

Mother and Infant Care Manual



SAULT AREA
HOSPITAL
HÔPITAL DE
SAULT-SAINTE-MARIE

Introduction

Congratulations on the anticipated arrival of your new baby. We are sure you will have many questions about your pregnancy, your care at Sault Area Hospital, and the care of your new baby. We want to make your stay with us as informative and pleasant as possible.

This booklet will give you the information you need to care for yourself and your new baby. **Keep this booklet handy and bring it with you to the hospital when you come to deliver your baby.**

The Maternity Unit is located on Level 1, A wing of the Sault Area Hospital.

The nurses in the Women and Children's Health program at Sault Area Hospital created this booklet. Information was gathered from various hospital resources throughout Ontario, Algoma Public Health and Health Canada's Postpartum Parent Support Program manual. We would like to thank our colleagues for their support.

Revised: Nov 2018

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Overview of Our Model of Care

At Sault Area Hospital, we are committed to providing a patient focused, interdisciplinary continuum of care. Our goal is to provide holistic evidence based practice and we are dedicated to our interdisciplinary standards of care.

What to Bring with you to the Hospital...

For mother	For baby
<ul style="list-style-type: none">• Any medications mom is taking in their original containers• Nightgowns, housecoat, slippers, underwear• Personal items - sanitary napkins, unscented lotion, shampoo, deodorant, toothbrush, toothpaste, hairbrush, facial tissue• Nursing bra if breastfeeding• Pen/pencil• Snacks /Juice• Money...for gift shop, food court and parking• Cell phone and charger• Clothes to wear home	<ul style="list-style-type: none">• Newborn diapers & wipes• Sleepers to wear in hospital, hat• Cotton mittens to prevent baby from scratching face• Comb, baby wash and shampoo• Outfit to wear home (sleeper, hat and blanket)• CSA approved car seat

Cell phones may be used in most areas of the hospital. However, there are still some areas where cell phone use is not allowed. Please follow any signs.

When Do I Go To the Hospital?

Signs of True Labour

- Contractions that occur every 5 minutes for 1-2 hours
- Contractions do not stop during rest
- Discomfort or pain gradually increases, lasting 15-30 seconds then 30-45 seconds and up to 1 minute
- Pain originates in lower back and spreads to lower front
- Walking causes more discomfort
- Bloody mucous discharge from your vagina
- Diarrhea is not abnormal before labour starts

False Labour

- Contractions not regular (e.g. every 2-4-6 minutes, never consistent)
- Contractions stop with rest
- Pain or discomfort remains the same
- Discomfort located in abdomen
- Walking does not increase pain and often gives relief
- There is no bloody mucous discharge from your vagina

Did My Water Break?

Your baby is enclosed in a bag of fluid. This can rupture (water breaks) *before* you go into labour, *during* labour or *near the end* of labour.

Some people have a gush while others just a trickle. There may or may not be uncontrolled leaking depending on the amount of fluid.

It has a sweet unmistakable odour unlike that of urine. Come to hospital if you think your water has broken.

Midwifery clients, follow the direction of your midwife.

Warning Signs

If any of these signs are present

Go to the Hospital....

- Bright red bleeding from your vagina (like a period)
- Continuous abdominal pain with no relief
- Your water breaks
- Lack of movement from baby for a long period of time

Admission to Hospital

1. When you come to the hospital for any prenatal or labour assessment, you must first register in the Admitting before proceeding to the Maternity Triage area. Using the Emergency entrance, the Admitting Registration desk is next to the emergency triage area, across from the security office.
2. You need to bring your Ontario Health Card.
3. If you have your **Yellow Antenatal Forms** from your doctor's office, please bring them with you.
4. Be prepared to pay for parking upon exit from the hospital lot (\$6.00). Change machines are located in the lobby kiosk, emergency department and on the first floor in the food court. Monthly passes are also available which provides unlimited entrances and exits.

Admission to the Maternity Unit

If you are not sure you are in labour, you may call the Sault Area Hospital and ask for the Maternity Unit. One of the nurses will speak with you and advise you if it is time to come to the hospital. When you come to the hospital, you will be assessed in the Maternity Triage area and then admitted to a birthing room when you are in active labour. If you are not in active labour, the nurse will discuss options with you.

Upon admission, the nurse will check your blood pressure and temperature and check your baby's heart rate. The nurse will then time and feel your contractions and possibly perform a vaginal examination to assess the progress of your labour. A staff member from the laboratory will take a blood sample for testing.

We will encourage you walk around, relax in a lounge chair, take a warm shower or soak in the air jet tub and try various positions to increase comfort. Clear, high calorie drinks will also be encouraged during your labour. We have juices, ginger ale, popsicles, and ice water in the patient kitchenette.

Birthing Room

There are four birthing rooms. You will be admitted to one when you are in active labour or if you are being induced. You will remain in the same birthing room for your labour and delivery as well as a 1-2 hour recovery period after the birth of your baby. Women who are having twins will labour in the birthing room but will deliver in the Maternity Operating Room.

After the 1-2 hour recovery period, you and your baby will be transferred to a regular patient room within the maternity unit, where you will stay for the remainder of your hospitalization.

Your Hospital Bill

Some patient services and equipment are not fully covered by OHIP. You may have employment benefits or private health insurance that covers some or all of these costs. You are to contact your insurance company to confirm your coverage.

During admission or pre-admission you will be asked to make a request for accommodation. The choices are:

- Ward (three or more beds)
- Semi-Private (two beds)
- Private (one bed)

You will be required to sign the request and provide your insurance information.

Note: your preferred room may not be available, however we will try our best to accommodate your requests.

WI-FI - Sault Area Hospital is happy to announce that free Wi-Fi is available during your stay with us. To connect to the Internet you must turn on your Wi-Fi on your device, select GNET, and then accept the authorization. If you require assistance do not hesitate to ask your nurse.

Medical Residents and the Nursing Students

We often have students from different disciplines gaining knowledge and understanding about obstetrics, including medical residents, midwifery students and nursing students. They are here to learn and practise their skills and are overseen by physicians, midwives and or nursing staff and instructors. We welcome these young learners and hope you feel the same. However, your wishes will always be respected, and if you do not wish to have students or residents involved in your care, let the nurse or physician know.

Support Persons during Labour and Delivery

Your partner/coach (limited to the two same people) are welcome as support persons during labour and will be encouraged to remain in the labour and delivery room.

There is an opportunity for family and friends to visit shortly after the delivery of the baby. However, there is no visitor area/waiting room within our unit and guests are welcome to wait in our cafeteria or lobby.

Due to patient's right to privacy, we ask that you keep family and friends informed of your progress. Information about your admission or condition cannot be given out by nursing staff.

Door Cards

Your support person may be given a door card in which they will have access in and out of the unit. These cards **MUST** be returned prior to discharge or there will be a \$25 charge.

Pain Management during Labour

At some point during the admission, your nurse will discuss options for pain management during labour. Some women have decided ahead of time, while others wait until they are in labour to decide based on their needs. Either way, you may change your mind during the labour process. The nursing and medical staff will work with you to manage your labour in the way that is best for you and your baby and will be happy to answer any questions you may have.

Some approaches to pain management include walking, changing positions, warm showers, air jet tub, heat or cold therapy, birthing balls, back rubs, breathing and relaxation techniques.

Pain Medications may include nitrous oxide (an inhaled gas), narcotics by injection or an epidural (spinal injection/freezing).

Skin to Skin

Mothers may place their baby skin-to-skin as soon as possible after birth. This means putting your naked baby on your bare chest, with a cover over both of you to keep your baby warm and comfortable.

**Skin to Skin Helps**

- Babies feel safe and may be more calm
- Babies stay warm
- Improves bonding
- Baby's heart rate, breathing and blood sugar
- Breast milk production and a good latch at the breast
- Allows you to feel more relaxed

Caesarean Birth Delivery

Your Caesarean birth may have been planned or decided during your labour due to complications that may have put you or your baby at risk.

Regardless of the reason for your Caesarean birth, you may be sleepy and/or uncomfortable for the first 24 hours after surgery.

Your baby will stay in your room and you must make arrangements to have your partner or support person stay for the first 24 hours after the birth to help with his/her care.

You may experience many emotions such as disappointment, anger or guilt because you were unable to deliver vaginally. These feelings are normal. It is important for you to share these feelings with your nurse, partner or support person.

During the first 12-24 hours after your surgery, you will have an intravenous, which will remain in until you are able to drink enough fluids.

You will also have a catheter in place to keep your bladder empty for the first 12-24 hours. You will be helped to the bathroom while this is still in place to do peri-care (refer to page 17 for instructions).

In most cases, a small dressing will cover your incision. Usually, by the second day after your surgery, you will have been able to shower, and your dressing will be permanently removed.

As each doctor has his/her own preference, your incision could be closed with staples or one long continuous stitch, with or without a knot. If you have a long continuous stitch with a knot, the knot will be clipped before you leave the hospital. Removal of your staples or a long continuous stitch may be done before discharge or at a later date. You may also have steri-strips (small paper-like Band-Aids) across your incision. As you shower/bathe they may loosen and curl, which is acceptable. Remove them after the first week if they have not fallen off.

To help control your pain after surgery, there are options available to you that will be discussed by your nurse. After your surgery a variety of pain medications are available. Discussions with your doctor/midwife and nurse will help decide what is best for you. Often a **self-medication package** including Tylenol, Advil and a stool softener is ordered and kept at the bedside. Your nurse will provide more instructions and answer any questions you may have.

After your surgery, it is important that you do deep breathing and coughing exercises to help clear mucous from your lungs. Placing a pillow across your incision will help decrease any discomfort caused by coughing.

You will be helped out of bed within 6 hours of your surgery. On the first day, you will walk around your room and to the bathroom. The sooner you start moving, the sooner you will feel better. Frequent position changes (at least every hour) while in bed helps to prevent stiffness and help the “gas” to start moving. Move your feet, ankles and legs often. This will help to maintain circulation.

Some tips to help gas discomfort...

- Avoid ice and carbonated drinks (leave the pop opened for a while to let it go flat)
- Walk as soon and as much as you are able without becoming overly tired
- Drink warm fluids
- Avoid using straws as this increases gas discomfort
- Lie on your left side when you are in bed
- A laxative or suppository may be necessary to get the gas moving.

Once you are at home, you may want to increase the fibre in your diet. If you tend to be constipated, you can take Metamucil and drink plenty of water. For tips on how to increase the fibre in your diet, you can call **Algoma Public Health Nutrition Services at 705 942-4646 or Eat Right Ontario at 1-877-510-5102** <https://www.eatrightontario.ca/en/#>

To care for your incision...

- Shower daily – this will keep the incision clean
- Normal healing – the incision appears clean, with the edges of the incision close together. It is normal for the skin around the incision to feel numb. The scar will fade as it heals.

Tip: To stop your underwear from rubbing against the incision, place a mini-pad on the inside of your panties along the elastic.

Call the doctor if you experience...

- Increased redness, tenderness or swelling along the incision line.
- Bleeding or other discharge from the incision
- Separation of the incision
- Fever (over 38°C or 100.4°F)

Combined (Postpartum) Care and 24 Hour Rooming In

In keeping with the philosophy of **Family Centred Care**, the hospital has adopted the practice of combined care. Combined Care means your nurse will care for both you and your baby together in your room. Having your baby in the room with you 24 hours a day provides you and your family with more time to get to know your baby, and for your nurse to teach and assist you with baby care. Although the nurses will always be available to assist you, you will do most of the care for your baby. Please ask questions and request assistance whenever necessary. We are here to help you as much as possible.

Partner / Coach Overnight Stay

A partner or support person is welcome to stay to **assist with the care of your infant overnight.**

1. Sleep chairs are available for a partner/support person that wishes to sleep at night. We ask that you fold up the cot or sleep chair and put it away between 7:00am and 9:00pm. The hospital day starts early and the laboratory staff, nurses and physicians begin rounds at this time.
2. Only one overnight support person per patient.
3. Please wear appropriate clothing when staying overnight.
4. Only if you are in a Private room, you may use the washroom facilities in the patient room. If you are in a ward or semi-private room, partners or family members must use the public facilities on the unit. Showers are to be taken at home. Please bring your own toiletries.

Length of Stay

In most cases, mothers who give birth vaginally can expect to be discharged approximately 24-48 hours after the baby is born. If your baby is born by caesarean section, you can expect to be discharged approximately 2-3 days following the birth. Some mothers leave earlier at their request. Either way, you will find there is a lot of information to learn over a short period of time.

Occasionally, babies must remain in hospital longer than the mother. It is very difficult to leave without your baby, especially if you are trying to establish breastfeeding. In these cases, the nursing staff will arrange an appropriate place for you and your baby to stay.

Health & Safety

Latex balloons are not allowed in the hospital. Highly **scented products**, (e.g. flowers (lilies), perfumes, etc.) are restricted due to many sensitivities and allergies of other patients and staff.

Security

We are very concerned about the safety of your baby. Every baby, mother and partner/coach will have an identification bracelet with matching numbers and information about date and time of birth. Nursing staff will regularly check bracelets for matching information and will question unfamiliar people handling the baby. Infants will also have a second security bracelet that will set off an alarm if the baby comes close to an exit or is removed from the unit.

DO NOT LEAVE YOUR BABY UNATTENDED AT ANY TIME

Visiting Guidelines for Postpartum (after birth of the baby)

When planning for visitors, please keep in mind that your time spent in hospital after the birth of your baby will be short. You should consider your short time here a learning opportunity. The nursing staff will be available to provide you with important information about care for yourself and your baby.

We suggest you limit visitors and the time they spend with you. It is recommended that you plan for people to visit you at home, once you are recovered and feeling up to it.

Above all, please remember to consider the other mothers and babies in your room and on the unit. People and noise can be very disruptive to new mothers and their babies.

A partner or identified support person (person with second baby bracelet) may visit at any time. Any other visitors (**only 2 visitors at a time**) are allowed during regular hospital visiting hours - 6:00am to 10:00pm.

A postpartum visiting room is located at the end of the hallway and may be used for larger groups wishing to visit.

**BROTHERS OR SISTERS OF THE BABY ARE THE ONLY CHILDREN
ALLOWED TO VISIT**

Infection Prevention and Control for Visitors

Newborns, especially premature babies, have an underdeveloped immune system. Some germs that cause adults few or no problems can make babies very sick. This is the reason visiting restrictions are strictly followed in the Maternal Child Program. **All visitors must be healthy, including the baby's siblings**

How to Clean Your Hands

Hand hygiene is the single most important thing you can do to decrease the risk of spreading germs to your baby. Parents/Guardians/Siblings and any visitor must clean their hands handling your baby.

How to clean your hands if they are visibly dirty



Wet your hands with clean running water, **Lather** your hands by rubbing them together with soap, **Scrub** your hands for at least 20 seconds, **Rinse** your hands under clean running water, **Dry** your hands using a clean paper towel, then turn off the tap with the paper towel

OR



Use alcohol-based hand solution provided by the hospital. The solution must be rubbed over all hands, fingers and wrist surfaces for at least 15 seconds.

Taking Care of Yourself

After the birth of your baby, it is very important that you take care of yourself. This is a time to gather the support of your partner, family and friends to help you get the rest you need.

After Your Baby is Born

After the birth of your baby, your nurse will check your heart rate, breathing, blood pressure, temperature, uterus and vaginal flow. If you have a perineal tear, an episiotomy (a cut that has been sutured) or hemorrhoids, your nurse will offer suggestions to help reduce the swelling. As soon as you feel able and the effects of the epidural have worn off, you will be helped to the bathroom.

Please do not get out of bed for the first time on your own, as you may feel somewhat dizzy or weak.

The nurse will check on you and your baby at least every hour and assist you with care as needed. **Please feel free to ask for assistance at any time!**

Vaginal Bleeding

- After the birth of your baby, you will have vaginal bleeding which may continue for 2 to 6 weeks. At first, the bleeding (called lochia), will be dark red like a heavy period. The colour and amount will change in a few hours to a moderate dark red. After a few days it will turn to a pinkish colour, and then to a scant brownish discharge. If you are breastfeeding, it is normal to experience an increase in flow of brighter red blood following a feeding, which should decrease over time. If your flow (lochia) increases as a result of too much activity, more frequent rest periods may be needed.

In hospital, please let your nurse know if ...

- your bleeding increases
- you pass any **clots** (jelly-like blood) and show these to your nurse
- your vaginal discharge (lochia) has a foul odour
- you feel feverish

Once you are at home, call your physician/midwife or report to Emergency if ...

- you have bright red bleeding that continues after resting
- you soak through one perineal pad in one hour or less
- you pass large clots the size of a plum or golf ball (after the first 24-48 hours)

Peri-Care

A plastic squirt bottle will be provided to use whenever you go to the bathroom. Using warm water from the tap: direct the stream of water over your perineal (bottom area) so that it sprays from the front-to-back. This should be soothing for your bottom, as well as cleansing. Using toilet paper, pat dry from front to back. Change the pad every time you use the toilet. Do not use tampons until after you see your doctor at your 6 week postpartum check-up. Continue with peri-care, until your bleeding stops. **Be sure to wash your hands before leaving the bathroom**

Often it is difficult to empty your bladder completely because of swelling, bruising and discomfort.

Using ice packs on your perineal area helps to relieve swelling and bruising for the first 24 hours. After that, heat can be soothing and keeping the area clean will promote healing. This can be done in various ways:

- frequent peri-care
- a portable sitz bath (available on our unit at a charge, ask your nurse for details) which sits on the toilet and provides a continuous flow of water to the affected perineal area, cleaning and increasing the flow of blood to it.
- a spray from the shower head
- a warm bath at home in a clean tub (avoid oils or Epsom salts in the water)

Episiotomy or Perineal Tear

If you had a perineal tear or episiotomy (cut) during your delivery the nurse will be checking the stitches while you are in the hospital.

The stitches that were used to repair the episiotomy (cut) or tear will dissolve on their own, usually within 2 weeks. Occasionally you may notice a piece of suture (string) as it falls out or is partially dissolved. That is normal. If you are having episiotomy discomfort, be sure to take the pain medication that your doctor has prescribed. "Tucks" medicated pads are also available in hospital and can be soothing to the area.

Call your doctor if.....

- you have discharge with a foul odour
- the perineal area becomes hot, swollen and reddened
- the episiotomy or tear site is becoming more painful instead of feeling better
- you have a fever over 38°C or 100.4°F

Abdominal Cramping (after-pains)

After-pains are normal after delivery, but the discomfort will begin to lessen after a few days. If you have had other pregnancies or if you are breast-feeding, you may notice the cramps more. If this is the case, discuss pain relief options with your nurse.

Self-Medication Kit

A self-medication kit is available if ordered by your physician. After delivery, your nurse will discuss pain relief with you and explain how best to use the kit. These medications are for your use only. **These medications are safe to take while breastfeeding.**

Please keep the self-medication kit in your bedside table drawer when not in use and do not let children near the medication.

Hemorrhoids

Hemorrhoids are swollen veins around the rectum. A sitz bath, ice packs or “Tucks” medicated cooling pads can help reduce discomfort. To relieve burning or itch, you can use a cream or suppository that your doctor has ordered, which is better absorbed following a warm sitz bath. Your nurse will gladly help you decide what works best for you.

Avoid sitting or standing for long periods. Keep bowel movements soft by eating a high fibre diet and drinking lots of fluids (6-8 glasses per day). Your nurse will offer you a laxative or suppository ordered by your doctor if you need it. Hemorrhoids usually disappear a few weeks after birth, if you just developed them during your pregnancy.

Exercise Guidelines

It is natural to want to get back in shape after your baby is born. Allow yourself time to recover, and then begin exercising gradually. You may find that a little exercise can be refreshing and a great stress reliever. Walking is also a great way to keep fit; however, avoid long tiring sessions. Exercise slowly and smoothly, and avoid holding your breath. Vigorous exercises such as jogging and skipping should wait until after your 6 week postpartum check-up and approval from your physician.

If you feel pain, stop exercising. Begin again only after the pain has stopped.

Pelvic Floor Contraction Exercise (Kegel)

Kegel exercise aids in healing of episiotomy and hemorrhoids, helps to restore bladder tone and strengthens pelvic floor muscles. You can start kegel exercises anytime after delivery.

It also helps to prevent prolapse or slipping of the uterus in later life and may add sexual enjoyment during intercourse.

Lying on your back with your legs crossed at the ankles, squeeze knees, thighs and buttocks together as if preventing yourself from urinating. Hold and count to five. Relax. Repeat. Gradually, this exercise can be done without ankles crossed and can be done anytime, sitting or standing.

Nutrition

After delivery, it is important to get enough fluids and to choose foods that provide fibre, extra calcium and iron. To ensure you are getting enough calcium, choose milk, yogurt or cheese. To boost your iron intake, choose meats and alternatives such as lean red meat, beans and lentils, whole grain breads or dried fruits. For more information visit <https://www.canada.ca/en/health-canada/services/food-nutrition>

Nutrition Specifically For Breastfeeding Moms

Try to choose healthy meals and snacks recommended in “Eating Well with Canada’s Food Guide”. Remember that breastfeeding women need 2 to 3 extra Food Guide servings each day.

Take a multivitamin containing 0.4mg of folic acid every day.

Eat according to your appetite and pay attention to your feelings of hunger and thirst. It’s not a good idea to try to diet while you are breastfeeding as it can reduce your ability to make enough milk.

Drink plenty of fluids to keep your body well hydrated. Caffeine passes into breast milk and can keep your baby awake. It is best to limit your intake to no more than a total of 300 mg per day from all sources of caffeine. This includes beverages such as coffee, tea and cola soft drinks, as well as chocolate. Be aware that some herbal teas may have harmful effects and may have not been proven safe to drink while breastfeeding.

Constipation is a common problem after having a baby. Here are some suggestions to help:

- Choose whole grain/ whole wheat/ bran breads and cereals
- Eat more vegetables and fruit throughout the day
- Drink at least 8 glasses of fluid a day (water, milk, juice)
- Include light activity in your daily routine such as walking

Sexual Relationship after Delivery

The decision to resume intercourse is a personal one and the right time for you will be when both of you are comfortable.

Many couples are not prepared for the impact having a baby has on their sexual relations, interests and responses. Many adjustments must be made by both of you. You should try and speak honestly to each other about how parenting is affecting your sexual response, feelings and needs.

Once stitches are healed, bleeding has stopped (usually 2-6 weeks) and you are comfortable, intercourse can be resumed. If you are unsure, you can consult with your health care provider.

After 2 to 3 months, sexual responses gradually return to what they were before pregnancy. Most women who breastfeed will experience milk leaking from their breasts during orgasm.

The physical and hormonal changes that could occur after having a baby that affect your sexual relationship include:

- Shorter and weaker orgasm (due to weaker vaginal muscles)
- Less lubrication in the vagina
- Longer arousal time
- Fear of another pregnancy
- Fatigue for both mom and dad
- Baby's crying
- Discomfort during intercourse
- Fear of hurting the incision with Caesarean birth

The following suggestions may help you deal with these temporary changes:

- Daily repetitions of kegel and pelvic exercises to help restore pelvic and vaginal muscle tone.
- Use of a water based lubricant (ie. K-Y jelly) can be very helpful if your perineal area is feeling sensitive. It may also help with the vaginal dryness many women experience at this time. Vaseline is not recommended.
- Use of various positions will lessen the pressure on the tender areas in the vaginal area, the abdomen and the breasts
- Try placing a pillow under your hips to decrease pressure during intercourse
- If you had a Caesarean birth you might try a side lying position where the woman can control penile penetration and avoid pressure on her incision
- To avoid pressure or discomfort, you may want to position yourself on top so that you can control the entrance of the penis
- Remember there are many satisfying ways to express your sexuality and sensuality. Tenderness, cuddling, and kissing can be part of your sexual activity until you are both ready to resume intercourse.

Birth Control

You may become pregnant, even if your menses (period) has not returned. If you decide to have intercourse before you see your health care provider, be sure to use an effective method of birth control. Some of the common choices are condoms, oral contraceptive pills, Evra patch, Nuva ring and lactational amenorrhea method (LAM) We encourage you to discuss with your partner which method of birth control you will use. Using the method chosen as your health care provider advises is extremely important. **Remember, there is no grace period after a pregnancy – it is possible to become pregnant again almost immediately after giving birth.**

For further birth control information, talk with your health care provider at your next check-up. For more information call the Sexual Health Department at Algoma Public Health at 705-541-7100 or 1-800-726-0398 or visit <http://www.algomapublichealth.com/sexual-health/birth-control/>

A New Mother's Emotions The "Baby Blues"

Shouldn't last longer than two weeks.

You are not alone.

There is help.

There is hope.

Many new moms feel sad right after the baby is born.

If the blues last longer than two weeks and are not helped by rest, mom may be experiencing a postpartum mood disorder.

Facts

Baby Blues

- Affects 50-80% of new moms
- Occurs within the first 3 to 5 days after birth
- It usually goes away within 1 to 2 weeks

Postpartum Depression

- Affects 10 to 15% of new moms
- May start suddenly or slowly
- It can occur within 3 weeks of delivery and up until 1 year after the birth of your baby

Postpartum anxiety

Onset is the same as Postpartum Depression and may start in pregnancy

Postpartum Obsessive-Compulsive Disorder

Onset is the same as Postpartum Depression

Postpartum Psychosis

Occurs in 1 to 2 in 1000 births

Least common mood disorder but **most serious. Psychiatric emergency requires immediate assessment.**

Symptoms

- Crying
- Feeling sad
- Feeling irritable
- Feeling frustrated
- Feeling tired
- Difficulty concentrating
- Difficulty sleeping
- More intense and longer-lasting symptoms than the "blues"
- Feeling overwhelmed or anxious
- Changes in appetite
- Having no feelings about your baby
- Fearing that you might hurt yourself or your baby
- Feeling "out of control"
- Feeling numb inside
- Panic attacks
- Difficulty sleeping
- Irritability
- Feeling distracted
- Having repeated scary thoughts about baby ("seeing" baby drown, "seeing" baby fall down stairs)
- Hallucinations (hearing or seeing things)
- Paranoia
- Difficulty sleeping
- Strange behaviour

What Can You Do?

- **Get Help!** Talk to someone about how you are feeling. Delaying treatment can delay recovery.
- **Take Care of Yourself.** Sleep when baby sleeps, eat right and get some exercise.
- **Accept Your Feelings.** It is normal to feel bad sometimes. You are adjusting to your baby.
- **Try to Take Breaks.** Take time to be by yourself. Take a bath, read a magazine, go for a walk.
- **Ask for Support.** It is okay to have help taking care of baby and yourself. Choose someone you can talk to, who is patient and caring.
- **Get Counselling.** There are many professionals who can help you talk through your feelings.
- **Consider Medication.** Antidepressants are not addictive. Talk to your doctor about what is right for you. You can continue to breastfeed while taking certain medications
- **Be Patient.** It takes time for recovery. Remember there is hope.
- **Delay Major Decisions.** Wait until you are feeling better so you can concentrate and think through problems.

When symptoms last more than two weeks or you feel you may harm yourself or your baby, call for help:

- * Family or friends
- * Family doctor
- * Algoma Public Health
- * Sault Area Hospital 24-hour Crisis Services - 705 759-3398 or 1-800-721-0077
- * Canadian Mental Health Association 705 759-0458
- * Telehealth (24-Hour) 1-866-797-0000
- * Parent support groups
- * Best Start Hubs
- * Mood Disorders Association (Monday – Friday, 9-5) 1-888-486-8236

Helpful Websites

- * Pacific Postpartum Support Society www.postpartum.org
- * Health Nexus (Best Start) www.lifewithnewbaby.ca
- * Peer www.lifewithbaby.com
- * You are not alone www.postpartum.net

Infant Care

Infant Nutrition and Weight Gain

It is normal for all newborns to lose as much as 7 to 10% of their birth weight in the first 3-4 days.

- Newborns should return to their birth weight within 2 weeks
- Weight gain is usually ½ -1 oz per day or 4-8 ounces per week in the first 3 months.
- Birth weight is usually doubled by 5-6 months

Growth Spurts

All babies have sudden growth spurts during their early months. These growth spurts are usually seen at 10 days, 3 weeks, 6 weeks, 3 months, and 6 months. However, growth spurts can occur as often as every 2 weeks. When your baby suddenly wants to feed more often, it is usually because he/she is having a growth spurt.

Breastfeeding

If you have made the decision to breastfeed, you will be given an additional information book “**Breastfeeding Matters**”.

This book, along with the help from your nurse, will provide you with up-to-date information on how to start breastfeeding your baby.

Breastfeeding in Hospital

You will be given a “**Breastfeeding Diary**” to use and track the times baby is feeding. This also has information for when and how often baby should be at breast. It is important to remove milk from your breasts frequently in the early hours and days.

It may be necessary to **hand express** your breasts to help milk production and the baby to latch. All breastfeeding women should learn how to hand express milk from their breasts and instructions/diagrams are in the **Breastfeeding Matters book**.

For more information refer to www.ibconline.ca or www.beststart.org

Combination Feeding

Sometimes a baby will require additional calories during the first couple days of breastfeeding. This is called combination feeding and can be done in many different ways.

The first step of is to offer the breast first and try to latch the baby. If baby needs additional fluid, expressed breast milk or formula can be given by a spoon or a cup.

Breast Pump Information

Breast milk is important to your baby's growth and development. It provides needed nutrition, aids in digestion and helps prevent allergies and infections. Until your baby can nurse directly from you, your pumped breast milk can be given to the baby. Using a breast pump also helps ensure that you develop a good milk supply.

During your hospital stay, you will be given the opportunity to purchase a single breast pump package. For \$25 this includes a breast pump kit, microwave sterilizing bag, a storage/wash basin and the instructions and education needed. A second kit may be purchased for an additional \$20 for the option of double pumping). The nurse will review what is included in the package, how to assemble the pump kit and how to use the breast pump.

Bottle-feeding

If you have decided to bottle feed the nurse will provide you with formula, a nipple and an additional booklet on bottle feeding. You will be given a "**Bottle Feeding Record**" to keep track of times and amounts the baby feeds.

If you require more information about bottle-feeding you may ask your nurse for assistance and please refer to <http://www.algomapublichealth.com/parent-child/infant-formula/>

Blocked ducts

A blocked duct means there is a blockage in a milk duct. The duct cannot allow the milk from one area of the breast to flow towards the nipple. You may feel a lump of welling in one area of your breast. The area may:

- Feel tender or painful
- Look red
- Feel warmer than the rest of your skin

The blockage needs to be cleared or it may develop into mastitis. In order to try and clear it

- Begin all feedings on the breast with the blocked duct until the lump and pain are gone
- Gently, but firmly massage the breast just above the lump and towards the nipple before and while breastfeeding
- Apply a warm, moist compress to the area
- Take a warm shower or bath and massage the breast to help the flow of milk

For more information on blocked ducts visit:

https://www.beststart.org/resources/breastfeeding/Ducts_Fact%20Sheets_Eng_r ev2.pdf

Mastitis

Mastitis begins as inflammation in the breast tissue and may be caused by many reasons. If it is not treated quickly it can develop into an infection. It starts suddenly and usually occurs in one breast only. Call your health care provider if you have signs and symptoms of mastitis.

Signs of Mastitis Include:

- Pain, redness and heat on your breast
- Red streaking on your breast
- Fever and flu like symptoms
- Feeling achy and run down or nauseated

You may continue to breastfeed if you have mastitis. Your antibodies will protect your baby from infection.

For more information on Mastitis visit

https://www.beststart.org/resources/breastfeeding/Infection_Fact%20Sheets_En_g_rev2.pdf

Engorgement

Engorgement is when your breast or areola becomes hard beginning 3-6 days after birth due to milk is not coming out and swelling. Signs and symptoms are:

- Breasts that are hard
- Breast tightness and pain
- Breasts that appear red
- A low grade fever

How to manage engorgement

- Breastfeed early and frequently
- Cold or Warm cloths for comfort depending on preference
- Ensure proper positioning, latch, suck and swallowing is established.

Thrush

Thrush is a fungus that can cause symptoms for the mother and the baby.

Candida albicans (what causes both thrush and vaginal yeast infections) grows in moist dark places such as on the nipple, in the milk ducts, in the mother's vagina and in the baby's mouth and diaper area.

In the mother, possible symptoms of thrush include:

- Nipple or breast pain that occurs from birth, lasts throughout nursing, and is not improved with better latch-on and positioning
- Sudden onset of nipple and/or breast pain after the newborn period
- Nipples that are itchy or burning and appear pink or red, shiny, flaky, and/or have a rash with tiny blisters
- Cracked nipples
- Shooting pains in the breast during or after feedings
- Nipple and /or breast pain with correct use of an automatic electric breast pump
- Vaginal yeast (monilial) infections.

In the baby, possible symptoms of thrush include:

- Diaper rash
- Creamy white patches inside baby's mouth, cheeks or tongue
- A whitish sheen to the saliva or the inside of the lips
- Baby pulling off the breast or refusing the breast (because his mouth is sore)
- Gassiness and fussiness
- Rarely, thrush is a contributing factor in slow weight gain

The baby may also be **without** visible symptoms

If thrush is diagnosed in a breastfeeding baby or mother, both mother and baby will need to be treated simultaneously with medication prescribed by their health care providers.

If unable to contact your doctor, call the Parent-Child Info Line 705-541-7101

Burping

Try burping your baby after each breast if breastfeeding or after every ounce if bottle-feeding. Breastfed babies do not always burp after the first breast.

To burp your baby, put a cloth over your shoulder and then put your baby up so that the baby's chin rests on your shoulder. Pat or rub his back from his waist upwards. Often just changing the baby's position will cause baby to burp. You can also burp your baby by sitting baby on your lap holding the head in one hand, your thumb and index finger on the cheeks in front of baby's ears and the chin resting between them. If your baby does not burp within a few minutes, baby might not need to – try again later.



Shoulder Position



Sitting Position

Spitting Up

Your baby may be spitting up a small amount of milk when burping after feedings. This is normal. Try not to handle your baby too much after feeding. Frequent burping and smaller feedings may help. If your baby is always spitting up or you are concerned about the amount of feeding your baby is spitting up, contact your baby's doctor.

Hiccups

During the first month of life, hiccupping is common and not harmful. They often occur following a feeding. You have probably noticed that hiccups last only a few minutes. Pat your baby gently on the back or give him/her a little more milk. To prevent spitting up (regurgitation) of milk while your baby is hiccupping, hold his/her head up.

Sneezing

Your baby sneezes, some days quite frequently, to clear mucus and dust from his/her nostrils. In the first few months of life this helps your baby in the breathing process. It does not mean that he/she has a cold.

Bathing Your Baby

Bathing your newborn baby should be a relaxed and enjoyable time for both you and your baby. Initially, some parents find bathing difficult. In no time however, you will be handling your baby easily. At first, your baby might not enjoy bathing, but most babies learn to enjoy bath time. It is an excellent time for play and exercise.

A few safety precautions...

- Never leave baby alone in the bath or on a table
- Do not add warm or hot water to the bath while the baby is in the tub
- When supporting your newborn baby, **ALWAYS** support the head and neck
- Set your hot water tank at 49°C – 52°C to reduce the risk of burns throughout childhood

When to Bathe

Bathing your baby can be done whenever convenient for you and the rest of your family if they wish to be involved. Bathe your baby before a feeding so that baby does not spit up from the activity of the bath. Some families will bathe their infants daily or less often. This is your choice.

Steps – clean from top to bottom, clean to dirty:

1. **Eyes** – moisten the wash cloth with clear water, wiping from the inner corner to outer. Use a separate corner of the washcloth to do the second eye – this prevents spreading anything from one eye to the other.
2. **Face** – Use clear water – No Soap
3. **Nose** – Wipe only particles that are outside the nose. Do not use cotton tipped swabs as you might hurt the nose, or push particles further into the nose.
4. **Ears** – Cleanse the outer ear with the face cloth. Wash behind the ear and thoroughly dry.
5. **Hair** – Wash hair once or twice a week to keep the scalp clean. Wrap your baby in a towel. Hold your baby under the arm (football hold). Your baby's head should be over the basin or tub and baby's face turned upward. Use mild soap or baby shampoo. Rinse well and dry. Brush the hair gently everyday to help prevent cradle cap which is a greasy yellow scale that sometimes forms on your baby's scalp.
6. **Body** – Wash your baby's body with soap. Use either your hands or washcloth. Begin at the neck and work down arms, chest, and legs. Pay special attention to the creases. Turn your baby over, supporting the head and wash the back. Rinse and dry your baby well. Cover your baby quickly after you have finished.

7. **Genitals – Female** – Wash gently from front to back to avoid spreading bacteria. **Male** – Cleanse and dry penis and scrotum. Clean and dry anal area. If your baby is uncircumcised Do Not push back the foreskin of the penis to clean. The foreskin will naturally retract back itself as your boy gets older (3 or 7 years of age). At that point he can be taught to cleanse himself.

Cord Care/Cleansing the Cord

Clean the cord base and the cord itself with cotton tipped swabs soaked with warm tap water. This procedure is painless. Clean the cord at each diaper change until healed. Allow to air dry following bathing. It is recommended that you fold down the top of the diaper to expose the cord. If at any time the area becomes reddened, develops an odour and/or discharge, notify the doctor. After approximately 5-10, days the cord separates. The navel may be a bit red and raw and a little spot of blood may be seen when the cord falls off.

Diapering

With every diaper change, wash the baby's bottom with baby wipes or warm water. It is recommended that baby powder not be used.

If you are using disposable diapers, place your baby on an open diaper with the tapes at the back under your baby. Bring the front of the diaper up between baby's leg and fold down the top edge so that the diaper is below the level of the cord. This helps to keep the cord dry. Open tapes and press firmly into place over the folded edge.

Diaper Rash

Some babies develop an allergic reaction to certain kinds of soap, food and disposable diapers. Their skin can also become irritated from urine and stool in the diaper.

To Prevent Diaper Rash...

- Change diapers frequently
- Clean diaper area thoroughly and dry well
- Expose baby's bottom to air daily

If diaper rash persists, you may use medicated diaper cream and leave the diaper area open to the air for short periods of time regularly throughout the day. If using disposable diapers, try changing brands if skin reactions are noted.

Heat Rash

The system that controls your baby's body temperature is immature. This causes the baby to become overheated easily in the summer months. Try not to overdress your baby. Your baby should be dressed in the same amount of clothing as an adult. Overdressing causes a pink rash in the shoulder and neck area. Keep baby's skin clean and dry.

Your baby's skin is very sensitive. Baby is prone to sunburn and heat rash. To protect your baby's eyes and head, put a hat on baby. Infants under 6

months should be protected from the sun by being placed in the shade, as well as being dressed in protective clothing and sun hats. Over 6 months of age, while continuing to protect your baby from the sun, a child's sunscreen with an SPF of 15 or more can be used according to directions.

When it is extremely cold, do not keep baby outside for long periods. To prevent heat loss, never take your baby outside without a hat. Keep your baby's hands and feet well covered to prevent frostbite and protect his/her face from the wind.

Eczema

Eczema is a rough, red and itchy rash. It usually occurs around the ears, face, in creases and at times on the legs and arms. Consult your baby's doctor if this rash persists.

Suggestions for preventing rashes...

1. Rinse the skin thoroughly after washing your baby.
2. Launder all of your baby's clothing before using.
3. Do not use bleach or use fabric softeners (may contain chemicals that could irritate the skin)
4. Rinse baby's clothing well
5. If changing brands of soap, make one change at a time. This will help identify the cause of any adverse reaction.
6. If using disposable diapers try changing brands.

Cutting Nails

At birth, baby's nails tend to be soft. Do not cut the baby's nails for the first 2 weeks of life. If they are long, sleepers with cuffs that cover the hands, little mittens or socks will prevent your baby from scratching his/her face. A small emery board may be used to file sharp edges.

Circumcision

The Canadian Paediatric Society (CPS, www.cps.ca) has circumcision information. Please consult your baby's health care provider for any further information.

Jaundice and your Baby

What is jaundice and why is it common in newborns?

Jaundice is the yellow colour seen in the skin of many newborns. It happens when a chemical called bilirubin builds up in the baby's blood. Jaundice can occur in babies of any race or colour.

Everyone's blood contains bilirubin, which is removed by the liver. Before birth, the mother's liver does this for the baby. Most babies develop jaundice in the first few days after birth because it takes a few days for the baby's liver to become more efficient at removing bilirubin.

How can I tell if my baby is jaundiced?

The skin of a baby with jaundice usually appears yellow. The best way to see jaundice is in good light, such as daylight or under fluorescent lights. Jaundice usually appears first in the face and then moves to the chest, abdomen, arms, and legs as the bilirubin level increases. The whites of the eyes may also be yellow. Jaundice may be harder to see in babies with darker skin colour.

Can jaundice hurt my baby?

Most infants have mild jaundice that is harmless, but in unusual situations the bilirubin level can get very high and could cause brain damage. This is why newborns should be checked carefully for jaundice and treated immediately to prevent a high bilirubin level.

How should my baby be checked for jaundice?

A routine bilirubin test will be ordered for your baby while he/she is in hospital after birth. Whether another test is needed will depend on the baby's age, the amount of jaundice and whether the baby has other factors that make jaundice more likely to develop.

When should my newborn be checked after leaving the hospital?

It is important for your baby to be seen by a health care provider when the baby is **between 3 and 5 days old** because this is when a baby's bilirubin level is highest. The timing of this visit may vary depending on your baby's age when released from the hospital.

What is breast milk jaundice?

Breast milk jaundice is usually seen at 5-7 days of age. The baby should be gaining weight, breastfeeding exclusively, having lots of bowel movements, passing clear urine and be generally well. Breast milk jaundice peaks at 10-21 days of age and can last for up to 12 weeks. This may require a visit to your health care provider, but in most cases no treatment is necessary.

Does breastfeeding affect jaundice?

Jaundice is often more common in newborns that are not nursing well. If you are breastfeeding, you should nurse your baby at least 8 times or more per day. This will help you produce enough milk and will help to keep the baby's bilirubin level down. If you are having trouble breastfeeding, there are many community resources available to you. Refer to the Breastfeeding Matters booklet on where to get help.

Which babies require more attention for jaundice?

Some babies have a greater risk for high levels of bilirubin and may need to be seen sooner after discharge from the hospital.

Ask your doctor about an early follow-up visit if your baby has any of the following:

- A high bilirubin level before leaving the hospital
- Early birth (more than 2 weeks before your due date)
- Jaundice in the first 24 hours after birth
- Breastfeeding that is not going well
- A lot of bruising or bleeding under the scalp related to labor and delivery
- A parent, brother or sister who had high bilirubin and received light therapy
- If your baby weighed less than 2500 grams (5.5 lbs) at birth

When should I call my baby's doctor?

Call your baby's doctor if:

- Your baby's abdomen, arms and legs are yellow
- Your baby is jaundiced and is hard to wake, fussy or not feeding well.

When does jaundice go away?

Jaundice likely goes away by 2 weeks of age. If you have concerns contact your health care provider.

For more information visit the Canadian Paediatric Society website at:

https://www.caringforkids.cps.ca/handouts/jaundice_in_newborns

Newborn Screening

To help your baby get the best start in life and stay healthy, your newborn will be screened for 28 disorders through a simple blood test prior to discharge. For more information visit the Ontario Newborn Screening Program Website at:

www.newbornscreening.on.ca

CCHD

Testing is available at Sault Area Hospital for newborns to identify babies with congenital heart diseases. A congenital heart disease is a condition that occurs when a baby's heart or major blood vessels have not formed properly. CCHD screening is a **safe, quick, and painless** test that can detect low oxygen levels, a common sign of CCHD. A monitor that is used is placed like a Band-Aid or sticker on your baby. This test is done at **24 hours** after birth. If your baby has a positive screening result it **does not** mean that your baby had CCHD, but that further evaluation is needed.

Infant Hearing Program

All newborn babies in Ontario can have their hearing screened prior to discharge from the hospital with parents' consent. The mothers are told the screening results right away. Occasionally, the screening cannot be done before discharge or the baby needs a second screening. If this occurs, the mother will be contacted for the baby to be seen at Algoma Public Health. Community clinics are scheduled monthly in Sault Ste. Marie, Wawa, Blind River and Elliot Lake.

How and when should I take my baby's temperature?

Health Canada recommends taking your baby's temperature under the armpit (axillary) rather than by mouth or rectally.

Ear (tympanic) thermometers may be used in children older than 2 years. There is evidence that they are not consistently accurate in younger children; therefore use with infants and children up to 2 years of age is not recommended.

Take your baby's temperature at any time you think he/she is sick. Write down the temperature and the time you take it.

Normally axillary temperature 36.5°-37.5°C or 97.7°- 99.0°F
An axillary temperature above 40°C (102°F) CAN BE SERIOUS

It is normal for babies to have fussy periods. The time of day differs from baby to baby. If your baby feels unusually warm, has flushed cheeks and is irritable, he/she may have a slight fever.

Suggestions if you think your baby has a fever...

1. Take your baby's temperature
2. Give your baby extra fluids
3. Dress your baby in light clothing. **DO NOT** bundle your baby with heavy blankets. This may be all that is necessary to settle the baby and bring the temperature down to normal.

Going home

Discharge Instructions

- Before leaving the hospital with your baby, you will need to sign a form indicated that you and your baby's bracelets have **matching I.D. numbers**. If your baby needs to stay in hospital after you are discharged, please keep your I.D. bracelet with you at all times as it is our only means of identifying you with your baby. Your baby's security bracelet will also need to be de-activated and removed at time of discharge.
- While in the hospital, you will be asked to sign an **Ontario Health Coverage form**. The nurse will give you the bottom section of this form to be used as a temporary health card to ensure baby's coverage. A permanent health card will be mailed to you in approximately 6 weeks.
- You will also receive a Service Ontario, Newborn Registration Card providing you with the information needed to register your baby's birth and apply for a birth certificate, social insurance number and Canada child benefits.

- Your baby will need a doctor or nurse practitioner appointment to be seen within one week of discharge. Parents are expected to book this appointment prior to discharge.
- Your baby will go home with the cord clamps still on and will fall off with the cord within a couple of weeks.
- Healthy Baby Healthy Children Program referral consent will be obtained by your nurse so that an Algoma Public Health Unit nurse can call you to provide a follow-up visit with you and your baby within 48 hours of discharge. They are available to provide support and services if needed.
- A hospital stay survey may be mailed to you. We would appreciate if you could please take the time to fill in the survey, as your input is of great value to the hospital to help identify needed changes and to improve the services of the Maternal Child Program.

Your Baby's Car Seat

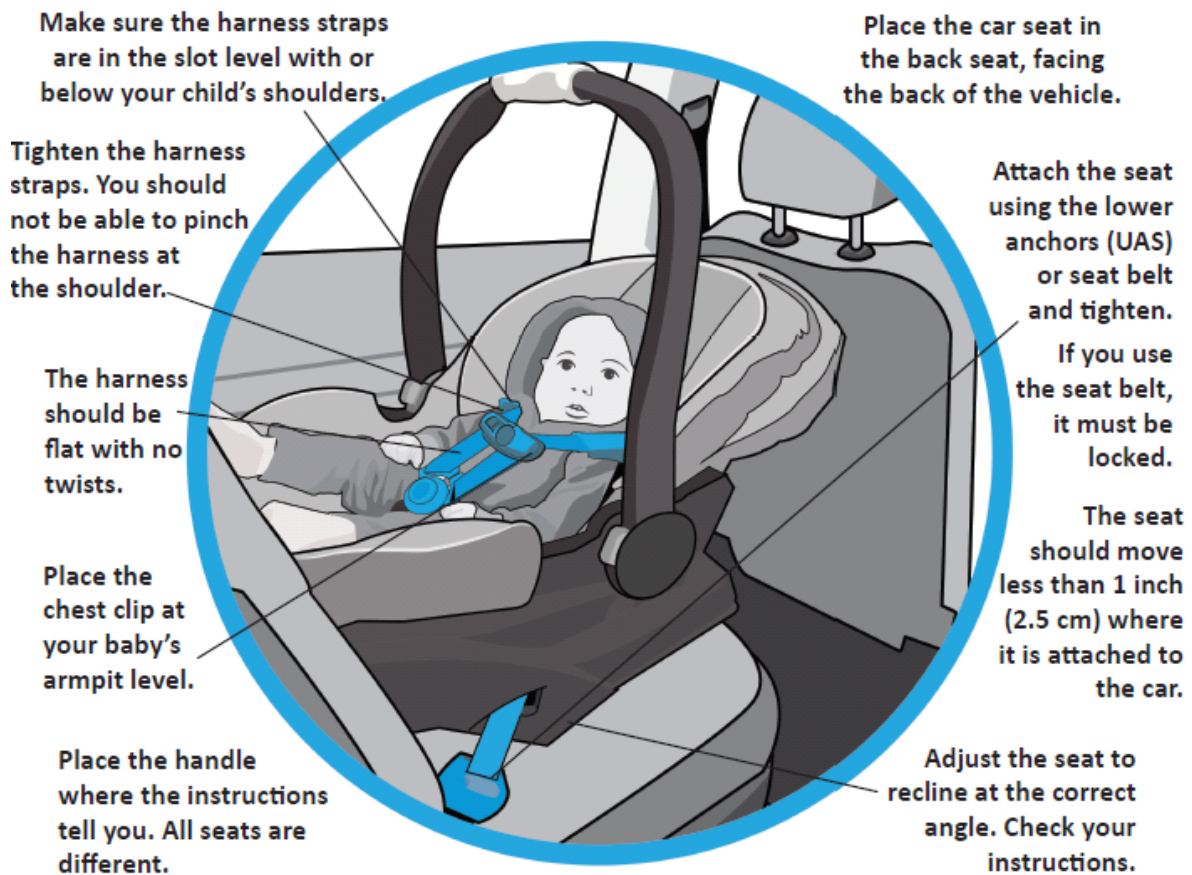
The use of car seats is required by Ontario law. Parents must be familiar with, and practice how to use their infant's car seat prior to coming to hospital.

It is the parent's responsibility to:

1. Ensure the car seat meets Canadian Motor Vehicle Safety Standards
2. Ensure the infant is secured properly in his/her car seat, and
3. Ensure the car seat is properly secured in the vehicle.

Car seats that do not meet Canadian Motor Vehicle Safety standards include (but not limited to):

- Car seats that are more than 10 years old or beyond the expiry date of the manufacturer
- Car seats purchased in the United States. Use of these car seats in Canada can result in a fine as well as demerit points.



Read your vehicle manual and follow the instructions for your seat.

Helpful tips for using your infant seat

- Install the seat at the most reclined angle allowed for your newborn. Check your instructions.
- Do not use items that did not come with the seat.
- Dress your baby in light layers and add blankets over top once he or she is safely buckled. **Bulky coats and bunting bags are not safe for the car seat.**
- Take your baby out of the car seat when you arrive. A car seat is not a safe place for your baby to sleep.

If you have questions or would like to book an appointment for a car seat installation and inspection, please call the Parent Child Information Line at 705 541-7101 / 1-888-537-5741

Additional information is available through the following resources:



1. Transport Canada (www.tc.gc.ca/roadsafety/childsafety/menu.htm) or call Transport Canada's Road Safety Information centre @ 1-800-333-0371
2. Ministry of Transportation www.mto.gov.on.ca
3. Safe Kids Canada (<http://www.sickkids.ca/safekidscanada/>)

Crying Baby (Shaken Baby Syndrome)

The normal crying curve starts at about 2 weeks, peaks at about two months, and usually comes to an end by about 4-5 months, and often earlier. If you have tried everything to soothe your baby it is often comforting to know that sometimes there is no reason for the crying and there is nothing you can do to stop it. This does not mean that your baby has colic but rather it is the normal crying curve for infants. Some infants are just high criers and may cry for several hours a day.

A baby's constant crying can be stressful and can also be a dangerous trigger for shaking a baby. No one thinks they will shake their infant, but research shows crying is the number one trigger leading caregivers to violently shake and injure babies.

Most parents and caregivers will feel angry and frustrated by a baby's constant crying IT is OK to put your baby down in their crib which is the safest place for a baby and walk away if you feel yourself getting upset.

If you would like to speak with a public health nurse about crying call the Parent Child Information line at 705 541-7101 or toll free at 1-888-537-5741

SIDS – Sudden Infant Death Syndrome – Reduce the Risk

Sudden Infant Death Syndrome (SIDS), also known as crib death, refers to the sudden and unexpected death of an apparently healthy infant less than one year of age. Each week, three babies die of SIDS in Canada. Such deaths usually occur while the child is sleeping and remain unexplained even after a full investigation. Nobody knows how to prevent SIDS, but the latest research shows that there are things you can do to make your baby safer at home.

Back to Sleep – Night Time and Nap Time

Babies who sleep on their back have a reduced risk of SIDS. Since the launch of the "back to sleep" campaign in Canada in 1999, the number of babies placed to sleep on their backs has increased dramatically and the rate of SIDS has dropped by more than 50%. Newborn babies tend to get in the habit of sleeping the way they are first placed, so start putting your baby on his or her back right from birth. Sleep positioners or rolled up blankets present a risk of suffocation and are not needed to help your baby sleep on his or her back.

Reminder: When the baby is awake and being watched, some "tummy time" is necessary for the baby's development. This will also avoid temporary flat spots, which sometimes develop on the back of their heads from lying on their backs.

Safe Sleep

Research has shown that room sharing (**Crib next to the adult's bed – room sharing**) is associated with a reduced risk of SIDS, and is recommended until your baby is at least six months old. Bed sharing or co-sleeping is when you share the same sleep surface as your baby. This has been identified as a risk factor for SIDS, and can also lead to suffocation.

Adult beds, couches, futons, recliners, air mattress, memory foam, or any makeshift beds are not designed with infant safety in mind:

- A baby can become trapped in a space between the mattress and the wall, or between the mattress and the bed frame
- A baby can roll off the bed
- An adult can roll over and suffocate a baby
- Soft bedding, such as comforters or duvets, can cover a baby's head and cause overheating. Babies who get their heads covered during sleep are at increased risk of SIDS.

Dressing Baby for Sleep

Overheating can be a risk for SIDS. Instead of a blanket, use light sleeping clothing for your baby, such as a one-piece sleeper. Blankets can be dangerous if your baby's head becomes covered when he or she is asleep. The bedroom temperature should be kept comfortable for a lightly clothed adult. If the room temperature is comfortable for you, then it is also comfortable for your baby.



A Smoke Free Environment

Studies show that exposure to smoke is a health risk for your baby both before and after birth, and it has been identified as one of the greatest risk factors for SIDS. Create a smoke free environment for your baby before and after birth. Do not let anyone smoke near your baby once he or she is born – **not in the house, the car, or anywhere your baby sleeps or spends time.** If you, your partner, family members or friends smoke, it should be done outside and well away from your baby.

Crib Safety

Cribs made before September 1986 or without a label are not safe for use. They do not meet current standards. It is illegal to sell, import or advertise these cribs. As of 2016 traditional drop-side cribs are also prohibited.

Safety Tips**The Crib:**

- Look for a label on the crib that shows when the crib was made (date of manufacture), a product label (model name or number) and instructions for proper use
- Check the crib often to make sure the frame is solid. Tighten loose screws regularly and check the crib to make sure the sides lock into place

The Mattress:

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

Baby Safety:

- Never tie the baby in the crib and do not let the baby wear a necklace or a soother on a cord around the neck.
- Place the crib away from windows, curtains, blind cords, lamps, electrical plugs and extension cords.
- Bumper pads should never be used
- Babies should always be supervised with toys and bottles

For more information refer to:

<https://www.canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/consumer-education/your-child-safe/sleep-time.html>

In addition:

- Mobiles should be removed from crib as soon as the baby is able to reach and grab them
- As soon as the baby is able to sit up, remove crib exercisers or any toys that are strung across the crib
- Remove any large toys or crib bumper pads that could serve as steps to climb out. Stop using the crib when your baby can climb out.

Parent Child Services**Healthy Babies Healthy Children**

Families with a new baby receive a supportive phone call after being discharged from the hospital from a public health nurse and are offered a home visit.

Families who need ongoing support can receive home visits from a public health nurse and a family support worker.

Nurse Practitioner Clinic

This clinic provides primary health care services to mothers and their children, up to 5 years of age, who do not have a health care provider.

Services include:

- Well baby visits

- Child immunizations
- General woman healthcare

Parent Child Information Centre (PCIC)

Drop by the PCIC and meet with a public health nurse for:

- Breastfeeding Support
- Infant Nutrition
- Growth and Development
- Prenatal and Parenting Resources
- Support and Screening for Postpartum Depression

Monday to Friday
1:00 p.m. – 3:30 p.m.
294 Willow Avenue,
Sault Ste. Marie

Parent Child Information Line (PCIL)

Call the PCIL to register for programs, make an appointment or to speak to a public health nurse.

705-541-7101 or 1-888-537-5741

Monday to Friday

9:00 a.m. – 4:00 p.m.

www.algomapublichealth.com

Immunization: Your Best Protection

Why immunization is important?

When children are immunized, their bodies make antibodies that fight infections. If they are not protected and come in contact with one of the infections, they may get very sick or even die. Vaccination is the best way to protect your child against many serious diseases.

It is important that you discuss your child's immunization schedule with your health care provider. The immunization schedule starts at 2 months of age.

For more information about immunization:

- The Canadian Immunization Awareness Program www.immunize.cpha.ca
- The Canadian Paediatric Society www.cps.ca
- Algoma Public Health Vaccine Preventable Diseases Program at 705-759-5409 or visit www.algomapublichealth.com
- Public Health Association of Canada www.phac-aspc.gc.ca
- Ontario's Immunization Schedule:
http://www.health.gov.on.ca/en/pro/programs/immunization/docs/immunization_schedule.pdf

(Information taken and adapted from Publicly Funded Immunization Schedule Ontario – December 2016)

Questions

The day you come to the hospital to give birth is a very busy time. Therefore if you have ANY questions you would like to ask regarding any information within this booklet write them here to remember:

Some things I would like to know

I think I know, but can you clarify

Best Wishes



For more information, contact:

Sault Area Hospital
Maternal Child Program
Patient Care Manager
705 759-3434 extension 5521