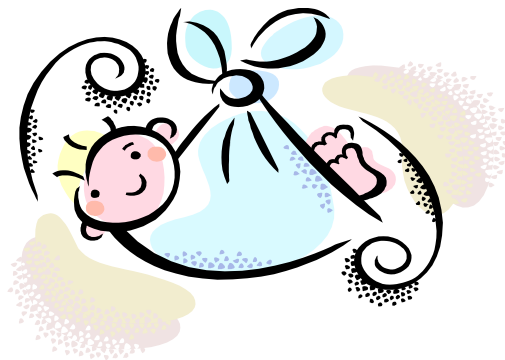


William Osler
Health System

Welcome to Maternal Newborn Services

A Parent's Guide



www.williamoslerhs.ca/havingyourbaby

BRAMPTON CIVIC HOSPITAL

2100 Bovaird Drive
Brampton, Ontario
L6R 3J7
(905) 494-2120 Ext. 56516

ETOBICOKE GENERAL HOSPITAL

101 Humber College Blvd.,
Etobicoke, ON
M9V 1R8
(416) 494-2120 Ext. 33561

PREGNANCY JOURNAL

Week _____

Week _____

Week _____

Week _____

Week _____

Week _____

Week _____

Week _____

Week _____

Week _____

Table of Contents

Welcome to Maternal Newborn Services	1
Prenatal Services	2
Visitors	2
Frequently Asked Questions	2
On Arrival at Hospital	4
What options do I have for pain relief?	5
Epidural Information	6
Induction Information	9
Caesarean Birth	10
Your Baby is born	13
Breastfeeding.....	13
Caring For Mother	15
Post Partum Blues	17
Caring For Your Baby	18
Other Things You Should Know	21
Going Home	23
Car Seat Information	24
Breastfeeding Support Services	25
Frequently Called Numbers	25
Recommended Reading	26



Welcome to William Osler Health System Maternal Newborn Services

Our Family-Centred Care Obstetrical Department

We are pleased you have decided to give birth at our hospital. This handbook has been developed to introduce you to our Obstetrical Department and answer some frequently asked questions about pregnancy and childbirth.

The focus of our care is to recognize your expectations and promote an excellent birth experience for you and your family. We encourage you to take an active part in your care. As a new parent awaiting the arrival of your baby, you may find that there is a lot to learn and remember. We invite you to discuss your care with us and ask us any questions you might have.

Introducing Your Health Care Team

During your stay at William Osler Health System, you will be cared for by a variety of health care professionals who work together to provide you and your baby with the best possible care. The inter-professional team may include registered nurses, registered practical nurses, obstetricians, paediatricians, neonatologists, social workers, lactation consultants, dieticians, physiotherapists, respiratory therapists, spiritual care workers, nurse educators, and clinical nurse specialists

Staff Identification

All hospital staff members wear photo identification badges which should be easily visible. Only staff and physicians wearing William Osler Health System I.D. badges are authorized to care for you and your baby. Do not allow your baby to be taken from your presence, for any reason, by anyone not wearing valid identification. You, or a designated family member, are always welcome to accompany your baby to other treatment areas in the hospital.

Please do not hesitate to ask for more information so we can assist you during your hospital stay.

Prenatal Services

Prenatal Classes

We encourage all expectant parents to access the Gift of Motherhood free online prenatal program on our website www.williamoslerhs.ca/havingyourbaby under the “Preparing for Birth” section.

Attending prenatal classes will help answer some of the questions you may have and prepare you for the birth of your baby. To register for the classes offered at **Etobicoke General Hospital**, please call 905-494-6763. The classes run for six (6) weeks and you would last for two (2) hours, once a week. The cost is \$125.

Classes are also available through the public health departments of your municipality.
Peel Public Health: www.PregnantinPeel.ca Telephone: 905-799-7700.
Toronto Public Health 416-338-7600 publichealth@toronto.ca



Visitors

We realize this is an exciting time for families. For the protection of all mothers and babies, the labour and delivery unit is a locked unit. Everyone is always excited about the arrival of a new baby however, we ask that you please respect visiting hours and limit your visitors.

Be considerate of the other patients. Your hospital stay is a short one and you and the patients around you need this time to rest and be with your baby. In order to protect yourself and your newborn, please make sure visitors are free of any illness such as cough, fever, or diarrhea.

Neonatal Intensive Care Unit (NICU) or Special Care Nursery (SCN)

If your baby needs to be admitted to NICU at Brampton or SCN at Etobicoke, designated family members may visit when a parent is present at the bedside. A maximum of three people may visit at one time. Siblings may visit provided they are accompanied by a parent. Parents may visit 24 hours a day.

Please note: Our obstetrical and newborn areas are secured units and visitors may need to wait for a few minutes for a staff member to provide them access to the unit. You may be asked to sign in or show your parent wrist band on entry.

Frequently Asked Questions

When should I come to labour and delivery at the hospital?

Labour is different for every woman but generally begins with irregular contractions that become longer, stronger and closer together.

You should come to labour and delivery at the hospital:

- When the contractions are regular at five (5) minutes apart and lasting about 45 seconds over the course of one hour.
- When the bag of water surrounding the baby breaks (ruptured membranes) — this can be a little trickle of fluid where you are constantly wet **OR** a big gush of fluid. If in doubt come to labour and

- delivery at the hospital to be assessed.
- If you have soaked a pad with bright red blood please come to labour and delivery at the hospital for assessment. When you are beginning labour you may have a pinkish fluid (sometimes called ‘show’) or some dark brown spotting — this is normal and does not necessitate a hospital visit. If you have had a vaginal exam in your doctor’s or midwife’s office you may experience dark brown spotting, this too is normal and does not mean you need to come to hospital.
- If you notice a decrease in your baby’s movement.
- If you have a fever, severe headache, vision problems or abdominal pain.



Please come to labour and delivery at the hospital if you are experiencing any signs of preterm labour. Preterm labour starts before 37 weeks of pregnancy and may include:

- Abdominal cramping
- Low dull backache or thigh pain
- Pelvic pressure
- Bleeding from the vagina
- A sudden gush or slow leak of fluid from the vagina

Sometimes it is difficult to tell if you are in labour or not. You can call and speak to a nurse for advice. If your doctor is at Brampton Civic call (905) 494-2120 ext. **57975**.

If your doctor is at Etobicoke General, call (416) 494-2120 ext. **33561**. If you have any concerns and are unable to call, see your doctor or midwife at the office or come to labour and delivery at the hospital to be assessed.

How long will I be in hospital?

The average length of your hospital stay is around 24 hours for a vaginal delivery and around 48 hours for a caesarean section.

What should I bring to the hospital?

For mother and support person

- Sanitary pads and underwear, enough for a few days
- Nursing bra
- Housecoat, pyjamas, slippers and socks
- Personal toiletries
- Lip balm, lip gloss
- Snacks and drinks
- Appropriate clothes to wear home
- Watch and pen

You may also wish to bring:

- A pillow. Please cover in a colored pillow case to differentiate from hospital pillows
- Breastfeeding pillow
- Camera and extra batteries
- Music and a personal player (eg. IPOD)

Please note: The hospital does not hand out extra supplies, please bring enough for your hospital stay. We is not responsible for lost or stolen items.

Can I eat or drink while in labour?

When you are at home in early labour you may eat and drink. Having plenty of fluids is important, so drink clear fluids, water, apple juice, ginger ale, clear tea, or suck popsicles. After you arrive at the hospital please check with your nurse before you eat, and based on your progress in labour the nurse will advise you about further eating or drinking. While you are in labour, you may be up walking around — your nurse will ask you to go back to your room every 30 minutes to an hour, so that your contractions and the baby's heart rate can be checked.



Where am I going to deliver?

In most cases, you will deliver in the birthing room. These rooms are equipped with everything that is needed by doctors / midwives and nurses for deliveries.

When am I going to deliver?

Pushing starts when you are fully dilated, (10 centimeters) and you have the feeling to push. There are several different techniques that may be used for pushing. The nurse will help you with the position that is most comfortable and healthy for you and your baby.

If the doctor or midwife has any 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:

- Using a medication to make your contractions stronger
- Using forceps
- Using a vacuum
- Making a small incision in the perineum called a episiotomy (the perineum is the area between vagina and anus)
- Urgent or emergency caesarean section

On arrival at hospital

Etobicoke General Hospital

Please go to the central registration desk at the front entrance of the hospital. You will need to bring your Ontario Health (OHIP) card as well as your William Osler Health System hospital card, if you have one. It is also advisable to bring any extended insurance benefit cards with you.

If you are in active labour go directly to the Labour and Delivery unit located on the 4th Level.

The front entrance of the hospital is closed after 9 pm. To get to the labour and delivery Unit, enter through the Emergency Department, go to the elevators near the main lobby and exit on the 4th Level.

The unit is locked and you will have to press the buzzer to gain entrance.

Brampton Civic Hospital

Using the Snow Elevators near the Emergency entrance, please go to the labour & delivery registration desk located on the third (3rd) floor.

The main entrance is closed after 9 pm. Please use the Emergency Department entrance. The labour and delivery unit is a secured area and you will have to press the buzzer for access.

Triage procedure

After registration, you will meet a nurse and she will ask you some questions. Some important things to remember are:

- When did your contractions start?
- If your water has broken (ruptured membranes), at what time did this happen and what colour was the water?
- If you are bleeding, when did this start, is there any pain at the same time as the bleeding?
(Put on a pad before coming to the hospital so the nurse can assess the amount of bleeding).

Your nurse may have your Antenatal Record which comes from the doctor's office about four (4) weeks before your due date which will answer a number of questions. If your antenatal record is not at the hospital when you arrive, the nurse will ask questions about your health and previous delivery history. You may be asked to wait.

On admission to the labour and delivery Unit

You will be assigned a nurse. She will help you with various breathing / relaxation techniques, provide support and encourage you and your partner during birth and delivery.

- If you have a birth plan please share it with your nurse.
- Your blood pressure, pulse rate and temperature will be assessed on admission and checked regularly during your labour.
- Your baby's heart rate may be monitored regularly via electronic tracing. You will be kept up to date with the progress of your labour. Clear fluids and ice chips will be offered while you are in labour.
- Telephones are in every birthing room which can be used for **outgoing** calls allowing you to keep in contact with family and friends.

Patient Privacy Legislation prevents us from giving information to family and friends who call the hospital to inquire about you and your baby.

What options do I have for pain relief?

Your nurse, anaesthesiologist and doctor will discuss with you the different methods of pain relief available to help you to manage your labour.

Breathing: During contractions use the breathing technique you learned in prenatal classes. Breathe through your nose and blow out through your mouth. Your nurse or midwife can help you with this.

Positioning/Walking: If you can, walking is helpful. It may speed up your labour and helps to relieve backache. Other positions like standing, sitting, kneeling and leaning forward and/or sitting upright also help to relieve backache and speed up labour. Some people find rhythmic movement helpful and will rock back and forth, rub their abdomen, or even tap their fingers during a contraction.

Music: Music is a way of relaxing and providing distraction through your labour. Some people like soft quiet music others prefer quick paced more energetic music. You may want to bring a variety of music that is familiar.

Massage: Massage is another option for pain relief. This can be done with light strokes over your abdomen or more firm pressure over the back, hips, legs, buttocks and arms. It is helpful to use a lotion to help the hands glide over the skin.

Imagery: Some people like to use imagery to help them relax and distract them from the pain. This is something you likely already do when you are in a stressful situation or are having difficulty sleeping. Some people bring in pictures to focus on and other people picture images in their mind.

Heat and Cold: Heat can be used to relax muscles and to distract from pain. You can apply heat by having a bath or shower. Warming gel packs may also be used. We ask that you do not use a heating pad in the hospital. Ice can also be placed on areas over the back, hips, neck, or forehead to provide pain relief.

Narcotic Analgesics: Narcotic analgesics or painkillers are often given in the form of a needle. You will usually feel relief from pain within 20 - 30 minutes. Pain relief will last 2 - 4 hours. Although your pain will not be eliminated, narcotic analgesics can provide good pain relief with low risk of serious side effects. The disadvantages of using these narcotic medications are: pain is not completely gone, they can cause dizziness, drowsiness, hallucinations, nausea and vomiting.

If you take narcotic analgesics, you will have to stay in bed as you may not be able to walk safely. These medications can cause your newborn baby to be sleepy. The drowsy effects can be corrected with an injection of a medication called Narcan®.

Although the disadvantages may sound upsetting, narcotic pain relievers are considered safe for both mother and baby. The side effects are usually easy to correct.

Epidurals

This is an effective and widely accepted method of pain relief in labour. Your doctor can order an epidural if you request it. The anaesthesiologist injects a combination of a local anaesthetic and narcotic medication into a space around the spinal sac (in your back) called the epidural space. It blocks the pain impulses from the uterus and birth canal. It also reduces or eliminates pain in the lower body.

The epidural is given when you are in labour. It provides pain relief during labour and birth and is called a continuous epidural. Although the pain is reduced, the force of the contractions in established labour is not decreased. You will be able to experience the pleasure of childbirth without too much discomfort.

An epidural will not cause drowsiness for you or your baby.

How is the epidural initiated?

- Your partner will be asked to leave the room and you will be asked to sit at the edge of the bed or lie on your side with your knees bent and head flexed forward. This will cause your back to curl. It will also open the space between the bones (vertebrae) in your back. This position will make it easier for the anaesthesiologist to insert the epidural in your back.
- This is a sterile procedure. Your lower back is cleaned with an antiseptic solution. The anaesthesiologist injects a small amount of freezing into the skin over the lower back. It will sting, but only for a second.

- You will feel pressure in your back while the anaesthesiologist carefully guides the needle into the epidural space (a space between the layers of “skin” around your spinal cord). Your nurse will ask you to stay very still. She will also ask you to tell her when you feel a contraction starting.
- When a plastic tube (catheter) is inserted through the epidural needle you may feel a sudden tingling down one leg. If this happens, the catheter has brushed against a nerve. This feeling is similar to what you feel when you hit your funny bone. It does not last long and does not cause any harm.
- The needle is removed and the plastic catheter left in place and securely taped to your back. Medication used for pain relief is injected through the catheter. During the first injection, you may feel a cool sensation over the skin on your back.

Will I be able to push?

An epidural allows you to rest while the cervix is dilating. This will give you more energy for pushing. The epidural can be used to reduce the pain while you are pushing, but it is important that you feel pressure to push effectively. Therefore, your doctor or nurse may reduce the epidural analgesia during the pushing stage of your labour.

Will the epidural harm my back?

Back pain is not usually a problem caused by an epidural. Studies have not shown an increase in long-term backaches after having an epidural. There may be some soreness or bruising at the needle site for several days after the birth. Pregnancy and childbirth may cause backache due to stretching of the pelvic ligaments and changes in posture. This may occur whether or not you have an epidural; it usually goes away on its own.

What are the risks of an epidural?

Most common risks are minor and easily treated.

A drop in blood pressure

Decreased blood pressure can occur after an epidural. To prevent this from happening you will be given fluids by an intravenous (IV) before the procedure and throughout the time you have the epidural. Your nurse will check your blood pressure often after you first receive the medication. You will be encouraged to lay on your side and not flat on your back after the epidural is inserted as direct pressure from the uterus on the blood vessels can cause your blood pressure to drop.

Shivering

Shivering is a very common reaction during labour and birth. This may happen even if you do not have an epidural. Keeping warm will help reduce shivers.

Itching

Itching may happen if narcotics are used. This usually goes away after a few hours.

Difficulty emptying your bladder

Try to empty your bladder often during labour. This will decrease your discomfort. If necessary, a tube (catheter) will be placed into your bladder to drain the urine.

Headache

If the epidural needle punctures the membranes containing the spinal fluid, you may get a headache. It may also happen if a spinal anaesthetic is given. Headaches occur in about one in 200 cases. You can help

decrease the possibility of a headache by remaining as still as possible when the anaesthesiologist inserts the needle. Headaches can be treated with fluids, Tylenol® and bed rest. Sometimes patients may also need extra treatment if the headache continues.

Accidental injection of medication into a vein

This is rare, but may occur. This may cause ringing in the ears, dizziness, and a funny taste in the mouth or blurred vision. Seizures may occur if this happens but they are rare.

High block

This is very rare. If it happens, you will notice numbness in the arms and difficulty breathing for a brief time. Oxygen will help with breathing until the medication wears off.

Rare complications

Obstetrical nurses and anaesthesiologists are available to treat any complications that may occur from the epidural procedure. The most severe complications are also the rarest. The most serious of these is death. This is extremely rare and may occur in less than one in 1,000,000 cases. Another serious rare complication is severe permanent nerve damage. It occurs in approximately one in 1,000,000 cases.

How quickly will the epidural work?

It usually takes about 10 - 15 minutes to perform an epidural. Pain relief is gradual and does not happen right away. You usually feel 2 - 3 contractions before the pain begins to decrease. It takes about 20 - 30 minutes for the epidural to fully work.

Your nurse will stay with you for the first 30 minutes after you are given an epidural. Your blood pressure and the baby's heart rate are checked. Your level of pain will be assessed.

If you are not comfortable after 30 minutes, more medication may be given. On rare occasions, the epidural procedure may need to be repeated if pain relief is not satisfactory.

How will the epidural medication be given?

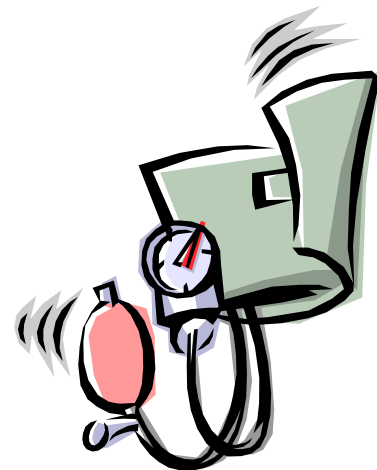
The medication can be given continuously through a plastic tube (catheter) attached to a pump. The anaesthesiologist or the nurse sets the pump at an hourly rate. This way the medication is given at the correct amount over the hour.

If you have patient controlled epidural analgesia, you will be instructed on how to use it. This method allows you to press a button to give yourself an extra dose of medicine if needed. The pump is set up to prevent you receiving too much medication.

You will be asked to spend equal time lying on either side so that the pain relief is the same across the abdomen.

What will I feel after having an epidural?

You should feel considerable relief from pain. You may not even be aware of your contractions after the epidural is given. You may feel a tightening or pressure sensation. Your legs may feel warm and you may have some numbness. You may also feel your legs are harder to move.



Will the epidural slow down labour?

Contractions may slow down for a little while after the epidural is first inserted and will soon return to normal. Labour is not usually longer with an epidural. Many women are surprised that after their pain is relieved, they are more relaxed and their labour progresses faster. Your blood pressure, baby's heart rate and how your labour is progressing will be checked often.

Can the epidural harm my baby?

No. It has little or no direct effect on the baby but may have some effect if your blood pressure decreases. However, only qualified anaesthesiologists do this procedure. They use their special skills and judgment to ensure the safety of both mother and baby.

When can I have the epidural?

There is no set time or degree of cervical dilation that must be reached before you can have an epidural. You may request the epidural when you feel pain or if the methods of pain relief you are using are inadequate. The epidural can run as long as you need it.

Induction of Labour

Induction of labour is the deliberate start of uterine contractions. Some women do not experience a spontaneous or natural beginning to labour. If this happens to you, your doctor or midwife will discuss the reasons for induction and also the method that may be used to start your labour.

Inductions are usually booked in advance. Your doctor or midwife will inform you of the date you are booked. The nurse will call you on your booked day and give you a time when you are to come to the hospital. On arrival at the hospital you will proceed to the labour and delivery unit for your induction.

Prostin or "Gel"

A doctor inserts this medication into your vagina. It is used to help soften and prepare your cervix for the start of your labour. You will be called in, as a bed becomes available, to have this procedure done. You will be put on the monitor to record the baby's heart rate for a period of approximately 1-2 hours. You may then be discharged to return to hospital for a second insertion of gel if your labour does not begin on your first visit.

Cervidil

Cervidil contains a medication that softens the cervix and may start labour. It is placed in the vagina and is attached to a string, similar to a tampon. It remains in the vagina for up to 12 hours OR until labour starts. You will be put on the monitor to record the baby's heart rate for a period of approximately 1-2 hours; you may be required to stay in the hospital.

Oxytocin

Oxytocin is also known as Pitocin. This medication is given intravenously to start or enhance labour. You will be admitted to the birthing unit where you and your baby will be monitored. The medication is adjusted at regular intervals, so your contractions occur regularly until your baby is born.

Foley (balloon)

A catheter (tube) will be inserted into your cervix to help open your cervix. The Foley catheter may be left in your cervix for several hours or even overnight. It may fall out on its own, or be removed during the process of labour induction. Foley balloon catheter has been shown to help start labour.

Caesarean Birth (or C-section)

Not all caesarean births can be planned ahead of time. For some women it may be necessary to have a caesarean section after labour has begun. This is called an **urgent or emergency caesarean birth**.

If you are pre-booked for a Caesarean birth and experience any signs of labour such as, cramps and/or contractions, water breaking/rupture of membranes, bleeding or decreased baby movement, you need to come to the hospital for assessment.

Before your C- Section

If your surgery is elective (pre-booked), you will be given an appointment to come to the hospital 1-4 days before and see a nurse in the clinic to have a blood sample taken. Pre-operative (before surgery) and post-operative (after surgery) teaching is done at this time as well.

The day before surgery

You **MUST** limit what you eat and drink before your procedure to avoid complications during and after surgery. Unless you are told otherwise by your surgeon or anesthetist, you may drink 8 ounces (1 cup) of clear liquids up to 3 hours before your scheduled arrival time. Clear liquids include water, apple juice or any fruit juice without pulp, carbonated beverages such as sprite or ginger ale or coke, black coffee or black tea. Avoid alcohol the day before your surgery.

Do not eat any foods (including gum and candy) or drink other liquids after midnight before your surgery.

- If your surgery is scheduled for 4pm or later you may have a light breakfast before 8am (toast, cereal) and clear fluids until 11am
- Showering is required the evening before and morning of surgery. The use of a Chlorhexidine sponge is highly recommended and available for purchase at the hospital pharmacy
- Follow medication instructions provided by your physician.

The morning of surgery

Please arrive on time at least **2 hours before surgery**. If your surgery is at 8 am, come for 6 am. Please do not wear makeup, and bring a case for any glasses, contact lenses, dentures and removable bridgework. Bring your Ontario Health card.

If your surgery is booked for 8 am at **Brampton Civic Hospital**, please go to the Paediatric/Obstetrical clinic on the 3rd floor, South Building before going to Labour and Delivery. Use the Emergency Department entrance and take the Snow elevators (beside Tim Horton's) to the 3rd level. The clinic is across the hall from NICU. After 8 am, go directly to labour and delivery registration on the 3rd floor.

If your surgery is booked for 8 am at **Etobicoke General Hospital**, please go to the Registration desk in the main lobby before going to labour and delivery. After 8 am, go directly to Combined Care on the 4th level. Take the elevators directly across from the gift shop on the main level.

When you arrive

- The clerk checks you in at the desk and the nurse takes you to a room to prepare you for surgery.
- An intravenous (IV) will be started in your hand/arm to maintain hydration and to provide access for medication.
- A foley catheter (tube) is inserted into your bladder to drain urine and keep your bladder empty during surgery.
- A sample of your blood will be taken (if not already done).
- You will be given medication to reduce the effect of the acid in your stomach.

What kind of anaesthetic will I receive?

Your surgery will be performed under either a spinal, epidural or general anaesthetic. If you are having a general anaesthetic, you will be asleep. Most caesarean sections are done under a spinal or epidural anaesthetic, which means you will be awake when your baby is born but not feel anything during the procedure. During your Caesarean birth, the anaesthesiologist may give you a dose of medication through the epidural or spinal that will help your pain for 12 – 24 hours after your Caesarean birth. This medication is called Epimorph®.

If you have had a general anaesthetic, you will be given pain medication through an intravenous. You may also be given a button to push to give yourself more medication through the intravenous pump when you need it. There are special safety controls on the pump to prevent you from receiving too much medication. Your nurse will explain further if you have this type of pain medication. Most women will also receive a non-steroidal anti-inflammatory (like Naprosyn®) in their anus every 12 hours for pain relief.

The surgery

Your surgery will be approximately one hour. Your support person will usually be allowed into the operating room if you are having a spinal or epidural anesthetic but will not be allowed if you are having a general anaesthetic. After your surgery, you will be taken to the recovery room where you will remain for 1-2 hours before being transferred to the postpartum/combined care unit. Your support person and your baby will stay in the recovery room with you. If your baby requires further observation, he/she will be taken to the Neonatal Intensive Care Unit (at BCH) or Special Care Nursery (at EGH).

After your surgery

You will be able to eat and drink as your body tolerates.

Hygiene

Usually within eight (8) hours of your surgery, you will be assisted to stand at your bedside and walk to the washroom where you will be shown how to take care of your perineum, the area between your anus and vagina. Your bladder catheter will be removed within 12-24 hours following surgery. When you feel steady on your feet, you will be able to take a shower.

Support your incision (your nurse will show you how) when you are getting out of bed because this will decrease the strain on the muscles. Also support your incision with a pillow when you cough or laugh. Your nurse will show you how to do this with your hands or a pillow. If your Obstetrician has used sutures on your incision, they will dissolve on their own. If your Obstetrician has used clips to close your incision, the clips will be removed by your nurse before you are discharged from the hospital or an appointment will be made for you to have them removed at your doctor's office or return to the hospital outpatient clinic.

Your incision will normally be covered by a “see through” dressing called op-site or another dressing chosen by your doctor. The dressing is usually removed from the 2nd to 5th day depending on the type of dressing. When you go home, make sure you keep the incision area clean. Redness and clear pink/yellow drainage is normal from your incision site. If you have a fever or thick, smelly oozing from your incision, or the area around it becomes hard and red, please notify your doctor or midwife.

Pain management after C-section

In the first 24 hours following your c-section you will be offered pain medication regularly. After the first 24 hours it is important to let your nurse know if you are in pain or if you have an upset stomach or itching. It is normal to experience some pain from your abdominal incision. You may also experience “cramps” from the medication given to contract your uterus and as your baby begins to breast feed your uterus may contract causing cramps. Your doctor will order pain medication to make you feel more comfortable during your stay in the hospital. Please be sure to ask your nurse for pain medication before you become uncomfortable. It is important to manage your pain allowing you to mobilize after your surgery.

Analgesics (Pain Relieving Medications) and Breastfeeding

Most women experience some degree of discomfort or pain in the first 48 hours after giving birth. Your health care provider may prescribe pain relieving medications that can be taken safely and pose minimal risk to your baby when breastfeeding if used for a short period of time and taken as directed.

Examples of pain relieving medications:

- Acetaminophen (Tylenol ®)
- Ibuprofen (Advil ®)
- Morphine

Try using the smallest amount of medication that works well to ease your pain:

Tylenol 500mg and Advil 400mg work well when taken together. Both of these medications can be taken every four hours. Physicians may order Morphine (5 mg or 10 mg) for excessive pain and it should not be taken more than twice a day. If you need frequent pain medications, or if pain persists, ask your Doctor for further advice before increasing the frequency and dose of your pain medications.

If you are breastfeeding, in most cases, very little of these pain relieving medications pass through your breast milk to your baby. Most women can continue to breastfeed and no harm will come to their baby.

However, if pain relieving medications are taken in large doses, and too often, it is possible that your baby may be affected by the medications. This is because infants get rid of drugs from their body much slower than adults.

Short term use of standard doses of pain relieving medications are not expected to cause harm; but you should **ALWAYS** monitor your baby for signs resulting from the pain medication passing to your baby through breast milk.

What to watch for:

- Your baby is difficult to arouse for feeding
- Your baby is not waking up for feeding
- Your baby is too tired to feed well
- Your baby's ability or effort to suck effectively decreases
- Your baby has difficulty or unusual breathing

When Your Baby Is Born

An assessment of your baby is completed immediately after birth. You, your baby and your support person are then given identification bracelets, the nurse will check these with you to ensure your name is spelled correctly and the band numbers are all the same. These bands must not be removed until you and your baby are discharged from the hospital. Your baby will be weighed and measured. To prevent bleeding, your baby will be given an injection of Vitamin K. To prevent an infection of the eyes, your baby will be given an antibiotic eye ointment called Erythromycin.

Skin-To-Skin

We recommend your baby is placed skin-to-skin right after birth. Skin-to-skin means that there is no clothing or blankets between you and your baby. Your baby is placed belly down on your chest with the head turned to one side. This helps your baby to clear his/her airway of any mucus. Your baby is kept warm by your body heat. The baby is dried while he/she is skin to skin with you. A hat and warm blankets are placed on your baby to prevent exposure and enhance the warmth from skin to skin.

Babies who are placed skin-to-skin tend to be more successful at breastfeeding, have a greater supply of milk available to them and breast feed longer. Babies who are skin-to-skin tend to cry less and are more content. Babies are born with the ability to suck, but breastfeeding is a learned process that you will both have to practice, early and often. A hormone in you and your baby, released while breastfeeding, gives him/her comfort from pain, encourages bonding and gives him/her a feeling of wellbeing. Your baby's temperature, breathing and blood sugar stabilizes more quickly when skin-to-skin.

If your baby requires further observation, the nurse will take your baby to the nursery soon after delivery, accompanied by your partner/support person. You and your partner can go the nursery at any time to see your baby.

Breastfeeding

- Breastfeeding is the normal and healthy way to feed your baby
- Breastmilk helps with brain growth and prevent illness
- It is a great way to have a special bond with your baby
- Breastmilk is always safe, fresh, and the right temperature
- Skin to skin right away helps calm baby, maintain temperature, helps with breathing and blood sugar
- Breastfeed early and often-the more you breastfeed, the more milk you will have
- We support only breastmilk for baby as long as there is no medical issue
- We offer a daily breastfeeding class and there are many supports for you after you go home

Medication and breastfeeding

Any medications you take, including supplements and herbs, can transfer to your breast milk. In most cases, small amounts of medication are ingested by your baby through breast milk and it is safe to continue breastfeeding. Some medications transferred from your breast milk to your baby are not safe for your baby and we recommend you express milk and discard it down your sink until you have completed the course of medication. Please ensure that your healthcare provider is aware you are breastfeeding and discuss all the medications you are on to determine which are safe for your baby. For more information on medications and breastfeeding, contact **motherisk** at 1-877-439-2744 or speak with your lactation consultant.

If your baby shows any of the above signs:

- Stop taking the medication
- Call or go see your doctor immediately
- In discussion with your doctor or lactation consultant, you may need to throw away any milk you have collected.

If you notice any of the above signs in your baby and are unable to reach a physician, take your baby immediately to a hospital emergency department.

Safety Tips:

- Let your pharmacist or doctor know you are breastfeeding
- Talk to your pharmacist or doctor about taking the safest medication for your baby
- Only take medications / herbal supplements that are necessary
- Use the smallest amount of pain medication needed for pain relief
- Do not take pain medication if you are not having pain

For more information on breastfeeding and prescription or over the counter medication call Motherisk: (416) 813-6780 (<http://www.motherisk.org>).

Breast pump

Breast pump kits can be provided when needed for use while in hospital and breast pumps can be purchased at the Rexall© Pharmacy on the main level at Brampton Civic Hospital or the Gift Shop at Etobicoke General Hospital. Local pharmacies in your neighbourhood can rent breast pumps. Check with your nurse or lactation consultant for updated information.

Sometimes it is more helpful in the first few days to hand express colostrum for your baby. Ask your nurse or lactation consultant to learn more.

Research has shown breast milk is the optimal food for infants:

- Promotes optimal growth and development.
- Lower rates of obesity and incidence of diabetes – types 1 and 2
- Lower risk of developing chronic disease in adulthood
- Lower incidence of Sudden Unexplained Death Syndrome, childhood leukemia, and asthma
- Lower morbidity & mortality rates (e.g. gastroenteritis, respiratory illness, and otitis media)

We recommend that you start breastfeeding soon after birth in the birthing room. This is the best time because your baby will be alert and ready to start suckling. Breast milk is usually all your baby needs for the first 6 months of life. Nurses and lactation consultants will support your efforts to breast feed. If a

Caring for Mother

While in hospital and at home

You and your baby will only remain on the mother and baby unit for a short period of time (24 hours if you delivered vaginally and 48 hours if you delivered via c-section). We would like to share with you information to assist you in looking after yourself and your baby while you are in the hospital and when you go home. It is very important that you take good care of yourself. Rest is very important after your baby's birth, and caring for your baby places extra demands on you emotionally and physically.

Vaginal bleeding

You will be bleeding from your vagina after the birth of your baby. For the first three days after delivery you may have dark red bleeding that is called lochia. It is like a heavy period. From the 4th –10th day, the bleeding is less and brownish in colour. Your bleeding will decrease in amount and will change in colour from bright red to pink to brown over 3 – 4 weeks. While you are in hospital, if your bleeding becomes heavier or you pass clots, please tell your nurse. When you go home, if you soak one pad per hour, or the discharge has a foul odour or causes itching, please notify your doctor or go to the emergency department.

During the next month if the bleeding becomes heavier or you pass clots inform your doctor or midwife.

Notify your doctor or midwife if:

- You soak one pad per hour with blood or lochia
- Your vaginal bleeding or discharge has a foul smell
- You develop itching around your vagina
- You develop a fever

Uterus

During the first twelve hours after delivery you may still feel moderate to strong contractions as your uterus begins to return to its non-pregnant state. Your uterus will feel like a small, hard grapefruit just under your umbilicus (belly button) and will gradually become smaller day by day. Cramping and “after pains” are common whether you had a vaginal delivery or caesarean section.

Perineum

The perineum is the area between your vagina and anus. Following delivery, your perineum may be bruised and swollen. It may also be painful if you have had stitches. Ask the nurse for an ice pack for your perineum to help you decrease the swelling for the first 24 hours. Leave the ice pack on for 20 minutes at a time. It is essential that your perineum remains clean and free from infection.

During your stay in hospital, your nurse will show you how to clean your perineum. Always wash your hands thoroughly before and after doing perineum care and after using the toilet. After going to the toilet fill your plastic 'peri' care bottle with warm water and rinse your perineum and stitches. Using toilet paper to dry your perineum from front to back, change your pad every time you use the toilet. To prevent infection, do not touch the inside of the pad with your fingers.

NOTE: Please tell your nurse if you have any difficulty passing your urine or if the pain from your stitches worsens.

Pain management – following vaginal delivery

“After pains” are caused by occasional, irregular uterine contractions as your uterus returns to its normal size. “After pains” are often felt more by mothers who have had other children and may be painful for the first 2-3 days after delivery. Breastfeeding mothers may also find that “after pains” occur while feeding their babies.

You may find it helpful to take pain medication before you breastfeed your baby and also at bedtime if the “after pains” interrupt your sleep.

Bowels

Normal bowel function will return after a few days. If you do become constipated, increase your fluid intake especially water, milk and fruit juices. A high fibre diet, including fruit, vegetables, bread and cereals, will also encourage normal bowel function.

Haemorrhoids

Haemorrhoids are swollen veins around the anus, which may be very painful after the delivery. While in hospital please ask your nurse for Tucks and haemorrhoid cream. Resting on your side rather than sitting will relieve the pressure on the swollen veins. If you are breastfeeding, ask your nurse to teach you how to feed in a side lying position. When you go home eat a high fibre diet and increase your fluid intake. You may also receive a mild laxative before you go home or take Milk of Magnesia -- one ounce, twice per day.

Sitz baths

A sitz bath is a portable plastic basin that rests on the toilet bowl and allows you to bathe your perineum and your stitches with warm water. The bath helps to clean, heal, and soothe your sore perineum.

Breasts

Engorgement, when your breasts become hard, swollen and painful, is a temporary condition and can be prevented by frequent breastfeeding. It is caused by an increase in blood and lymph fluids to your breasts, allowing for production of milk and usually lasts for a day or two. Please seek help if you are breastfeeding. For non-breastfeeding mothers, the application of cold cloths or crushed ice packs to your breasts for 20 minutes will relieve the pain and reduce the swelling. It is important that you wear a well fitting bra for support and comfort.

Diet

By following Canada's Food Guide, you will maintain a healthy diet. Continue to take the remainder of your pre-natal vitamins.

Menstruation

If you do not breast feed your baby you can expect to have a period within 6-8 weeks. The first menstrual flow tends to be heavy and may contain clots. Your second period should be more or less normal. Breastfeeding mothers may find that their first period is delayed. Please remember that breastfeeding is not a reliable method of birth control. You may still become pregnant even though your menstrual period has not returned. Your midwife or physician may discuss birth control with you at your postpartum appointment.

Exercises

Exercise after having a baby helps strengthen your abdominal and pelvic muscles, promote blood flow through your body, increase your energy level and prevent problems such as back strain. Check with your doctor, midwife or 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 one (1) or two (2) exercises once a day, work up to doing more exercises as you feel stronger. Relax and stretch before and after each exercise. **STOP if you feel pain**— 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.

Kegel Exercises

Pelvic floor muscles can become weakened during pregnancy and childbirth. It is important to identify the proper group of muscles. Try to stop and start the flow of urine when you are sitting on the toilet. If you can do it, you are using the right muscles. Kegel exercises are easy to do and can be done anywhere without anyone knowing. Once you've found the right way to contract the pelvic muscles, squeeze for 3 seconds and then relax for 3 seconds, 10 – 15 times. Try to do this at least 3 times a day to strengthen your pelvic floor muscles.

Postpartum Blues

Up to 80% of new mothers experience symptoms of crying, irritability, mood changes or an inability to think clearly around the second to tenth day after birth. The source of the symptoms is unknown, although some suggest they may be related to the responsibilities of parenthood, sleep deprivation, and hormonal changes caused by returning to the non-pregnant state. These feelings are normal and should gradually improve.

Postpartum Depression and Anxiety

Over 20 % of all postpartum women experience postpartum depression or anxiety (PPD) disorders. If not dealt with or ignored, these disorders can have a negative effect on the health and well being of the entire family. These symptoms are not a woman's fault nor is she to blame. With appropriate treatment, a full recovery can be expected. The earlier this problem is diagnosed, the speedier the recovery.

If you are having some of the following symptoms, lasting for more than two weeks, you may be suffering from a postpartum mood or anxiety disorder and need to seek medical attention:

- Chronic exhaustion – not going away even if you do get a few nights uninterrupted sleep
- Extreme irritability, frustration or angry feelings
- Feelings of hopelessness or no hope for the future
- Trouble sleeping – even when baby is sleeping
- Loss of appetite or extreme gain in weight

- Difficulty concentrating or remembering things
- Excessive worries about your baby's health or your own – even after your doctor has assessed you both
- Crying for no reason
- No interest or pleasure in your baby

Postpartum Sexuality

Speak with your physician about when to resume normal sexual activity, usually 6-8 weeks after delivery. Ensure you are using appropriate birth control, if desired.

Many couples find that adjusting to their new responsibilities and roles as parents may lead to changes in their sexual relationship. Therefore, it is important that you and your partner discuss how parenting is affecting your lives, your sexual response to each other, and your feelings and needs. These changes last about two to three months after which sexual responses gradually return to what they were before the pregnancy. Patience, understanding, and open communication are important in finding satisfying ways of expressing your sexuality with your partner after childbirth.

Caring for Your Baby

While in hospital, it is not necessary to bathe your baby but can be done upon request.

Bathing your baby

Give your baby a sponge bath or tub bath but air-dry the cord after each bath. Do the bath in a warm room free of drafts, on a high surface that does not force you to bend over. Bath your baby at least 1 ½ to 2 hours after a feeding or just before the next feeding as the activity of the bath may make your baby spit up if he/she has fed recently. **Never** leave your baby unattended during the bath as he/she can wiggle or roll off the surface you are working from. The following steps are useful guidelines as you learn to bathe your baby. You may change these slightly to suit what works best for you and your baby.

Get your supplies ready

You will need a towel or two, a face cloth, a very mild soap, a clean diaper and clothes, supplies for the cord care, and a basin of water that feels warm to your elbow or inner wrist. You may use mild soap or a baby shampoo to wash the hair.

Washing your baby's eyes and face

Using a tip of the face cloth, wipe across one eye from the corner at the nose to the outside near the cheek. To prevent the spread of germs from one eye to the other, use a separate corner of the face cloth for the other eye. Wash the rest of the baby's face with the face cloth. Pat your baby's face dry. Clean your baby's ears with the face cloth. **Do not use a Q-tip to clean the ears or nostrils,** as these tend to push wax and discharge back into the ear or nose.

Washing your baby's body

Lay your baby on a towel on the change table on his/her back. Wet the upper body, arms, neck, and legs. Lather soap on your hands and wash these areas. Be sure to wash and dry the folds around your baby's neck and the creases under his arms. Look for bits of fluff between the toes. Rinse the soap off and dry well. Turn your baby on his/her stomach. Wet, wash, and rinse the back. Some babies enjoy long smooth strokes

down their back like a back rub. Dry your baby's back well. Do not be concerned if your baby starts to cry, as many babies feel insecure when they are undressed.

Shampoo your baby's hair

Wrap your baby in a blanket. While holding your baby firmly in the football position with his/her head over the basin, use your free hand to wet your baby's hair. Lather the baby's hair using either a mild soap or baby shampoo. Rinse your baby's hair thoroughly and rub it dry. Wash your baby's hair every 3 or 4 days.

Washing your baby's genitals

FOR LITTLE GIRLS - Cover your finger with the wash cloth and wash from front to back. Do not try to scrub away the creamy, cheese-like material that may be between the labia. You may notice some mucous discharge with blood on it. This is normal and results from your daughter receiving some of your hormones at birth. It will only last a few days. Wash and dry your daughter's buttocks and anal area.

FOR LITTLE BOYS - You should wash his penis with the washcloth. Never pull back on the foreskin, as this may be harmful. Your son's foreskin will gradually pull back on it's own as he grows.

**It is important to always wash your hands
before you care for your baby and after
diaper changing.**

Dress your baby

Put your baby's diaper on first and tuck below cord to air dry. Put your baby's shirt on next and bundle your baby. Feed your baby now if he/she is hungry. You can clean up your bath supplies later.

Cutting your baby's nails

When babies are born, their nails tend to be soft and must grow out far enough from the skin so that the skin is not cut by mistake. Therefore, fingernails usually are not cut for a few days. To cut your baby's nails, use blunt nail scissors, and cut the nail straight across as you hold the skin away from the nail. To make sure your baby does not get his/her other fingers in the way, put your hand around your baby's fist, extend the finger with the nail you are going to cut over your index finger, and hold it firmly in place with your thumb. Some parents find it easier to cut fingernails when their baby is asleep. If your baby is scratching his face, you can use the fine side of an emery board to smooth the nails.

Cord care

After the birth of your baby, the cord will be soft and creamy white in colour. The cord shrivels and becomes black in colour over the next few days. The cord usually falls off with the clamp about 5 to 10 days after birth. To help your baby's cord dry and also to prevent infection, dry the cord after bathing baby or if it becomes wet during a diaper change. Occasionally, as the cord separates, it may leave a raw area, which may result in a small amount of blood spotting. This is quite normal. If the cord becomes red or you notice an odour or yellowish discharge from the cord, please tell your nurse, midwife or doctor.

Diapering

Wash and dry your baby's bottom each time you change his/her diaper. Make sure you clean and dry the creases and folds. Remember to use a barrier cream such as Vaseline on the diaper area only when reddened. For boys, point the penis downward when applying diapers. The use of powder and baby oil on

babies is not recommended.

Bladder and bowel function

Your breastfed baby should have at least 2-3 wet diapers in the first 48 hours after delivery. By the fifth or sixth day, baby should have at least 6-8 wet diapers per day. Babies who are formula fed will have more wet diapers during the first 5-6 days. Bowel movements vary with each baby but it is normal for your baby to have two (2) or more bowel movements each day. The colour will change from black to dark green to yellow by the fourth day. Breastfed babies tend to have seedier, looser bowel movements while the bowel movements of formula fed babies are more solid.

Circumcision

If you wish to have your baby boy circumcised, please discuss this with your baby's doctor. This procedure is not covered by OHIP therefore a fee for service does apply. You will be given instructions by the doctor on how to care for your baby's penis after circumcision.

Blood tests

Newborn screening programs identify a range of disorders in infants. Early detection means children can be treated sooner, helping reduce the chance of serious health problems later in life. The government has expanded screening tests for 27 rare diseases. Your baby will have a heel prick blood sample taken before discharge and all results will be sent to your doctor's office. Your doctor midwife or nurse can give you more information.

Hiccups

After your baby has been fed, hiccups are quite common during the first few weeks. They do not harm your baby. Quite often they disappear if you have your baby feed a little longer.

Jaundice

Jaundice is a common occurrence in newborns. It usually begins after 24 hours after birth and can continue until one week of age. If your baby becomes jaundiced, you will notice that his/her skin becomes dry with a yellow tinge and the whites of the eyes may also become yellow.

You may also notice a decrease in both urine and bowel movements. It is important to note how often your baby is passing urine and stool. Prior to going home from the hospital your nurse may check your baby's jaundice level through a blood test. Jaundice can make your baby sleepy making it difficult to wake a baby for feeds. It is important to breastfeed your baby every 2-3hours throughout the day and night until regular bowel movements are established. At any time if you think your baby is showing signs of jaundice, notify your nurse, midwife or doctor, or go to the hospital's emergency department to have the jaundice levels checked.

Newborn rashes

During the first few days after delivery, you may notice small white spots with a surrounding red area on your baby's skin. They usually appear for about a week and will disappear on their own. If you have any concerns, see your doctor. Baby facial "acne" is common.

Hair on the Body

At birth some babies will appear to have excess hair. This fine hair is called lanugo. This hair will fall out over the next few months.

Sleep

It is recommended that you place your baby on his/her back when sleeping. Do not place your baby on his/her tummy to sleep. The amount of sleep your baby requires will vary. In the first week of birth it is important to wake your baby for feeds every 3-4 hours. Most babies do have “fussy” periods, occurring more frequently in the evening and at night. The pamphlet “Back to Sleep” will give you more information; your nurse can give you a copy or you can visit the sudden unexplained death syndrome website: <http://www.sidscanada.org>.

Whose advice is right?

During the next few days and weeks, you are likely to receive lots of advice from well-meaning family, friends, and neighbours. In fact, you may be given different suggestions for the same problems or situations.

However, babies are different and what has worked for one baby may not work for another baby. With time you will get to know your baby and will come to understand his/her behaviour and what techniques work for him/her.

Other Things You Should Know

Room upgrade

Depending on your insurance coverage there will be an additional fee if you wish to upgrade from OHIP to semi-private or semi-private to private.

Private rooms cannot be booked in advance and are assigned on a first come, first serve basis. Please inform the registration clerk when you are admitted if you wish a private room.

Guidelines for support person staying overnight

Staying overnight with the mother and the new baby supports family centred care. You are asked to stay in your room after 11 pm for infant security reasons and the comfort of mothers who are up going to the kitchen. You are expected to wear proper attire for the hospital. We suggest jogging pants or pyjamas and slippers. Meals are not provided for support people. The cafeteria is available for meals during the day. Please see hours of operation posted on the main floor, close to the elevators. Vending machines offering soft drinks and snacks are also available in the cafeteria and adjacent to elevators throughout the hospital. There are three Tim Hortons® located on the main level of the hospital at BCH and one café serving Tim Hortons® coffee at EGH.

Baby Registration and Child Tax Credit

Before discharge, you will receive information on how to complete the online birth registration and child tax credit.

Ontario Health Card for baby

Your baby will be given a temporary Health Card before you go home. You will need this temporary Health Card when you visit your baby's doctor. A permanent card will be sent to you at a later date.

Additional costs during your hospital stay

Telephone: There is a small telephone charge per day during your hospital stay, even if you do not use the telephone.

Television: If you wish to view the television channels, there is a charge per day. Internet access is also available at a separate charge, during your stay at Brampton Civic Hospital.

Parking: Parking is available in visitors' parking lots surrounding the hospital. Parking is charged at an hourly rate and is paid at hospital entrances before you return to your car. Weekly and day passes are also available through the parking authority at both sites.

Do not leave your car at the main entrance door. This is a fire route and your vehicle may be ticketed and towed.

Kitchen Facilities

A patient kitchen is available, including refrigerator, microwave and an ice machine. Please put your name on any food items placed in the fridge.

Social Worker

A social worker is available if you wish to discuss family concerns, financial stress or emotional problems. Please ask your nurse to contact the social worker on your behalf.

Gift Shop

The Gift Shop is located on the main floor. The shop has a large and varied stock, including many baby items and breast pumps.

Telephone

To make local calls, please dial 9 first and then your number. For long distance calls you will need a calling card or you can call collect. Please dial 0 for operator assistance.

Latex Balloons and No-perfume Policy

Latex Balloons are **not allowed** since some people may have a severe allergic reaction to latex. Patients, staff and visitors are requested to avoid using perfume, after shave, cologne or other scented personal care products when in hospital since some people may be allergic to these products.

Cell Phones

You may now use cell phones in most areas of the hospital including the main lobby, cafeteria, most patient rooms, patient waiting areas and the Emergency Department waiting room. These devices are not to be used in Neonatal Intensive Care Unit (BCH) or Special Care Nursery (EGH).

Smoke-Free Policy

Smoking is not allowed anywhere on Osler property including parking lots, garages, vehicles and exterior walkways, in addition to all hospital facilities and offices. Please refer to our Smoke-Free Policy pamphlet for more information. If you find it necessary to leave the property to smoke, please tell your nurse when you leave and on returning to the unit.

Going Home

Discharge home

For a vaginal delivery you will stay about 24 hours after the baby is born. For C-section you will stay about 36-38 hours after the baby is born. Please arrange for someone to pick you up at the appropriate discharge time with an assembled car seat. **It is mandatory that your baby travel in a properly fitted, CSA approved car seat.** The nurse will check that your baby is properly strapped in prior to discharge (see Car Seat Safety pamphlet). The person picking you up should come to Postpartum at BCH and Combined Care at EGH, as you will require assistance in carrying your personal belongings to the car. Checking out can be done with the unit clerk. Your baby should have an appointment to be examined by the doctor usually 48 - 72 hours after discharge and you should book your six week follow-up appointment with your doctor as soon as possible.

Check with your nurse if you wish to be discharged after 10 pm. If you are going home earlier than 24 hours, the nursing staff will give you instructions to see your family doctor or midwife for a follow-up visit within 48 hours after discharge. The doctor or midwife will check with you about your baby's feeding and the number of wet diapers and stools. Do not hesitate to contact your doctor or midwife if you have any concerns.

Before you leave the hospital, please check that you have the following:

- Temporary *Ontario Health Card* for baby
- *Child Tax Credit* and *Birth Registration* forms
- Discharge summary sheet to take to your baby's doctor
- Prescription from your doctor, where required
- Appointment for follow-up breastfeeding clinic
- Telephone number of your doctor or midwife to make an appointment for your baby to be seen within 48 hours of discharge
- Car Seat that meets the Canadian Motor Vehicle Safety Standards

Clothes for Mother

Loose fitting clothes appropriate for the season, flat shoes.

Clothes for Baby

Clothes appropriate for the season, undershirt, sleeper, hat, blanket, socks, mittens (optional).

Instructions for Installation and Use of Infant Car Seats

It is the law that you must have an approved car seat.

1. The right type of car seat

The car seat should be a rear-facing type, with a 45° angle. Rear-facing restraints are designed to avoid any stress to the neck and back and to keep the infant's head from falling forward and possibly cutting off the airway in a collision.

These seats are recommended for infants from birth until one year of age or to recommended weight and height limits for each seat (see car seat manual). The restraint system should have a CMVSS (Canadian Motor Vehicle Safety Standard) label and Transport Canada recommends not using a restraint that is 10 years or older.

NOTE: Some car seat manufacturers now put an expiry date on their products or in their instructions.

2. There are three important steps to ensure that infants are safe in their car seat:

- Correctly putting the infant in the car seat.
- Correctly strapping the infant in the car seat.
- Correctly securing the care seat in the vehicle.

NOTE: Parents need to read and familiarize themselves with both the car seat instructions and the vehicle owner's manual.

3. Correctly putting the infant in the seat:

- Infants back and bottom should be flat against the car seat back.
- Harness should be at or slightly below the shoulders and across the hips
- Harness straps must lie flat.
- Harness straps must fit snugly (no more than 1 finger between harness straps and collarbone.)
- Do not place extra padding between the infant and the back of the car seat. (A rolled up hand towel can be used to keep the infants head from flopping from side to side.) Additional padding, such as heavy snowsuits, will prevent the harness straps from performing effectively in the event of a collision.

4. Correct installation of the car seat in the vehicle.

- Parents need to read their vehicle owner's manual regarding the correct installation of the car seat.
- The rear-centre seat is the safest seat for the car seat (if there is no fold down arm rest). Rear-facing seats should **never** be installed in front of an active airbag. Parents should make sure the rear-facing seat is at a 45 degree angle.
- Some seat belt systems require the use of a locking clip – check the vehicle owner's manual. The seat belt has to be routed through the correct path for rear-facing.
- The seat has to be installed tightly with no more than an inch of movement from side to side.

For more information on car seats, please call Transport Canada toll free at **1-800-333-0371** or visit their web site at www.tc.gc.ca/roadsafety/ .

Providing feedback on your care

Once you return home, you may receive a patient satisfaction survey by mail from NRC Picker Canada. This independent research company is used by Ontario hospitals to survey randomly selected patients for opinions and feedback about the care and services they received. This is an anonymous and confidential process, and no one at Osler will ever know which patient has answered. If you receive the survey, we encourage you to fill it out and return it. Your participation will have an impact on the care that we provide and the lives of those we serve. In addition, two days after your discharge, you may receive a telephone call from hospital staff to ask about your stay. If your baby stayed in the Neonatal Intensive Care unit (BCH) or Special Care Nursery (EGH) you will also receive a telephone call from hospital staff to inquire about his/her care.

Frequently called numbers

Breastfeeding Support Services for New Parents

William Osler Health System, in partnership with your community, has provided the following list of support programs and services. Please call any of the numbers listed below if you have any questions or require help after your discharge from hospital.

Hospital Outpatient Services

Brampton Civic Hospital
(905) 494-2120 ext 50076

Etobicoke General Hospital
(416) 747-3400 ext. 32303

Headwaters Health Care
Centre (Orangeville)
(519) 941-2410 ext 4621

Trillium Health Centre
(905) 848-7653

Milton District Hospital Breastfeeding Clinic
(905) 878-2383 ext 7610

Community Breastfeeding Supports

The Doctors Breastfeeding Clinic
www.drbc.net
1-888-807-0650
(289) 233-1957

Rexdale Community Health Centre
www.rexdalechc.com
(416) 744-0066

La Leche League Canada Support Group
www.lllc.ca
(416) 483-3368 or 1-800-665-4324

Motherisk (Medication and Breastfeeding Information)
<http://www.motherisk.org/>

Public Health Services

Public Health Nurses (PHN) are available in the community to support families to adjust to the birth of a new baby. The PHN can answer questions on the phone or arrange to visit you at your home. Your nurse can give you information on:

- Care, growth and development of your baby
- Breastfeeding or bottle-feeding concerns and questions
- Postpartum groups or finding new mothers' groups, day care, and other community resources that you might need
- Choosing cribs, toys or car seats, family planning
- Helping your children adjust to a new baby

Coping with postpartum blues

Peel Public Health

(905) 791-7800

www.breastfeedinginpeel.ca

Walk-in breastfeeding clinics (Monday-Friday, 8:30-4:30pm)

Bramalea Civic Centre
Parkways West Plaza
Meadowvale Town Centre

Toronto Public Health

(416) 338-7600

www.toronto.ca/health/breastfeeding

Telephone support and home visits
Mon. – Fri. 8:30 a.m. – 4:30 p.m.

Halton Region Public Health

www.halton.ca/health

(905) 825-6060

York Region Public Health

www.york.ca/breastfeeding

1 (800) 361-5653

Wellington-Dufferin-Guelph(Orangeville) Region

www.wdgpUBLICHEALTH.ca

1-800-265-7293 ext. 3616

Recommended Reading

Healthy Beginnings – Your Handbook for Pregnancy and Birth, 4th Edition (2009) Society of Obstetricians and Gynaecologists of Canada

Other Supports

Telehealth Ontario: 1-866 797-0000

A telephone help line answered by a registered nurse 24 hours a day, 7 days a week.

Pregnancy and Infant Loss Network: 1-888-301-7276

For parents experiencing any pregnancy loss.

Mood Disorder Association of Ontario (416) 486-8046

The “Baby Blues” - When They Won’t Go Away, help women and their families cope with Post Partum Depression

Poison Information Centre: (416) 813-5900

Region of Peel Public Health Assault: (905) 799-7700

For information on women’s abuse or family violence.

Peel Postpartum Family Support Line: (905) 459-8441

This service will answer any questions or concerns you may have after you and your baby go home.

www.williamoslerhs.ca/havingyourbaby

Form # 8600-184-22/09/16

