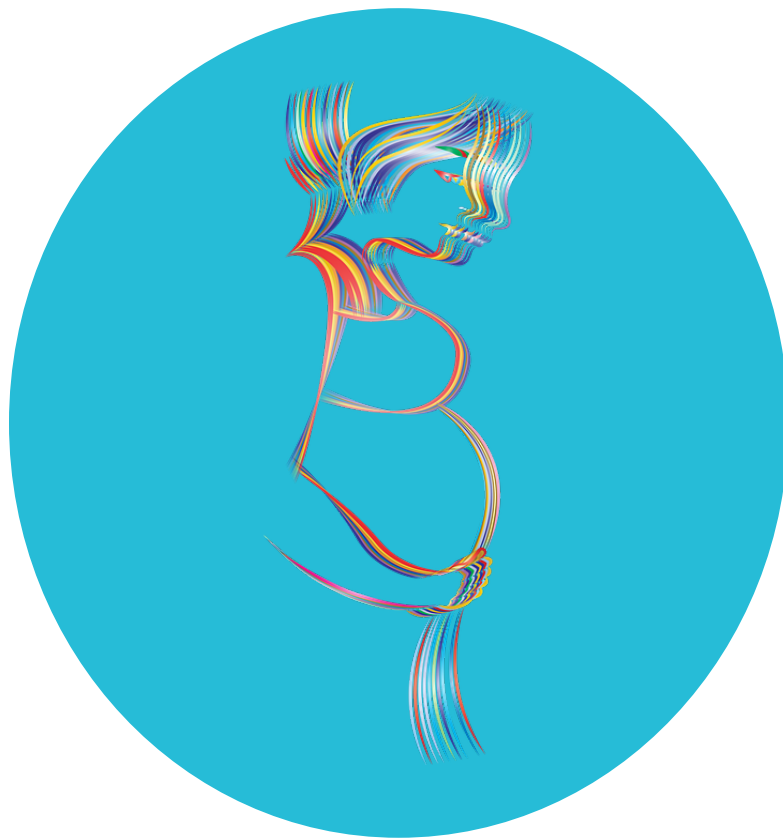




New Parent Handbook and Hospital Guide



**Women's and Infants' Program
St. Joseph's Healthcare Hamilton
50 Charlton Avenue East
Hamilton, Ontario L8N 4A6**

Getting ready for childbirth and your new baby

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

We hope that you find this book helpful.

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

- Your Ontario Health Card
- The medications you take regularly in labelled pharmacy containers. This includes prescription and non-prescription medications, vitamins and herbal products.
- A list of questions you may have about your well-being and care



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Chapter 1

Welcome to the hospital

In this chapter you will learn about:

- **Your care at the hospital**
- **Hospital Services**
- **Women's and Infants' Program Services**
- **Visiting at the hospital**



Your care at the hospital

Family-Centered Care

Welcome to the Women's and Infants' Program. We provide 'Family-Centered Care' here.

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

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

Your partner and/or support person are welcome to help you during your hospital stay



A team approach

A large team of healthcare workers will provide care to your family.

We work together to meet your needs.

The members of your health care team include:

- you, your partner, support persons and family
- health care providers such as your family doctor, obstetrician or midwife, nurse practitioners, hospital nurses, public health nurses, lactation consultants, social workers and dietitians, business clerks.
- supervised students and health care professionals in training

Be involved in your care

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

You can be involved by:

- sharing information about your health
- telling us your wishes, such as how you would like family members and support persons to be involved in your care
- learning about your health and taking care of yourself
- learning about your baby's health and taking care of your baby
- letting us know what information or help you need



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

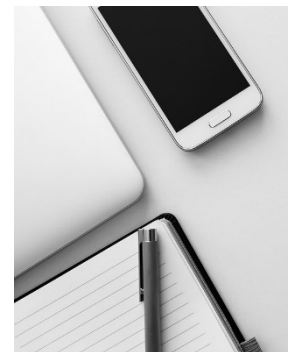
Feel free to ask questions at any time. We want you to have enough information and support to feel comfortable making health care decisions for you and your baby.

Communication

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

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

If you have a limited understanding of English, it is helpful to bring an adult with you who understands English to help with interpretation. We have interpreters available via phone service to help as well. If you need an interpreter for an appointment, please tell the person booking the appointment so that this arrangement can be made.



Hospital services

We are a smoke-free facility

- There is no smoking allowed in any building or on the grounds, including parking lots and garages.
- We appreciate your co-operation in providing a safe and healthy environment for everyone.
- If you would like help to quit smoking:
 - Talk to your health care provider
 - Contact Smokers' Helpline at 1-877-513-5333 or visit www.smokershelpline.ca
 - Call the City of Hamilton Tobacco Hotline at 905-540-5566



Your hospital bill

If you have a valid Ontario Health Card

The Ontario Health Insurance Plan (OHIP) does not cover all patient services. For example, there are extra charges if you:

- Arrive by ambulance
- Request preferred accommodation, including semi-private and private rooms, and the Charlton Suites.

You may have employment benefits or private health insurance that covers some or all of these costs. Please contact your insurance company before coming to the hospital to confirm your coverage.

OHIP only covers the cost of ward accommodation

If you have no health care insurance at all

Ask ahead of time about the costs. If you request preferred accommodation, have a credit card available on the day of your discharge. Your hospital bill will need to be paid at the Cashier's Office before you leave.

For more information, call Patient Accounts 905-522-1155 ext. 33818.

Gift and Flower Shop

The Gift and Flower Shop is located on Level 1 of The Juravinski Tower near the front entrance. This store has cards, gifts, baby clothes and more.



Convenience Store

This store carries books, magazines, drinks and snacks. It is on Level 1 of the Juravinski Tower near the front entrance.

Outpatient Pharmacy – 905-521-6170

The Pharmacy on Level 1 is owned by the hospital. You can purchase items that are available in a pharmacy as well as have prescriptions filled here. It also carries breastfeeding pumps and supplies as well as sanitary pads. Our pharmacy has an education focus. You can make an appointment to talk to a Pharmacist any time you want information on a medication, even when you go home.



Food and Snacks

There are coffee shops on Level 1 of the Juravinski Tower near the front entrance and Level 1 of the Fontbonne Building.

The cafeteria is located on Level 2 of the Sister Mary Grace Wing. It has a variety of snacks and meals. Hours are limited and may change.



Food for patients can be ordered from the kitchen during your stay. Menus can be found in patient room. Food can be ordered between the hours of 7:00am and 7:00pm.

A small kitchenette is located on the Maternal Newborn Unit which provides a fridge, microwave and kettle for your use.

Parking

There is an hourly rate for parking with a daily maximum rate. If you visit often, you can get “reduced rate parking pass” or a “come and go all day pass” from the Parking Office.

The Parking Office is on Level 2 of the Juravinski Tower.



Visitor parking is off James Street South, in the Fontbonne Parking Garage.

The parking lot off Charlton Avenue East under the main entrance is a premium parking lot and more expensive. You cannot use any coupons, passes or validations in this parking lot.

Please do not park long term in the roof-top parking lot off St. Josephs Drive. This is for pick-ups and drop-offs only.

There are also local parking lots in the area if you do not mind walking.

Restrictions

We are a fragrance restricted hospital

- Many of our staff and patients have asthma and other allergies.
- Please do not wear or bring perfumes, cologne, after shave, scented skin lotion, scented hairspray, or other scented products.



Safety First

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

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

Women's and Infants' Program Services

Triage and Assessment Unit- Bishop Dowling Wing- Level 2

If you need an assessment during pregnancy or labour, please come to the Triage and Assessment Unit. The health care providers will decide if you need to be admitted to the hospital. Many women go home from the Triage and Assessment Unit if they are in early labour and return when their labour has progressed.

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

The Birthing Unit- Bishop Dowling Wing- Level 2

The Birthing Unit has:

- 11 labour and birthing rooms
- 2 operating rooms
- 1 recovery room

Our birthing rooms provide a comfortable, home-like setting for your birth. Each room has a birthing bed and a private bathroom. We aim to provide one-to-one nursing care to women who are in active labour.

Mother and Baby Combined Care Unit- Bishop Dowling Wing- Level 3

The Mother and Baby Unit provides care to:

- women who have health risks or develop complications during pregnancy
- women after childbirth and their babies

Nurses on the Birthing Unit and the Mother and Baby Unit have knowledge about pregnancy, postpartum and newborn care, and breastfeeding.

At St. Joseph's Healthcare Hamilton, we promote rooming in. Each mother and baby stays in the same room together 24 hours a day.

This helps a mother and baby get to know each other. If a baby is premature or needs close observation by health care providers, there is a Neonatal Intensive Care Unit – Special Care Nursery here as well.

Neonatal Intensive Care Unit – Special Care Nursery- Bishop Dowling Wing- Level 3

If your baby needs special care, he or she may go to the Neonatal Intensive Care Unit (NICU) – Special Care Nursery. This nursery provides care to babies who are sick, premature, need surgery or have other health needs.

The care in this nursery is also family-centered. You and your family will join your baby's health care team and take part in your baby's care.

Breastfeeding and Newborn Assessment Clinic – BANA And Baby Assessment Clinic- BAC

St. Joseph's Healthcare Hamilton offers these clinics to support parents and babies after they go home. Babies may need to come back to the hospital for weight checks, blood tests and feeding assessments. Parents or caregivers can receive individual counselling from nurses to help them look after their babies.

You can book an appointment at BANA to come in or speak to a lactation consultant on the telephone by calling 905-522-1155 ext. 34998 (BANA).

Appointments at the Baby Assessment Clinic (BAC) will be made prior to your discharge from the hospital.

Taking pictures



You are welcome to take pictures and videos before and after your baby's birth.

To protect the privacy of the members of the health care team, please **ask their permission before taking their picture** or including them in your video.

Visiting at the hospital

Family and visitors are an important part of patient care. However, we need to limit the number of visitors to help prevent the spread of infection, ensure patient safety and help patients rest and recover.

There are 3 specific units within the Women's and Infants' Program.

It is important that you and your visitors follow unit specific visiting guidelines at all times.

The current visitor policies can be found at:

www.stjoes.ca/visitorpolicy

Visitors must be in good health

Only people in good health should come to the hospital. If your partner, support person or visitors feel sick, have been exposed to an infectious illness, or advised to self-isolate/quarantine by public health; tell them **NOT** to come to the hospital.



Safety First

Clean hands to prevent spreading germs.

Everyone must clean their hands with hand sanitizer when they enter and leave each patient care area.

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

Visiting the Birthing Unit

Your partner or support person can be with you in the Birthing Unit to help and support you through your labour and birth. You may have one other support person with you if you wish, during this time; you can have two people with you, day or night.

Visiting the Maternal Newborn Unit

Your partner or support person

Your partner or support person can stay with you 24 hours a day to help you care for your baby. He or she will sleep in a chair in your room. Please keep the chair away from the door and leave enough room for staff to come in.

Your partner or support person should expect his or her sleep to be interrupted, as the nurses need to regularly check on you and your baby.

Your partner/support person will not be allowed to sleep in empty patient beds

The partner or support person's role after birth is very important. A woman may be very tired after delivery. Medications may also affect her. While the hospital staff teaches the mother how to look after herself and the baby, you can help in many ways.

During the night, baby may be fussy and want to feed more often. Sometimes mother and baby fall asleep in bed after a feeding. The support person can keep an eye on mother and baby and if they fall asleep, gently place the baby back in the cot to sleep. It is highly recommended never to sleep with your baby in your bed. Safety is important and the support person can monitor this.

To stay overnight, your partner or support person should bring:

- pajamas, change of clothing, non-slip walking shoes and slippers
- pillow
- toiletries, towel and washcloth
- food, drinks and snacks
- their own medications

The staff will tell your partner or support person where to find the visitor's washroom. He or she should not use the patient's washroom or shower. Your partner or support person can buy food at the cafeteria or coffee shop.

Food can be stored in the refrigerator in the pantry on the unit. Please label food containers with your name.

Your partner or support person's role

Your partner or support person's role after birth is very important.

Ways a partner or support person can help:

- Support your efforts to breastfeed
- Do not ask for or encourage the use of formula or artificial nipples.
- Watch the baby when you go to the bathroom
- Bring fresh water for you to drink.
- Get frozen pads from the freezer.
- Walk the baby in the cot along the hallways to allow mother to rest.
- Help limit visitors. Even though this is a happy time for family and friends, mother needs time to be with her baby to learn her baby's normal behavior.

Your visitors

You may have 2 visitors at your bedside at one time, which includes your partner or support person.

Your baby's brothers and sisters may visit during visiting hours, provided a parent or a responsible adult stays with them at all times. No other children can visit.

If you have a roommate, please consider her needs for rest, care and privacy. There may be times when it is better to be with your visitors in the family lounge.



Important things to remember



- Exceptions to the visiting guidelines can be made in special situations. Please talk to your doctor, midwife or nurse before or during your hospital stay. They will make arrangements with the hospital staff.
- We ask that your visitors be in good health. If your visitors are not feeling well, please ask them not to visit. This includes symptoms such as cough, fever, runny nose, sore throat, diarrhea or vomiting.
- Visiting guidelines may change in certain situations. There may be times when no children or only 1 visitor can visit for infection control reasons.

Please clean your hands

Hand cleaning is the best way to stop the spread of germs that could cause illness or infections. You can use soap and water, or hand sanitizer.



**JUST CLEAN
YOUR HANDS**

Everyone must clean their hands:

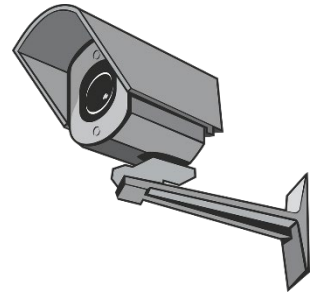
- when entering and leaving each unit or area
- when entering and leaving a patient's room
- before and after touching or caring for a baby

Patient Safety – Entering patient care areas



- To protect mothers and babies, the doors to the Mother Baby Unit, Birthing units and Neonatal Intensive Care Unit are locked at all times
- Please use the phone on the wall outside the doors to gain access to the units.

There is also 24 hours video surveillance around the hospital and buildings.



Chapter 2

Labour and birth

In this chapter you will learn about:

- **Getting help during your pregnancy**
- **When to come to the hospital**
- **Labour**
- **Vaginal birth**
- **Cesarean birth**
- **Skin-to-skin contact**
- **Getting up safely after childbirth**



Getting help during your pregnancy

If you have a medical emergency call 911



Examples of medical emergencies include:

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

If you have questions or concerns that are not urgent:

If you need medical advice, call your doctor, midwife or health care provider. Other hospital staff cannot give you medical advice over the phone.



Safety First

If you are concerned, it is best for you to come to the hospital to be seen.

Health Connect Ontario

For health advice or general health information from a Registered Nurse call Health Connect Ontario. This is a free, confidential telephone service provided by the Ontario Ministry of Health and Long-Term Care.

Health Connect Ontario: Dial 811

When to come to the hospital

Come to the Triage and Assessment Area of the Birthing Unit when:

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



Call 905-522-1155 ext. 33251 for the Birthing Unit.

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

Please also call if unsure whether you should seek medical care

Packing a bag for the hospital



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

Pack 1 bag with everything you will need at the hospital for you, your partner or support person during labour.

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

You will need to bring your own personal care items such as toothbrush, toothpaste, shampoo, sanitary pads as well as diapers for your baby.

There are a few things you should NOT bring:

- **Do not bring anything made of latex**, such as an exercise or birthing ball or latex balloons. Latex causes serious allergic reactions in some people.
- **Do not wear or bring scented products** such as perfume, cologne, aftershave, scented lotions and hair products. The chemicals in fragrances can cause health problems for some people.
- **Do not bring baby powder or talcum powder.** These products affect the air everyone breathes and the smoke detectors.
- **Do not bring money or anything of value to you** such as jewelry, credit cards, keys or electronic devices. St. Joseph's Healthcare Hamilton is not responsible for lost, stolen or damaged items.

What to bring to the hospital

You will need

	Ontario Health Card and other insurance information
	A list of medications you take regularly so that your doctor can prescribe in hospital
	a pen
	a limited amount of money for telephone, parking etc.

For you and your partner during labour

	lip balm
	watch
	Camera, cell phone, chargers for electronic devices
	non-slip footwear such as socks and shoes or slippers
	large T-shirt or loose, comfortable clothes
	books, magazines, iPod, etc.
	personal care items and snacks for your partner
	pillow with non-white pillow case
	warm clothes and a blanket for your partner

For your hospital stay

	soap, shampoo and deodorant (all unscented)
	toothbrush and toothpaste
	2 packages of long, maxi or super absorbent sanitary pads and 3 to 4 pairs of comfortable full-brief underwear
	breastfeeding pads
	Breast pump (if purchased) – please open and sanitize before coming to hospital
	nightgown, bathrobe and bra (a supportive bra that opens easily is best for breastfeeding)
	tops that open in the front to support skin-to-skin contact with baby
	comfortable clothes or maternity clothes to wear home, clothes that open at the front are best for breastfeeding

For your baby

	unscented baby wipes
	baby diapers - at least 20 newborn diapers
	baby clothes such as undershirts, sleepers, hat and blankets for using in the hospital and taking baby home – do not take hospital clothing or blankets home

Make sure you have a non-expired, rear-facing car seat with CMVSS label properly installed in your vehicle

Learning about labour

Most women begin labour between 37 and 41 weeks of pregnancy. It is a good idea to be ready a few weeks before your due date. Ask your doctor, midwife or health care provider about any special instructions for when you should go to the hospital.



Every woman's labour is different.

Signs that your body is getting ready for labour

You may or may not notice these signs:

Your baby moves lower

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

Your cervix begins to soften

The cervix is the opening to your uterus. In early pregnancy the cervix is firm. As you get closer to your due date, your cervix begins to soften. Your doctor, midwife or health care provider can examine you to see if your cervix has softened.

You have a mucous discharge from your vagina

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

You have irregular contractions

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

Eating and drinking during labour

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

Your nursing care during labour and birth

When you come to the hospital, you may feel anxious and frightened.

The nurse and doctor or midwife take your history, review your birth plans and check your labour. A blood sample may be taken from your arm. If you are in the early stages of labour, the nurse will encourage you to move around.



Nurses provide professional labour support. When possible, the same nurse will stay with you during your labour and birth.

Here are some ways that nurses will support you:

- help you relax, find comfortable positions and manage pain
- keep you up-to-date with the progress of your labour
- check your blood pressure and pulse, and your baby's heart rate
- provide information to meet your learning needs
- provide one-on-one support to you when you are having strong contractions and during the birth of your baby

Having a support person during labour

Research shows that women who have a support person do better during labour and feel more confident. You may choose anyone you wish to be your labour support person. You and your support person will work closely with your nurse and doctor or midwife during your labour and birth.



Your support person can:

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

Inducing labour

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

Some reasons why labour may need to be started are:

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

Your doctor or midwife will talk with you about the reasons for inducing your labour. He or she will decide which method of inducing labour is right for you.

Labour can be started by:

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

Sometimes more than one method may be needed to get labour started.

Making yourself comfortable in labour

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

Pain Relief Methods Available at our Facility include:

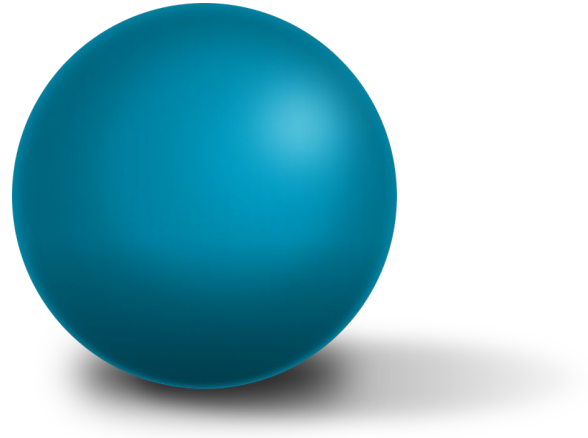
- Walking, Position Changes, and Massage
- Heat and cold compress
- Water therapy
- Touch and massage/ distraction
- Medication
- Nitrous Oxide
- TENS (Transcutaneous Electrical Nerve Stimulation)
- Epidural

Walking and changing positions

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

You can try:

- walking or standing
- sitting or squatting
- kneeling on your hands and knees
- using the hospital's birthing ball – **do not bring your own ball** as it may be made of latex



Using heat

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

You can try:

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

Using cold

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

You can try:

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

Using touch and massage



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

You or your support person can try:

- light stroking and hand holding
- massage

Using distraction

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

You can try:

- changing your breathing patterns
- thinking about something calming or concentrating on a picture or object that is special to you
- meditating or listening to music



Taking medication for pain

Medications can be safely used to relieve labour pain. If you are considering pain medication, the doctor, midwife or health care provider will discuss the risks and benefits with you.

Narcotic medications, such as morphine, given during labour can help you relax and relieve some of your pain.

Nitrous Oxide- “Laughing Gas”

This consists of a mixture of gases that you breathe in from a mask. Using this gas during contractions can make the pain more tolerable.

TENS- Transcutaneous Electrical Nerve Stimulation

This device sends impulses to the brain along the same pathway that the pain message is travelling. The result is a change in how you perceive the pain felt from the labour process.

Having an epidural

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

A doctor, called an anesthesiologist, explains the benefits and risks of having an epidural and answers your questions.

An epidural can be used when you have regular contractions and your labour is progressing. Before the epidural is started, your blood tests will be reviewed and an intravenous will be put in your arm. The area on your back where the epidural will be inserted will be “frozen” or numbed with a local anesthetic.

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

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

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

While the epidural is in place, you will have less feeling below your belly button and less movement in your legs. You will need to stay in bed and wear a monitor belt that measures your baby’s heart beat and your contractions. Your nurse may need to put a thin tube called a catheter into your bladder to drain urine (pee).



Safety First

Prevent falls!

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

Vaginal birth

When your cervix is fully open (dilated) and you feel the urge to push, you can start to push your baby out.

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

You can try:

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



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

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

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

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

If there are no health concerns after delivery, your baby will be dried and placed on your chest skin-to-skin for at least one hour. This is important to help regulate your baby's temperature, breathing and heartbeat. Baby can begin to breastfeed when he or she is ready usually within 1 hour of birth.

Cesarean birth

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

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

Some reasons for a planned cesarean birth are:

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

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

Some reasons for an unplanned cesarean birth are:

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

Before the cesarean birth, your health care providers will talk with you about:

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

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

Types of anesthesia include:

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

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



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

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

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

If there are no health concerns, your baby can stay with you in the recovery room. As soon as possible you can hold your baby skin-to-skin and begin breastfeeding. If you do not feel well enough to do skin-to-skin contact, your partner can hold the baby skin-to-skin until you feel well enough to do so. This is important to help regulate your baby's temperature, breathing and heartbeat as well as get to know you and your partner.

Vaginal Birth After Cesarean – VBAC

If you have a cesarean birth, you may be able to have a vaginal birth with a future pregnancy. This is called a Vaginal Birth After Cesarean or VBAC.

Having a VBAC depends on:

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

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

Skin-to-skin contact

As soon as possible, you can hold your baby 'skin-to-skin' after a vaginal or cesarean birth. Skin-to-skin means putting your naked baby on your bare chest with a cover over both of you to keep your baby warm and cozy.

Hold your baby skin-to-skin as soon as possible for as long as possible.

Research shows that babies who are held skin-to-skin:

- are more likely to latch onto the breast and breastfeed well
- cry up to 10 times less
- stay warmer
- have fewer heart rate and breathing problems
- have better levels of oxygen in the blood
- are less likely to have low blood sugars
- have less pain during needle pokes
- go home earlier from the hospital



We encourage mothers and partners to hold baby this way.

Holding your baby skin-to-skin strengthens the bond with your baby.

Chapter 3

Your care

In this chapter you will learn about:

- **Your nursing care after having a baby**
- **Caring for yourself**
- **Caring for yourself after a cesarean birth**
- **Your feelings and moods**
- **Healthy sexuality**
- **Exercises after having a baby**
- **When to call your family doctor, obstetrician, midwife or health care provider**



Your nursing care after having a baby

Caring for yourself

Your body will change now that your pregnancy is over. You can also expect some emotional changes as you adjust to being a parent. During your hospital stay nurses will check that you are recovering well from the birth of your baby.

Your vaginal flow

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

If you are soaking a pad more than once an hour, passing large clots, or having large gushes, please tell your nurse.

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

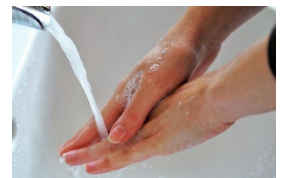
You may have a period as soon as 2 months after the birth of your baby. If you are breastfeeding, it may be longer before your periods return.
You can become pregnant before your periods return.

Your perineum

The area between your vagina and rectum is called the perineum. This area may be swollen, bruised and painful after a vaginal birth. You may have stitches in your perineum if you had an episiotomy or a tear. The stitches will dissolve in a few days. Ice packs are available on the unit for you to use.

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

Wash your hands before and after touching your perineum.



Your bowels

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

To keep bowel movements soft and regular:

- drink 6 to 8 glasses (1.5 to 2 liters) of water or other fluids each day, unless your doctor, midwife or health care provider has told you to limit fluids
- eat foods that are high in fiber such as vegetables, fruits and whole grain products



You may also need to take medication that softens your bowel movements, making them easier to pass.

Passing urine

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

Your breasts

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

It helps to breastfeed your baby often. Feed your baby when he or she shows signs of hunger. Sometimes babies want to have feeding very close together even right after you just finished feeding. This is normal and helps bring your milk in.

Your rest and sleep

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

During the night, your baby will need to feed and will want to be held. Babies are often awake more during the night than the daytime. You need to get as much rest and sleep as you can.

Rest and sleep during the day when your baby is quiet or sleeping.



Pain control and your comfort

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

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

Here are some things you can do:

- Take pain medication as directed by your doctor, midwife or health care provider. **DO NOT** wait until your pain is very bad before you take medication.
- To reduce pain from your perineum or hemorrhoids, use an ice pack for a few minutes, several times a day.
- To help with tender nipples or engorgement, put a warm, wet washcloth on each breast for 5 to 10 minutes before or after feedings.
- If you have sore nipples, ask your nurse to help you with breastfeeding right away. Changing the way your baby is positioned and latched on to your breast will help with the discomfort. You can also express a little breast milk and gently rub it on your nipples after breastfeeding. Let your nipples dry uncovered for a few minutes.
- For gas pains, try using a warm blanket, walking or rocking in a rocking chair, or lying on your side

If you have pain that is severe or is not getting better, please tell your nurse, doctor or midwife right away.

Your medications



Safety First

Use only the medication provided by the hospital. Do not take your own medications from home, unless directed to

Do not give your medications to anyone else.

Keep all medication away from children.

SAM: The Self-Administered Medication Program

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

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



To take part in SAM, you will need to:

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

Caring for yourself after a cesarean birth

Please read this section, even if you are not planning a cesarean birth.

It is helpful to know what to expect if the decision to have a cesarean birth is made during your labour.

Your hospital stay

After a cesarean birth, you will stay in hospital for 24-48 hours.

We encourage your partner or support person to be available to help you to care for your baby.

Managing your pain

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

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

The nurses will help you get comfortable and give you medication to relieve pain. Over the next few days, your incision should become less painful. You will learn to manage your pain with medications and other comfort measures.

If you have pain that is severe or is not getting better, please tell your nurse, doctor or midwife right away.

The intravenous and catheter

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

Your catheter will normally be removed from your bladder several hours after surgery once you are able to walk.

Moving and getting out of bed

Moving around can prevent problems after surgery. Moving keeps your blood flowing, which helps prevent a blood clot from forming, especially in your legs.

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

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

Getting your bowels moving

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

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

Breathing exercises

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

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

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

Breastfeeding your baby

You may need someone to help you with breastfeeding until you are more comfortable moving around. Lying on your side may be the most comfortable position.

When you can sit up, the “football hold” may be the most comfortable position for feeding. In this position, a breastfeeding pillow is helpful.



If you are taking medications that contain codeine, there may be safety concerns for you or your baby while you are breastfeeding.

Talk to your doctor, midwife or health care provider about your pain medication and alternatives to codeine.

Caring for your incision

Under the dressing or tape, your incision is closed with staples or stitches. The staples or stitches may need to be removed. **Before you leave the hospital, make sure you have an appointment with your doctor, midwife, obstetrician or health care provider to have them removed, if needed.**

Some stitches dissolve and do not need to be removed. Your doctor, midwife or health care provider will let you know which type of stitches you have.

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

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

Healthy eating for recovery

If you were awake during the birth you can eat whatever you like and your diet allows during recovery. Some women do not feel like eating right away and may start with drinking fluids.

If you were asleep during the birth you will start by drinking fluids. When you are allowed solid foods, eat and drink small amounts at a time. Gradually increase your diet as you recover.

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



Tell your nurse if you have food allergies or need a special diet. If you have questions about your diet, talk with your nurse, doctor or midwife, or ask to speak with the dietitian.

Your feelings

If you were not expecting to have a cesarean birth, you may feel disappointed that your birth did not go as you had hoped and planned. Talk about your feelings with your family and health care providers. If negative feelings overwhelm you, talk with your doctor or midwife as soon as possible.

Resuming your activities at home

Gradually resume your regular activities over the next 6 weeks.

Check with your doctor or midwife about when you can start exercising. Begin with short walks and gentle postpartum exercises (see 60).

While your incision is healing, do not do any strenuous activities such as sports or lift anything heavier than your baby. You will need to arrange for someone to drive you until you feel ready to drive yourself.

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

After a cesarean birth it is important to take time to rest. Take naps when your baby is sleeping.



You may need to arrange for help with meals, housework and child care.

Your feelings during and after pregnancy

Many women have mood changes during pregnancy and after their babies are born. Although mood changes are common, they may become a serious health concern for you, your baby or your family. Ask your partner to read this section so that he or she can recognize symptoms and help you get help when needed.



Did you know?

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

Mood changes during pregnancy

Mood changes during pregnancy are common. Mood changes include mood swings, anxiety and depression.

During pregnancy, your health care providers will ask you about your moods and how you are feeling.

Tell your nurse, doctor, midwife or health care provider if:

- you are taking a medication for depression or a mood disorder
- you or your family become concerned about your moods
- your feelings are overwhelming and interfere with your daily life

Your health care providers will also assess your risk for mood disorders. .

Certain conditions make mood disorders more likely to develop. These are called risk factors. Find out if you are at risk by reviewing the checklist on the next page.

Are you at risk for Perinatal Mood Disorders?

Risk factors for perinatal mood disorders or PMD:

- You have had depression, perinatal mood disorder or a mental illness before.
- You are having feelings of anxiety or panic for no known reason.
- You do not have or feel support from family or friends.
- You have had a pregnancy that ended with a miscarriage, abortion or sick baby.
- You have had stressful life events such as a crisis related to your marriage or relationship, finances, illness, child care or job.
- You have a family history of depression, mental illness, alcohol or drug abuse.

If you have any risk factors for PMD, tell your doctor, midwife or health care provider so you can get the support and help you need.



Did you know?

Breastfeeding provides natural protection against perinatal mood disorders.

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

Perinatal Mood Disorders (PMD)

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

Baby blues

As many as 7 out of 10 new mothers feel 'blue' around 2 to 5 days after their baby's birth.

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

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

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



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

Postpartum depression and anxiety

Postpartum is the time when your body and mind adjust to having a baby.

About 1 in 7 new mothers have postpartum depression or anxiety. It can occur up to a year after the baby's birth.

Symptoms may include some or all of the following:

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

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

You will be given a questionnaire to self-screen for mood changes be given information about community resources.

	If you have symptoms of postpartum depression or anxiety, call your doctor, midwife, health care provider or public health nurse right away.
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Women's Health Concerns Clinic at St. Joseph's Healthcare Hamilton- West 5th Campus.

- This is an option if you live in the Hamilton area.
- Referrals can be made by "Connect", a centralized intake, by calling: 905-522-1155 ext. 36499
- General inquiries: 905-522-1155 ext. 33605
- Clinic intake number: 905-522-1155 ext. 33868

If you live outside of the Hamilton area, call your local Public Health Unit for information about similar services in your community.

Postpartum psychosis

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

Symptoms may include some or all of the following:

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



Postpartum psychosis is a medical emergency.

If you or your family notice any of the symptoms, call 911 or go to an Emergency Department that serves your age group:

In Hamilton:

- The Emergency Department at McMaster University Medical Centre cares for children and teens ages 17 and under
- All ages are treated at the other Emergency Departments in Hamilton: Hamilton General Hospital, Juravinski Hospital, St. Joseph's Healthcare Hamilton–Charlton Campus

Treatment and support

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

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

What you can do

Talk to a health care provider

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

Talk about your feelings

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

Take care of yourself

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

Ask for help

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



Did you know?

- **Fathers can have perinatal mood disorders too.**

Perinatal mood disorders (PMD) in fathers

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

Symptoms may include some or all of the following:

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

What fathers can do:

- Take time for yourself.
- Do things you enjoy.
- Talk to other fathers and friends.
- Ask for help if you feel you are not getting better.
- Go online for more information at www.postpartumdads.org or www.postpartummen.com

Healthy sexuality

Childbirth may change your desire to have sex

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

You may need time to adjust to the changes in your body and the feelings that you have after childbirth. You may feel all your time and energy is spent caring for your baby. This can affect the sexual relationship with your partner.

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

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

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

When to consider birth control

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

You can become pregnant even if you have not had a period since the baby was born. Talk with your doctor, nurse or midwife about which methods of birth control are suitable for you at this time.

Have birth control ready BEFORE you have sex.

When to have intercourse

You may have sexual intercourse when your bleeding has stopped, your vaginal area feels comfortable and you feel ready. When this occurs is different for each woman.

Some women resume sexual intercourse within 7 to 8 weeks of giving birth. Other women do not feel ready to have sex for several months to a year after giving birth.

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

- whether your baby's birth was assisted with forceps, suction or an episiotomy
- whether you have discomfort or pain
- your relationship with your partner

See your doctor, midwife or health care provider if you have pain or discomfort with intercourse.

How breastfeeding may affect sexuality

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

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

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

If you are breastfeeding it may take several months for your periods to start again. You can become pregnant even if you have not had your period since your baby was born.

<p>Breastfeeding does not protect you from getting pregnant</p>
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Exercises after having a baby

Exercise after having a baby helps:

- strengthen your abdominal and pelvic muscles
- blood flow throughout your body
- give you more energy
- prevent problems such as back strain

Check with your doctor, midwife, health care provider or a physiotherapist before you start exercising.

Guidelines for exercise:

- Exercise on a firm, padded surface.
- Wear comfortable clothes and shoes that offer good support.
- Begin slowly. Start by doing 1 or 2 exercises once a day. Work up to doing more exercises as you feel stronger.
- Exercise slowly and smoothly. Avoid holding your breath.
- Relax before and after each exercise.
- If you feel pain STOP. Take a rest and begin again only after the pain has stopped.
- Avoid exercises such as jogging, jumping and skipping until after your postpartum check-up with your doctor, midwife or health care provider.

Pelvic tilt

- Lie on your back with your knees bent.
- Feel for the space in your back.
- Take a deep breath in.
- Blow out while you tighten your stomach muscles and try to flatten your back against the floor.
- Count to 3 and relax.
- Do this 10 times.

You can do the pelvic tilt while you are sitting in a chair or standing against a wall.

Curl ups

- Lie on your back with your knees bent.
- Cross your hands over your stomach for support. Breathe in.
- As you breathe out, raise your head and shoulders off the floor.
- Slowly lower your head and shoulders as you breathe in again.
- Relax.

Strengthening your abdominal muscles

You can start this exercise 6 weeks after your baby's birth.
Remember to breathe in and out while doing this exercise.

- Lie on your back with both knees bent.
- Pull in your abdominal muscles by doing the pelvic tilt.
- Breathe in to raise your ribs.
- While holding your pelvic tilt, continue to breathe and slowly raise one bent knee to 90 degrees.
- Slowly raise the other bent knee to 90 degrees.
- Continue to hold pelvic tilt and slowly lower one bent knee back to the floor, then lower the other.
- Relax your abdominal muscles.

If you find this exercise too hard to do, lift only one bent knee and lower it back down to the floor before lifting the other leg.

Pelvic muscle exercises

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

To do a pelvic muscle exercise:

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

10 exercises are called 1 set.

Do 1 set, 5 times a day.

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

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

Walking



Walking is a good exercise for you.

Start with slow, short walks.

Gradually walk farther and faster.

Try to walk about 20 minutes a day or about 2½ hours each week.

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

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

If you are concerned, call your family doctor, obstetrician, midwife or health care provider right away. Do not wait for your next appointment. If you are not able to reach your health care provider go to the nearest hospital emergency department that serves your age group.

! For these emergencies call 911 or go to the nearest hospital emergency that serves your age group.

In Hamilton, the Emergency Department at McMaster University Medical Centre provides care to children and teens ages 17 and under. Adults may go to the Emergency Department at the Hamilton General Hospital, Juravinski Hospital or St. Joseph's Healthcare Hamilton-Charlton Campus.

Chapter 4

Your baby's care

In this chapter you will learn about:

- **Your baby's care at the hospital**
- **Newborn screening**
- **Getting to know your baby**
- **Feeding your baby**
- **Jaundice**
- **When to call your baby's doctor, pediatrician, midwife or health care provider**



Your baby's care at the hospital

If you and your baby are healthy, you will have time to hold your baby skin-to-skin and feed your baby right after he or she is born. You will stay together in the birthing room for 1 to 2 hours. Most babies are alert and awake during this time, which makes it the best time to start feeding your baby.

During these first few hours, while your baby is skin-to-skin, your nurse will check your baby's:

- Breathing, heart rate, temperature
- colour
- muscle tone

Identifying your baby

As soon as your baby is born, 4 matching identification bands are made. These bands must remain on until you go home.

One band is put on:

1. your arm
2. your partner's or support person's arm
3. your baby's arm
4. your baby's leg

Members of the health care team check the bands carefully for safety reasons.

All bands have this information:

- the baby's name – baby will have mother's last name as it appears on her health card
- the baby's sex – male or female
- the baby's J/MRN number

The mother's name is the same as the name on her health card.

If you wish to change the name on your health card, you will need to go to a Ministry of Health office. In Hamilton, the office is located on the 4th floor at 119 King Street West. The phone number is 905-521-7825.

Baby's last name can be changed when completing government registration forms.

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

Medications your baby needs for good health

The nurse will give your baby 1 or 2 medications after 1 hour of birth:

- An antibiotic called erythromycin is put into your baby's eyes within 1 hour of birth to prevent eye infections, this may be optional
- A shot (injection) of Vitamin K is given in your baby's thigh within 6 hours of birth to prevent bleeding problems.

Going to the Mother Baby Unit

After recovery time in the birthing room, you and your baby will go to the Mother Baby Unit.

Your baby will have a cot that fits beside your bed. The nurse will regularly check you and your baby.

Accommodation Preference

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

Private rooms cannot be reserved and are assigned on a first come first served basis.

Overnight visiting

Your partner or support person can stay overnight. Staying overnight is a good way for your partner or support person to help you and get to know your baby.

Be prepared for your sleep to be interrupted. You and your baby will need care during the night and your baby will need to feed often, about every 1½ to 3 hours.

During the night, your partner or support person can help by:

- Holding, rocking or bathing your baby
- getting you a drink or snack
- changing baby's diaper
- putting baby back in the cot on his or her back to sleep
- washing your breast pump if needed

Bathing your baby

Your baby can have their first bath after 24 hours of life.

The nurse can help you learn how to bathe your baby.

You can visit <https://www.stjoes.ca/hospital-services/women-s-infants-/mother-baby-unit> to see a video demonstration of a newborn bath.

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

Caring for your baby's umbilical cord

Keep your baby's cord clean and dry. You can bathe your baby with the cord still on. You do not need to put alcohol or other creams or lotions on your baby's cord. Research has shown that a baby's cord will fall off quicker just by keeping it clean and dry. Your baby's cord should fall off within 2 weeks.

If your baby's cord clamp is still on when you leave the hospital, no special care is needed. It can be left on until your baby's cord falls off.

Caring for your baby's nails

Your baby's nails are soft and thin, but they can scratch his or her skin. Keep your baby's nails trimmed by using a soft emery board.

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



Caring for your baby girl's genital area

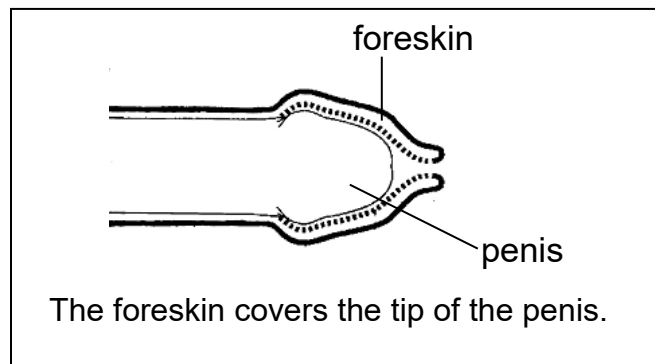
Gently wash her genital area at diaper changes and during a bath. Use a mild soap, rinse well and pat dry. Always wipe and wash from front to back.

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

Caring for your baby boy's penis

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

A covering of skin called the foreskin protects the tip of the penis. It is normal to see a little bit of white substance under the foreskin. Do not pull back the foreskin, as it is attached to the penis. Forcing back the foreskin can harm the penis. The foreskin will naturally separate from the penis in a few years. When your son is older, he can learn to pull back the foreskin and clean under it daily.



If you are thinking about circumcision, talk with your baby's doctor or health care provider. **Circumcision is not done at the hospital during your stay.** There is a fee for circumcision, as the Ontario Health Insurance Plan (OHIP) does not pay for this service.

Swaddling your baby

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

Swaddling may help babies sleep better on their backs. Swaddling may help babies sleep longer in the first 6 months.

However, swaddling may restrict baby's hand-to-mouth, arm and leg movements. These movements are early signs of hunger (feeding cues).

Incorrect swaddling can lead to overheating, hip problems and more serious outcomes such as suffocation.

Examples of incorrect swaddling are:

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

Your baby's weight

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

Generally, babies gain 15 to 30 grams ($\frac{1}{2}$ to 1 ounce) each day or 120 to 240 grams (4 to 8 ounces) a week. By 2 to 3 weeks of age, babies are usually back to their birth weights.

Your baby should be checked and weighed by the doctor, midwife or health care provider within 48 hours after you go home.

Keeping your baby safe

Patient safety is the top priority for all staff at the hospital.

- **Expect all hospital staff to introduce themselves**

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



Safety First

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

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

- **Hold and move your baby safely**

Hold your baby close to your body. Support your baby's head and bottom.

After childbirth, you may feel uncomfortable, tired, shaky, dizzy or faint. If you feel unwell, put the baby safely back into the cot. Sit down with your head lowered and pull your call bell to get help.

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



Safety First

Prevent falls!

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

The safest way to move your baby is in his or her cot. Put your baby in the cot and move the cot from one place to another.



Safety First

Prevent falls!

Never carry your baby in your arms while you are walking in the hallway.

Always use the baby's cot.

- **Do not leave your baby alone**

Bring your baby in his or her cot with you to the shower room or plan showers or personal trips off the unit when your partner or one of your visitors is in the room.

Please do not ask your roommate to be responsible for your baby.



Safety First

Never leave your baby alone in your room.

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

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

Your baby should not leave the unit until he or she is discharged from the hospital. If you need to leave the unit for a test, your support person can stay with the baby.

If you leave the hospital to smoke, you must arrange for another responsible adult to watch your baby in your room.

Back to sleep – tummy to play

Babies should sleep on their backs.

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



Safety First

Always put your baby to sleep on his or her back.

Never put your baby to sleep on his or her tummy or side.



Safety First

To keep your baby safe, do not put anything in the baby's cot, such as a pillow or toys.

Your baby's clothes and blanket should be tightly-knit, so his or her fingers and toes cannot get caught in loose knitting or fabrics.



Safety First

Never fall asleep in bed or chairs with baby. If you want to sleep, place baby in the cot to sleep.

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

Newborn babies can only lift their heads briefly.

In time, babies learn to lift their heads and push up with their arms to lift their chest.

This strengthens the muscles of the neck, shoulders and back. These muscles are important for learning to roll and crawl.

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

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

Testing your baby's hearing

Most babies are able to hear at birth. Good hearing is needed for babies to learn how to talk and understand language. Hearing loss can delay or prevent babies from learning these skills.

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

With your permission, your baby can have a free hearing test before leaving the hospital. If your baby has hearing loss and it is found early, your baby can get help and support right away. This gives your baby the best chance to develop normal language skills.

There are 2 types of hearing tests:

- Otoacoustic Emission (OAE) test
- Automated Auditory Brainstem Response (AABR) test

Healthy babies will have the OAE test done first. If your baby does not pass this test or if your baby is at risk for hearing loss, an AABR test will be done. The AABR test is more detailed and takes longer.

Both types of hearing tests are done in your hospital room or a quiet room on the unit usually when your baby is sleeping. Hearing tests are comfortable and safe for your baby. Most babies will sleep through the test.

Booking a Hearing Test

If your baby does not receive a hearing test in hospital you will need to book an appointment in the community with the Central South Infant Hearing Program.

To schedule an appointment, visit
www.caredove.com/centralsouthihp

or

Call 905-385-7927 ext. 221 / toll free 1-866-826-4327 ext. 221

Appointments should be booked before your baby is 2 months old. There are several locations in the region where testing is offered.

Infant hearing program referrals

If your baby does not pass the hearing screening test, he or she will need to have more tests. Staff from the Infant Hearing Program in your region will call you within about 2 to 4 weeks of leaving the hospital. If you do not get a call, please call the numbers above.

Newborn screening

What is newborn screening?

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

As directed by the Ministry of Health and Long-term Care, all babies born in Ontario must have a newborn screening test. The standard of care at our hospital is for all babies to have newborn screening before leaving the hospital.

Why does my baby need a screening test?

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

When is this test done?

The screening test is done after your baby is 24 hours old.

If your baby is born early or in a special care nursery, the timing of this test may vary. Your baby's doctor or nurse will give you more information.

How is the test done?

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

At home Screening for Biliary Atresia

You will be given information before going home on how to monitor your baby's stools. Monitoring should be done for 30 days.

What happens if I have a midwife and I leave the hospital before my baby is 24 hours old?

Your midwife will communicate with you when they will provide a home visit to complete the newborn screening.

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

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

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

If your baby's screening test is "positive", it does not necessarily mean that your baby has a disorder, but only that further testing is needed. Your baby's health care provider will contact you right away to make arrangements for follow-up at a hospital where specialists can do more tests.

If a diagnosis of a disorder is made, your baby will be treated and your family will get more information and support.

For more information about Newborn Screening:

- visit the website: www.health.gov.on.ca/newbornscreening and read the fact sheet 'Newborn Screening: A healthy start leads to a healthier life'
- talk with your nurse, doctor, midwife or health care provider

Jaundice

What is jaundice?

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

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

Are some babies more likely to get jaundice?

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

- birth more than 2 weeks before the due date
- weight less than 2500 grams at birth
- bruising from a difficult delivery such as when forceps are used
- baby's blood type is different than the mother's blood type
- signs of jaundice within the first 24 hours after birth
- baby has a sibling who was treated for jaundice
- baby is not feeding well, especially if breastfeeding
- baby has an infection
- baby is of East Asian race

Is jaundice harmful?

Most babies have mild jaundice, which is not harmful. However, it is possible for a baby to have so much bilirubin in the blood that it becomes harmful.

A very high bilirubin level can damage a baby's brain and cause lasting health problems.



Safety First

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

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

How do I know if my baby has jaundice?

Signs of jaundice

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

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

Blood tests for Jaundice

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

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

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

The best time for this routine test is when your baby is between 24 and 72 hours old.

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

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

How do I care for my baby if he or she has jaundice?

1. Feed your baby more often

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

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



Safety First

If your baby is very sleepy or having problems feeding, have your baby checked right away.

2. Check your baby's diapers each day

Check to see if your baby is passing enough urine and stools for his or her age.

3. Check your baby for signs of jaundice

Check your baby each day for signs of jaundice on page 90. If you think your baby is becoming more jaundiced, call your baby's doctor, midwife or health care provider right away.

How is jaundice treated?

One way to lower bilirubin levels is to expose your baby's skin to light. This treatment is called phototherapy.

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

When does jaundice go away?

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

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

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

What follow-up care does my baby need?

Your nurse will tell you:

- if your baby needs another bilirubin test after you leave the hospital
- when your baby needs to be seen by his or her health care provider

Your baby must have a follow-up appointment with the health care provider to make sure that he or she is not becoming more jaundiced.

Call to confirm the date and time of your follow-up appointment with your family doctor before leaving the hospital. At home, continue to check your baby each day for signs of jaundice.



Safety First

If you are concerned that your baby may be jaundiced or is becoming more jaundiced, call your doctor, midwife or health care provider.

Do not wait for your appointment.

If you are not able to reach the doctor, midwife or health care provider take your baby to the nearest hospital emergency to be checked.

Getting to know your baby

How to get to know your baby

Your relationship with your baby is very important. When you care for your baby and respond to his or her needs consistently, your baby learns that you are a source of love, comfort and protection. Your baby feels safe and secure.

Spending a lot of time with your baby will help you start to build your relationship with your baby. Spending time together also helps you learn about your baby and know when he or she needs feeding, changing and holding.

The best way to know what your baby needs is to look at your baby's cues. Cues are signals that tell you what your baby needs. Some example of cues are smiling, turning away, or crying.



Snuggle with your baby “skin-to-skin” as much as possible. Your partner can do this too.

This helps your baby get to know you better. Skin-to-skin contact helps calm babies and can make breastfeeding more successful.

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

Your baby's behavior

During the first few days, your baby will have times when he or she is awake and alert, and other times when he or she may be very sleepy. Right after birth, your baby may be wide awake. This awake time may last from 1 to 4 hours. This is a good time for the first feeding.

After this feeding, you may find that your baby is very sleepy. He or she may be quite sleepy for the next 12 to 18 hours. You may need to wake your baby every 2 to 3 hours so that he or she can feed. Ask for help if this is hard.

It is a good idea to sleep when your baby is sleeping, so that both of you can recover from the hard work of childbirth.

By the second day, your baby may begin to feel hungrier. He or she may want to feed often. This is normal, but it can be challenging and tiring for you.

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

If your baby is not settling well or you are worried, please ask for help. If you are at home call your family doctor, midwife, public health nurse or health care provider.

Your baby’s sleep

Your baby may fall asleep at your breast, but wake up and cry loudly when moved into the crib to sleep. This can happen over and over again. It may make you think that your baby still hungry. You may worry that you do not have enough milk. The truth is that your baby is not used to being alone in the crib. He or she just likes to be very close to you.

If your baby has fed well and fallen asleep at your breast, gently slide your finger into the corner of his or her mouth. Break the suction and slide your nipple gently out of your baby’s mouth. You do not have to burp your baby. Snuggle with your baby and enjoy this quiet time.

At first your baby is in a light sleep. During light sleep you may notice:

- eyes move under closed eyelids or eyelids flutter
- lips make sucking movements
- some breaths are quick, some breaths are longer and deeper
- fingers, hands and arms curl up
- your baby startles, twitches or smiles

After about 20 minutes, your baby will go into a deeper sleep. During deep sleep you may notice:

- your baby’s whole body is relaxed
- breathing is regular
- fingers, hands and arms uncurl and relax

This is when you can move your baby into the crib without waking him or her. Always put your baby on his or her back to sleep.

The safest way for your baby to sleep is alone in a crib, cradle or bassinet on a firm mattress designed for babies. **It is not safe for your baby to sleep in your bed.**

Watching your baby will help you get to know his or her sleep pattern. Your baby may go from light to deep sleep and back many times. You may find your baby likes to suck on his or her fingers or hands for comfort.

How to soothe your baby when he or she is fussy

Here are some things you or your support person can do to soothe your baby when he or she is fussy:

- make sure your baby's diaper is clean and dry
- make sure your baby has fed
- put your baby skin-to-skin
- gently rock or massage your baby
- hold and cuddle your baby
- sing softly to your baby



If your baby is learning to breastfeed, do not give your baby a pacifier, artificial nipple or soother for about 6 weeks.

Your baby's crying

Crying is an important way that your baby communicates to you before he or she can speak.

Here's what you should know about crying babies:

- Most babies cry often. Babies may have crying 'spells' lasting 20 to 60 minutes or longer. This does not mean that the baby has colic.
- Most babies cry more at night.
- Most babies have at least one fussy time each day, often in the evening.
- Most babies cry more at 6 to 8 weeks than at birth.

Why do babies cry?

Possible reason	What to do
Hunger	<ul style="list-style-type: none"> • Feed baby. Baby may be hungrier on some days. Offer the breast often if that helps to soothe baby.
Need to be close to people, touched, picked up, held, rocked	<ul style="list-style-type: none"> • Hold, rock, massage, dance with baby in your arms, sit together on bouncing ball or rocking chair, talk and sing to baby. • Hold baby skin-to-skin. • Take bath with baby. • Go for walk with baby in a baby sling or stroller. • Lie down beside baby while you breastfeed, massage, gently touch or talk to baby. • Let someone else hold baby.
Pain or discomfort	<ul style="list-style-type: none"> • Pick up baby, comfort, change diaper, burp or rub baby's back. • Change baby's position.
Too hot or too cold	<ul style="list-style-type: none"> • Dress baby as warmly as you are plus one more layer. Baby should not feel hot or cool to the touch.
Tired or overstimulated	<ul style="list-style-type: none"> • Rock baby gently to soothe both of you. • When you put baby to sleep in the crib, turn lights off and keep surroundings quiet.
Needs a change	<ul style="list-style-type: none"> • Read, play, talk, sing, hold baby every day. • Change rooms so baby can look at different things.
'Just unknown'	<ul style="list-style-type: none"> • Hold, rock, talk, walk, sing, bathe baby, massage, offer the breast, or try soothing music. • Try to comfort the baby, giving time for baby to respond to each thing you do.
Illness	<ul style="list-style-type: none"> • If your baby's cry sounds different to you or baby cannot be soothed after trying everything, see your doctor, midwife, health care provider or call Health Connect Ontario by dialing 811

When baby does not stop crying, what can you do?

A baby's constant crying can be stressful. It is okay to feel frustrated or angry when your baby will not stop crying. It is what you do with your feelings that is important.

Here are some suggestions for you to try when your baby does not stop crying:

- take deep relaxing breaths
- listen to music
- count to 100
- use positive self-talk, like "I am a good parent", "I can get through this"
- have a good cry yourself or scream into a closet
- put your baby in the crib and walk away for a few minutes
- call someone for help during these stressful times



Safety First

Never shake a baby!

Shaking can damage your baby's brain and may cause death.

No child, at any age, should be shaken.

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

For more information:

- Read 'What is Shaken Baby Syndrome?' available in many languages from:
www.beststart.org/resources/hlthy_chld_dev/index.html
- Visit: www.dontshake.org
- Visit Public Health Services: www.hamilton.ca/childsafety

Feeding your baby



Your breastmilk is the best food for your baby.

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

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

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

If you have not decided how you would like to feed your baby, talk with your health care provider and make sure you know all the facts.

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

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

St. Joseph's Healthcare Hamilton is a Baby-Friendly Hospital

This is a designation given by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to hospitals worldwide that promote evidence based strategies to help mothers start and continue breastfeeding.

We have met many criteria in order to maintain this designation and have been a baby-friendly hospital since 2003. For more information on what baby-friendly means, you can go to the Breastfeeding Committee of Canada Website at <http://breastfeedingcanada.ca/html/bfi.html>

Your health care team is committed to supporting and promoting breastfeeding

We believe that:

- breastmilk is the best food for your baby
- breastfeeding benefits you and your baby
- learning about breastfeeding can help you make an informed choice about feeding your baby
- newborn babies need only breastmilk, no formula or other liquids unless medically necessary for their health
- the use of pacifiers, soothers or artificial nipples should be avoided while breastfeeding is being established, unless medically necessary

We will:

- respect your decisions about feeding your baby
- help you start breastfeeding within the first hour of your baby's birth, if you and your baby are well enough
- encourage mothers and babies to stay together
- guide, teach and support you as you breastfeed your baby or express your breastmilk
- let you know where you can get breastfeeding help and support in the community
- make sure that health care providers who care for mothers and babies have the knowledge and skills needed to support and promote breastfeeding

The Ontario Human Rights Code

- This law protects your rights as a breastfeeding mother, including the right to breastfeed in a public area.
- For more information visit:

<http://www.ohrc.on.ca/en/pregnancy-and-breastfeeding>

The benefits of breastfeeding - for you

Breastfeeding helps your body in these ways:

- contracts the uterus which reduces bleeding after childbirth
- helps you return to pre-pregnancy weight earlier
- may help keep your bones strong
- reduces the risk of developing cancer of the breast and ovaries
- may decrease your chance of developing Type 2 diabetes
- provides natural protection against perinatal mood disorders

The skin-to-skin contact with your baby can help you form a close emotional bond and increase your milk supply.

Breastfeeding is more convenient than formula feeding: you can go places with your baby easily, there is no formula or bottles to prepare or warm up, and you save money by not having to buy baby formula.

The benefits of breastfeeding - for your baby

Your breastmilk is made especially for your baby.

- Breastfeeding is best for your baby because it helps your baby's body and mind reach full potential. Breastfeeding may reduce the risk of Sudden Infant Death Syndrome (SIDS)

The benefits of breastfeeding begin right away and increase as you breastfeed longer.

Learning to breastfeed your baby

During the first weeks after your baby's birth, you and your baby will be learning to breastfeed. Like learning any new skill, it may take a little time and practice before you feel confident.

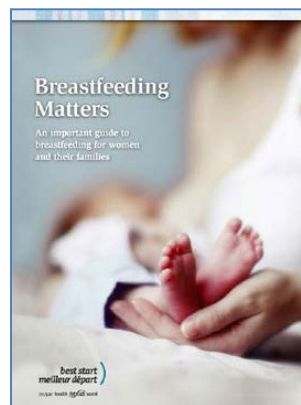
Your health care providers will give you information and support as you get started and whenever you need help.

Some women may worry about whether they will be able to breastfeed successfully. If you are worried, please talk with your health care providers.

We can help and support you as you learn to breastfeed.

For more information visit these websites:

- Health Connections- Hamilton Public Health
 - www.hamilton.ca/people-programs/public-health/breastfeeding
 - Lactation consultants are available for virtual or home visits
 - Email: breastfeedingsupport@hamilton.ca
 - Phone: 905-546-3550
- Best Start – 'Breastfeeding Matters' at www.beststart.org



Additional Breastfeeding Resources

- Breastfeeding Matters (booklet, available in 18 languages) [Breastfeeding Matters - An Important Guide to Breastfeeding for Women and their Families - Best Start](#)
- Breastfeeding Your Early Preterm Baby (booklet, available in 18 languages) [Breastfeeding Your Early Preterm Baby - Best Start](#)
- Breastfeeding Your Late Preterm Baby (booklet, available in 18 languages) [Breastfeeding Your Late Preterm Baby - Best Start](#)
- Best Start Breastfeeding Resources (website) [Breastfeeding Archives - Best Start](#)
- Droplet (information and videos about breastfeeding) [Droplet \(firstdroplets.com\)](#)
- Expressing and Storing Breast Milk (booklet, available in English and French) [Expressing and Storing Breast Milk EN 2018 \(beststart.org\)](#)
- Blocked Ducts (information sheet, available in English and French) [Blocked Ducts EN 2018 \(beststart.org\)](#)
- Breast Infection (Mastitis) (information sheet, available in English and French) [Breast Infection Mastitis EN 2018 \(beststart.org\)](#)
- Thrush (information sheet, available in English and French) [Thrush EN 2018 \(beststart.org\)](#)
- 10 Great Reasons to Breastfeed Your Baby (booklet) [10 Great Reasons to Breastfeed your Baby - Canada.ca](#)
- 10 Valuable Tips for Successful Breastfeeding (booklet) [Ten Valuable Tips for Successful Breastfeeding - Canada.ca](#)
- Things You Need to Know About Cannabis, Pregnancy and Breastfeeding (information sheet) [CannabisPoster_EN.pdf \(pregnancyinfo.ca\)](#)
- Informed Decision Making for Formula Feeding (information sheet, available in 20 languages) [B43-E.pdf \(beststart.org\)](#)
- Safely Preparing Infant Formula for your Baby (video available in English) [Safely Preparing Infant Formula for your Baby | Best Start](#)
- Infant formula: What you need to know (booklet, available in 18 languages) [B19-E.pdf \(beststart.org\)](#)
- Tips Sheets: Safely Preparing Infant Formula for Your Baby (information sheets, available in 20 languages) [Tip Sheets: Safely Preparing Infant Formula for your Baby - Best Start](#)

If you are feeding your baby formula

Your health care providers will give you information and support as you get started and when you need help.

For your baby's health and safety, carefully follow the instructions in the Formula Feeding book to make your baby's formula.

Formula can increase your baby's risk for:

- colic-like symptoms, crying, gas, constipation
- infections of the ear, lungs, bowel and urinary tract
- allergies
- tooth decay
- diseases such as diabetes, obesity, Crohn's disease, ulcerative colitis and lymphoma which is a type of cancer
- increases the risk of SIDS

There are different brands of formula for babies. Most are made from cows' milk. Soy formula is not recommended. It is best to give your baby a formula with added iron, called iron-fortified.

Check with your baby's doctor or health care provider or your midwife to see which formula is best for your baby.

You should have the formula ready at home before baby arrives. The hospital does not provide you with formula when you leave.

When you are at home, you can get more information about feeding your baby by calling:

- your baby's doctor, midwife, nurse or health care provider
- Health Connect Ontario- Dial 811
- a public health nurse in your area - in the Hamilton area call Health Connections 905-546-3550

How to tell when your baby is ready to feed

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

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

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

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

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

How to tell when your baby is finished feeding

Here are some signs that your baby has finished feeding:

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

How to tell if your baby has enough wet diapers and bowel movements (stools)

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



If you are concerned about your baby's wet diapers or stools, call your doctor, midwife, health care provider or public health nurse.

Call your doctor, midwife or health care provider if your baby has ANY of these problems in the first month of age:

Feeding	<ul style="list-style-type: none"> • Does not want to eat – refuses 2 feedings in a row. • A breastfed baby cannot latch on to your breast or is feeding less than 8 times within 24 hours. • A formula fed baby is feeding less than 6 times within 24 hours. • Throws up (vomits) 2 entire feedings in a row • Vomit is green colour
Wet diapers and stools	<ul style="list-style-type: none"> • Has fewer wet diapers or stools than expected for his or her age (see chart on page 89). • Has pink spots (uric acid) on the diaper after 3 days of age. • Has black and tarry stools after 3 days of age. • Has watery or bloody stools.
Infection	<ul style="list-style-type: none"> • Has temperature over 37.5°C (99.5°F) taken under the armpit. • Has a low temperature less than 36.5°C (97.7°F) taken under the armpit. • Has a weak cry, looks pale or tired and not feeding well.
Jaundice	<ul style="list-style-type: none"> • Skin looks yellow or is becoming more yellow. • The whites of baby’s eyes are yellow. • Seems sleepy and is hard to wake. • Is becoming more fussy.
Emergencies	<p>! Your baby is not responsive For these emergencies call 911</p> <p>! Your baby is not breathing.</p> <p>! Your baby begins to turn blue.</p>
<p>For any of these problems it is important to call your doctor, midwife or health care provider right away. Do not wait for your baby’s next appointment. If you are not able to reach the doctor, midwife or health care provider take your baby to the nearest hospital emergency department right away.</p>	

Chapter 5

Getting ready to go home

In this chapter you will learn about:

- **Registering your baby's birth**
- **Preparing to go home**
- **Support from public health nurses**
- **Car seat safety**
- **A smoke-free environment**
- **Sleeping safely**
- **Choosing safe baby clothes**



Registering your baby's birth

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

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

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

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

You must register your baby's birth directly with the Government of Ontario by going on-line: www.serviceontario.ca/newborn

Follow the steps to complete the birth registration form (Statement of Live Birth) online using Service Ontario's Newborn Registration Service.

If you need help, ask a friend or family member that likes using computers to sit with you and go through the steps.

If you have questions about your baby's birth registration, call the Office of the Registrar General at this Toll free telephone number 1-800-461-2156.

Applying for other government documents and services

Registering your baby does not give you a birth certificate, social insurance number or child benefits.

After your baby's birth is registered, you can apply for other government documents and services.

Birth Certificate

- You can apply online when registering your baby's birth or get a copy of the 'Request for Birth Certificate' form from the Post Office and follow the instructions.
- There is a fee to get a birth certificate.
- Your baby's birth certificate will be mailed to you.

Social Insurance Number (SIN) and Canada Child Benefits

- You can apply online when registering your baby.
- There are no additional fees for these services.

If you do not wish to apply online for Canada Child Benefits, there are 2 ways to get a paper form (application form RC66 "Canada Child Benefits Application")

- Download the form from Canada Revenue Agency's website:
<http://www.cra-arc.gc.ca/E/pbg/tf/rc66/README.html>
- Call 1-800-959-2221 and have a form mailed
- There are no additional fees for these services

Baby's Ontario Health Insurance Card (OHIP)

You are given a form to fill out in the hospital. This has your baby's temporary OHIP number on it. Please submit this form to your nurse before being discharged. This form will be mailed to the government by hospital staff and you keep a copy of the number with you. The permanent card arrives in the mail in 4 to 6 weeks.

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

Preparing to go home



Most women who have a vaginal birth are ready to go home within 24 to 48 hours (1 to 2 days).

Most women who have a Cesarean Section are ready to go home within 48 hours (2 days).

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

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

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

Tell the nurse, doctor or midwife if you have special needs or concerns about going home.

Support from public health nurses

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

A public health nurse can help you learn about:

- your health and recovery after childbirth
- your baby's health
- feeding your baby
- caring for your baby
- developing a strong relationship with your baby
- safety in your home and vehicle
- parenting supports and resources in your neighborhood



A public health nurse can also help you get important services, such as:

- help with breastfeeding
- help with feelings of depression or anxiety
- home visiting through Healthy Babies, Healthy Children Program

While you are still in the hospital, you will be asked if you would like a phone call from a public health nurse when you get home. If you agree, a public health nurse will call you within a few days of going home to see how you and your baby are doing and discuss services available for you and your baby.



To speak to a public health nurse call Health Connections at 905-546-3550.

Outside the Hamilton area, call your local Public Health Unit.

When your baby should visit the doctor, midwife or health care provider

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

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

Over the next year, you will need to bring your baby to your baby's health care provider at specific times to make sure that he or she is healthy and growing and to get immunizations.

For more information about immunizations go to the Public Health Agency of Canada website: www.publichealth.gc.ca/immunizations

Please let your obstetrician or nurses know if you need help finding a family doctor
--

When you should visit your doctor, midwife or health care provider

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

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

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



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

Car seat safety

Before you leave the hospital, your baby must have a safe car seat. You must read the manual and know how to use the car seat correctly, including how to adjust the harness straps.

As a parent it is your responsibility to make sure that your child is safe and properly secured in the car seat. **Members of the health care team such as nurses are not responsible for this.**

What to check for

1. **Check for the Canada Motor Vehicle Safety Standards (CMVSS) label.** All car seats used in Canada must have this label.



The label shows that the car seat has been tested and meets CMVSS requirements. This includes a simulated front-end crash to test the performance of the car seat in an accident.

It is not safe to use a car seat without the CMVSS label. It can also result in a fine and 2 demerit points off your driver's license.

Car seats from the USA do not meet Canadian standards and must not be used.

2. **Check the weight and height limits** to see if the car seat is safe for a newborn baby and when your child will outgrow it.
3. **Check the expiry date** on the car seat. Make sure the expiry date will cover the entire time that you will need the seat. If you use a car seat after the expiry date you are guilty of breaking the law.
4. **Check that the car seat has not been recalled.** If you buy a new car seat, mail in the manufacturer's card so that you will be notified if it is recalled. To find out about public safety notices and recalls:
 - call the car seat manufacturer (the phone number is on the car seat)
 - call Transport Canada at 1-800-333-0371
 - go to Transport Canada's website: www.tc.gc.ca and search 'public notices'

5. **Check that the car seat has all its parts.**
Read the manufacturer's instructions carefully. If you do not have them, call the manufacturer to get a copy of the full instructions.
6. **Check that the car seat can be properly installed in your vehicle.** Read your vehicle owner's manual carefully. Not all car seats will fit all vehicles. If the car seat does not fit properly in your vehicle, you will have to return it and buy one that fits properly.



Used car seats can be unsafe

Transport Canada does not recommend using a pre-owned car seat because the history of the car seat is unknown.

Do not use a second-hand car seat if:

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

For more information about car seat safety:

- Call your local Public Health Unit.
In Hamilton, call Health Connections 905-546-3550
- Ontario Ministry of Transportation: call 1-800-268-4686
or go to: www.mto.gov.on.ca/english/safety
- Transport Canada: call 1-800-333-0371 or go to: www.tc.gc.ca



Before you bring the car seat to the hospital and use it the first time, make sure:

- you have the right type of car seat for the vehicle
- it is installed properly according to the manufacturer's instructions and the vehicle owner's manual

It is your responsibility to install your car seat properly.

- Your baby will only be safe if your car seat is installed and used correctly.

Each time your baby rides in a vehicle, you need to make sure that:

- Your newborn is in a rear-facing car seat.
- The car seat is properly installed in the vehicle. The safest place is in the back seat, away from the air bags.
- Your baby is in the car seat correctly:
 - The harness straps should sit at or below your baby's shoulders not allowing more than 1 finger underneath the harness straps.
 - The chest clip should be level with your baby's armpits.
 - Avoid using products that do not come with the car seat such as 'head huggers' or padded car seat bags
- There are no loose items in the car that could injure your baby in the event of a sudden stop

Car seats are only for travel:

- Your baby should only be in a car seat while he or she is travelling in a vehicle.
- Take your baby out of the car seat when you reach your destination.

A smoke-free environment

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

Make sure your baby is not exposed to smoke

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



If you would like help to quit smoking:

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

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

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

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



St. Joseph's Healthcare Hamilton is a smoke-free setting.

Sleeping safely

The Canadian Pediatric Society and Health Canada recommend that you place your baby to sleep on his or her back, alone in a crib, cradle or bassinet.

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

- **A safe crib, cradle or bassinet that meets current Canadian standards.** Follow the manufacturer's instructions to put the crib together. Make sure nothing is cracked or broken.

Cribs made before 1986 or those without a Canada Safety Association label are not safe to use.

- Adult beds, armchairs, waterbeds, couches, daybeds or any “make-shift” beds are not safe places for your baby to sleep.
- Car seats are important safety devices for travel. When you get home, always put your baby to sleep on his or her back in the crib, cradle or bassinet.



- **A firm mattress:** The mattress should be flat, clean and tight against all sides of the crib, cradle or bassinet.
- **A tightly fitted sheet:** Use 1 sheet that fits snugly over the mattress.
- **Nothing else in the crib:** Dress your baby in light clothing (fitted, one-piece sleepwear is the safest) instead of a blanket or use a thin, lightweight blanket. Do not use heavy blankets, quilts, comforters, pillows or other soft bedding such as bumper pads. Do not put any toys or loose items in your baby's crib or where the baby sleeps.
- **A comfortable temperature:** Babies can get overheated from too many clothes or if the room is hot. If your baby is sweating or feels hot, take off a layer of clothing. Recheck your baby to make sure he or she no longer feels hot.

Back to sleep

Always place your baby on his or her back to sleep.

Putting a baby on his or her back to sleep is known to reduce the risk of Sudden Infant Death Syndrome (SIDS).

Where should my baby sleep?

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

If your room is too small for a crib:

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

Sharing your room with your baby (co-rooming) can:

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

Sharing your bed or “co-sleeping” is unsafe

The Canadian Pediatric Society and Health Canada recommend that babies sleep alone in a crib on a firm mattress designed for babies. Adults, children and pets should not sleep with your baby.

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

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

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

For more information, visit these websites:

- Hamilton Public Health Services: www.hamilton.ca/childsafety
- Public Health Agency of Canada: www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/index-eng.php
- Health Canada: <http://www.hc-sc.gc.ca/cps-spc/advisories-avis/aw-am/sleep-sommeil-eng.php> and <http://healthycanadians.gc.ca/kids/safe-sleep/>
- Canadian Pediatric Society:
www.caringforkids.cps.ca/pregnancybabies/safesleepforbaby.htm

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

Choosing safe baby clothes

The clothes your baby wears should have these safety features:

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

Dress your baby as warmly as you are, plus one more layer. Too much clothing and bedding can make your baby overheated.

If your baby is sweating or feels hot, take off some of the clothes. Recheck your baby to make sure he or she is no longer feels hot.

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

Chapter 6

Community resources

In this chapter you will learn about:





- **Where to get information and help**
- **Healthy Babies, Healthy Children Program**



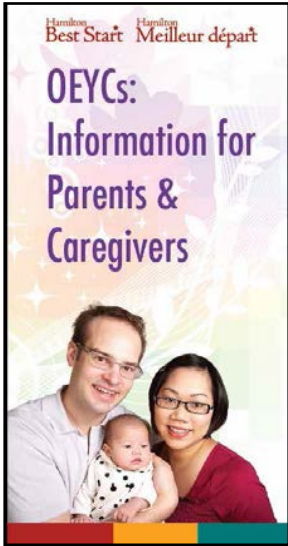
Where to get information and help

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

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

	Phone number
<p>Prenatal Group Classes or Prenatal On-line Program:</p> <ul style="list-style-type: none"> • changes during pregnancy • relaxation, comfort measures and the role of the support person in labour • the process of labour and birth • medical procedures for labour and childbirth • breastfeeding your baby • the 6 weeks after the birth • newborn care <p>Visit this website: www.hamilton.ca/pregnancy</p>	<p>To register: 905-546-3591</p> <p>If you live outside the Hamilton area, call your local Public Health Unit</p> <div data-bbox="1062 1136 1399 1566" style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; background-color: #4a86e8; color: white; padding: 5px;">Having a Baby?</p> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  <p>Online Prenatal Program</p> <p>OR</p> <p>Evening / Weekend Prenatal Classes</p> <p>Register Now! Call: (905) 546-3591</p> </div> <div style="text-align: center;"> <p>Learn about...</p> <ul style="list-style-type: none"> • Healthy pregnancy • Labour and birth • Newborn Care • Breastfeeding  </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; padding: 5px;">  <p style="font-size: small;">For more information visit www.hamilton.ca/prenatal</p>  </div> </div>
<p>Birth Unit</p> <p>St. Joseph's Healthcare Hamilton – Charlton Campus 50 Charlton Avenue East, Hamilton, Ontario</p>	<p>905-522-1155 ext. 33251</p>

	Phone number
<p>Health Connections Hamilton Public Health Services Call Health Connections and speak to a public health nurse about:</p> <ul style="list-style-type: none"> • health during pregnancy • health and well-being after the birth of your baby • breastfeeding • feeding and caring for babies and children • community resources and supports • parenting support (groups and classes) • home safety and car seat safety • referral to the Healthy Babies Healthy Children/Nurse Family Partnership Program <p>A public health nurse will answer your questions and connect you with supports such as home visiting, breastfeeding clinics, ‘Check it out’ growth and developmental clinics and other programs in the community for you and your family.</p>	<p>905-546-3550</p> <p>Health Connections is available Monday to Friday from 8:30 a.m. to 4:30 p.m.</p> <p>Email- breastfeeding@hamilton.ca</p>
<p>Breastfeeding and Newborn Assessment Clinic (BANA) St. Joseph’s Healthcare Hamilton Charlton Campus – 50 Charlton Avenue East Hamilton, Ontario</p>	<p>905-522-1155 ext. 34998</p>
<p>Health Connect Ontario 24 hour telephone information by registered nurses offered by the Ontario Government</p>	<p>Dial 811</p>
<p>Women’s Health Concerns Clinic St. Joseph’s Healthcare Hamilton – West 5th campus</p>	<p>905-522-1155 Connect referral service – ext. 36499 General inquiries- ext. 33605 Clinic intake- ext. 33868</p>

<p>Social Assistance</p> <p>If you want to find out where you can apply for financial help or get free food, clothing or household items, call</p> <ul style="list-style-type: none">• Health Connections• Ontario works• Or visit www.mcass.gov.on.ca	<p>905-546-3550 905-646-4800</p>
<p>Ontario Early Years Centres (for families, caregivers and their children up to 6 years of age)</p> <p>Free parent and child drop-in programs in every neighborhood such as:</p> <ul style="list-style-type: none">• parents and child groups (Parent and New Baby Network)• rhyme time <p>Improve your skills through parent education workshops and resources.</p> <p>Health professionals are available at set times for programs and consultation.</p> <p>Visit: www.ontarioearlyyears.ca</p>	<p>Hamilton Early Years Information Line: 905-524-4884</p>  <p>The image is a vertical poster for OEYCs (Ontario Early Years Centres). At the top, it features the logos for 'Hamilton Best Start' and 'Meilleur départ'. Below the logos, the text reads 'OEYCs: Information for Parents & Caregivers' in a purple font. The background of the poster is a soft-focus image of a smiling man, a woman, and a baby. At the bottom of the poster, there is a horizontal bar with segments of red, yellow, and green.</p>

Healthy Babies, Healthy Children Program

The Healthy Babies, Healthy Children Program (HBHC) and the Nurse Family Partnership Program (NFP) offer information and services to families with babies and children up to 6 years of age.

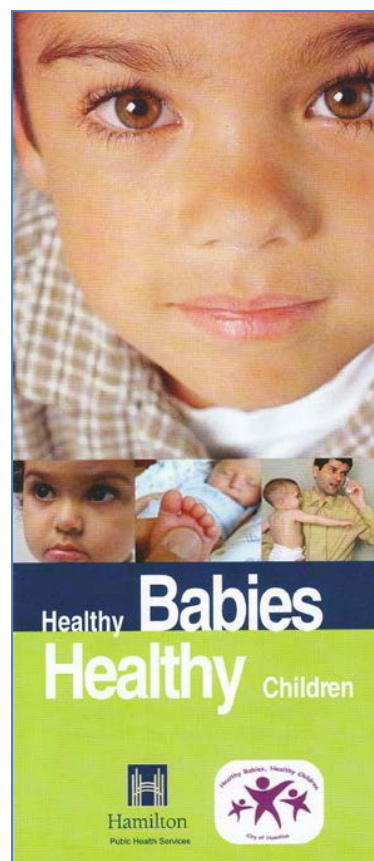
It is run through The City of Hamilton Public Health- Health Connections

HBHC links families to supports and services by providing:

- contact with a public health nurse after your baby is born
- information about family health
- information about community services available to you
- home visiting support to share ideas of how you can help your child learn and grow

You can take part in the program:

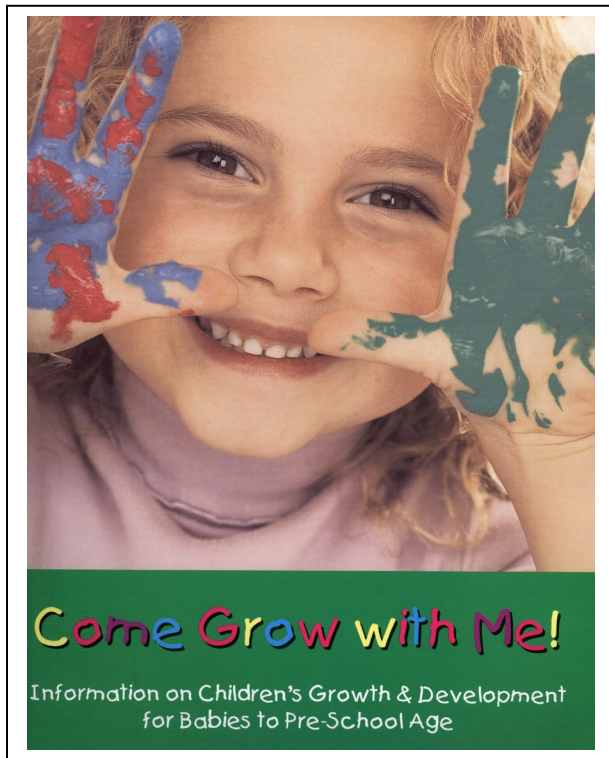
- during your pregnancy
- after your baby is born
- if you have children up to 6 years of age



Through the Healthy Babies, Healthy Children Program and Nurse Family Partnership Program (NFP) you can:

- learn how to have a healthy pregnancy
- feel confident with your baby
- enjoy your child
- meet other parents and share parenting ideas
- build everyday life skills
- encourage your child to learn, grow and feel good about himself or herself

Come Grow with Me



“Come Grow with Me” is a free series of books from the Healthy Babies Healthy Children Program in Hamilton.

These books are good resources for information about:

- parenting
- your baby’s growth and development
- safety
- services available to you in your community

For more information call Health Connections at 905-546-3550.

Public Health Services

Public Health Services offers programs and services that can help you learn about:

- breastfeeding
- child safety
- growth and development
- healthy eating
- positive parenting
- perinatal mood disorders (postpartum depression)

To contact Public Health Services in the Hamilton area:

- Call Health Connections at 905-546-3550
- www.hamilton.ca/familyhealth
- www.facebook.com/HealthyFamiliesHamilton



Outside the Hamilton are, call your local Public Health Unit.

Hamilton Best Start Network

Public Health Services at the City of Hamilton is a proud member of the Hamilton Best Start Network.

Best Start is about providing support to children aged 0 to 6 and their families. It is about parents, educators, health care professionals and community organizations working together to make Hamilton the best place to raise a child.

Best Start's Parents' Charter of Rights sets the standard for how you can expect to be treated in your dealings with community service providers at each stage of your children's lives. The charter is available to read at: www.hamilton.ca/beststart

Our thanks

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- St. Joseph's Healthcare Hamilton
- Public Health Services, City of Hamilton



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