minutes. Hold the arm close to his body while you are holding the thermometer)
- Your baby vomits (throws up) more than once after a feeding
- Your baby has diarrhoea (if you are breastfeeding, when he has more than 10-12 bowel movements in 24 hours. If you are bottle feeding, the bowel movements are very watery and there are more than six in 24 hours.)
- Your baby has not followed his bowel movement pattern and is uncomfortable
- Your baby has not wet a diaper all day
- Your baby does not feed at least six times in 24 hours (breast or formula feed)
- Your baby's skin or the white of the eyes turn yellow
- You are worried or think your baby is sick

You may also call the Breastfeeding Clinic Helpline (416-323-6526) for concerns about breastfeeding.

FEEDBACK

Tell us about your care in hospital. We want to make the birth of your baby as safe, as special and as joyful as we can. Let us know what you're happy about in the care you receive and also any areas that we could improve. Before you go home, please fill out the Customer Satisfaction Survey. We hope that this booklet will start you on your road to preparing for your new baby. We have included some more resources on the pages following to help you in the early months of parenting.

PLANNING AHEAD CHECKLIST

As you work through the Planning Ahead section of the booklet, you may use this list to make sure you have planned ahead and feel prepared. You might want to put this on the fridge as a reminder.



ASK YOURSELF

- Supplies and equipment ready for baby?
- Clothes ready for baby?
- Chosen a doctor for baby?
- Decided about circumcision?
- Planned for support after the baby comes?
- Checked out resources in my area?
- Prepared for breastfeeding?
- Arranged prenatal classes?
- Booked a tour or Communications Night?
- Planned for labour support?
- Packed cases for the hospital?
- Completed Family Teaching Record summary?
- Completed Preadmission Form?

FAMILY TEACHING RECORD

When you come to the hospital to have your baby, the nurses will use a record like this one to work with you on what you say you need to learn. If you bring this to the hospital with you when you have your baby, you can transfer the information onto the bedside Family Teaching Record.

- Physical changes
- Mother Care Baths / showers
- Postpartum blues
- Positioning / latch / how often
- Changes as the milk comes in
- Bottle feeding Techniques
- Caesarean section Special needs / care
- Other children
- Birth control
- Choking
- Baby safety Sleeping
- Child proofing
- Diapering / bathing / cord care
- Circumcision
- Baby care Crying
- Jaundice
- Behaviour patterns
- Discharge procedure
- Going home Breastfeeding resources
- Follow-up with baby doctor
- Family
- Breastfeeding

Community Resources for Parents

TeleHealth 1-866-797-0000

Toronto Health Connection (Public Health) 416-338-7600

EMERGENCY 911

Specialty Services

Alcoholics Anonymous. 416-487-5591
Assaulted Women’s Services:
24 Hour Crisis Helpline 416-863-0511
. 1-866-863-0511
Family Services Counseling 416-595-9618
Toronto Rape Crisis Centre 416-597-8808
Bereaved Families of Ontario 416-440-0290
Centre for Addiction and Mental Health. 416-535-8501
Downtown Legal Services 416-978-6447
Hospital for Sick Children’s Emergency 416-813-5807
Metro Mothers Network 416-487-MUMS
Mothercraft 416-920-4054
Motherisk. 416-813-6780
Multiple Births Canada 1-866-228-8824
Poison Information Centre. 416-813-5900
. 1-800-268-9017
Toronto community information (in town). **211**
Toronto Social Services. 416-392-8623
Toronto Parents of Multiple Births Association 416-760-3944

Children’s Aid Services

Toronto Children’s Aid Society. 416-924-4646
Catholic Children’s Aid Society of Toronto. 416-395-1500
Jewish Family Services 416-638-7800
Native Child and Family Services 416-969-8510
Peel Children’s Aid (905) 363-6131
. 1-888-700-0996

Useful Numbers

Birth registration (*birth certificate info*). (416) 392-7036
Canada Customs and Revenue Agency 1-800-387-1193
(*Child tax benefit*)
Employment Insurance Canada-benefits 1-800-206-7218

Healthcard	416-327-7567
.....	1-800-664-8988
OHIP	416-314-5518
.....	1-800-268-1154
Passports	1-800-567-6868
<i>(Frequently Asked Questions)</i>	
Parentbooks	416-537-8334
.....	1-800-209-9182
Product Safety- Health Canada	416-973-4705

Breastfeeding Resources

Sunnybrook Health Sciences Centre:

Clinic Appointment	416-323-6526 press # 1
24 Hour Helpline	416-323-6526 press # 2
La Leche League	416-483-3368

Postpartum Support/Depression

Sunnybrook & Women's College Health Sciences Centre

(By referral only)	416-323-6230
St. Joseph's Women's Health Centre	416-530-6850
Community Information Line	211

Childcare and Homecare Services

Ontario Early Years Centre Info line	1-866-821-7770
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Family Daycare Services	416-922-9556
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(Home childcare and childcare programs available)

Visiting Homemakers Association	416-489-2500
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(Homecare support and childcare support available)

Applying for daycare subsidy:

Kidsline (For placement on wait list)	416-392-KIDS
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Children services dept.	416-392-5437
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VON – Peel region only	(905) 821-3242
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Children's Clinics/Walk-in Clinics - Call Public Health for the one nearest you

Children's After Hours	416-461-3000
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235 Danforth Ave – Suite 100

Doctor's Office	416-598-1703
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595 Bay St.

St. Joseph's Health Centre—Just For Kids

30 The Queensway 416-530-6611

Cultural Community Agencies

Chinese Community

Scadding Court Community Centre 416-392-0335

Centre for Information and Community Services 416-292-7510

Somali Community

Canadian African Newcomer Aid Centre 416-658-8030

Somali Immigrant Aid 416-653-8602

Sri Lanka Singhalese Community

South Asian Family Support 416- 431-4847

Vietnamese Community

SEAS Centre 416-362-1375