



WELCOME TO THE ROSS MEMORIAL HOSPITAL'S WOMAN & CHILD PROGRAM



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OUR GOALS

Our goal, when caring for you and your family, is to:

- Provide 24 hr rooming in—your baby remains with you and your family at your bedside.
- Encourage your support people to stay with you over night.
- Encourage you to choose how you want you, your baby, and your family to be cared for.
- Help you and your baby to be physically healthy.
- Support you as you learn about caring for your new baby.
- Assist you to learn how to feed your baby.
- Support you in your role as a parent.
- Provide you and your family with information on the health care your baby will need once you leave the hospital.



LENGTH OF STAY

The usual length of stay is 24 - 48 hrs for a vaginal delivery and 2 to 3 days for women who have caesarean sections. During this time, the nurses and doctors will ensure that you and your baby are healthy and your baby is feeding well before discharge. Your support person is more than welcome to stay with you overnight to help you care for your new baby.

VISITORS / VISITING HOURS

Visitors are welcome during regular hospital visiting hours from 11:00 a.m. to 1:00 p.m. and 5:00 p.m. to 8:00 p.m. daily. The visiting hours are flexible on the maternal newborn unit, and are open for you to decide if you want visitors. We recommend you and your family take adequate rest periods each day. This will give you the opportunity to bond with your newborn, plus the time and energy to learn about caring for your new baby. Unlike other units in the hospital, children, brothers and sisters under 12 are allowed to visit. Please remember not to visit if they are ill.

PUBLIC HEALTH

When your baby arrives and after you return home: The Healthy Babies Healthy Children program is a free, confidential and voluntary program for pregnant women and families with children up to age six. A public health Nurse will phone within a few days after your hospital discharge to see how you are doing. Home visits are offered to all mothers to help support your family in making a healthy adjustment in the first few weeks after having your baby. Lindsay (705) 324-3569
Hailburton (705) 457-1391 or 1-866-888-4577



NURSING MOTHER'S DIET

WHAT SHOULD I EAT WHEN I'M BREASTFEEDING?

Enjoy a variety of healthy foods in the amounts recommended by [Canada's Food Guide](#).

Many mothers who breastfeed need 2 to 3 extra servings of food each day, such as:

- fruit and yogurt for a snack; or
- an extra slice of toast at breakfast and an extra glass of milk at dinner.
- Drink plenty of fluids and choose water most often.
- Low fat milk is also a healthy choice and helps you get enough calcium and other nutrients you need.
- Breastfeeding mothers should also continue with a multivitamin containing folic acid and iron.

Breast milk is the best food for your baby even if you are not able to follow the food guide every day.



NUTRITION AND WEIGHT LOSS

Trying to lose weight right after having a baby is not wise. You will need food to give you the energy to care for yourself and your baby. Follow a nutrition plan such as Canada's Food Guide and start with simple activities, such as walking. Discuss weight loss with your doctor or dietitian, if needed.

Recommended Number of Food Guide Servings per Day									
Age in Years Sex	Children			Teens		Adults			
	2-3	4-8	9-13	14-18		19-50		51+	
	Girls and Boys			Females	Males	Females	Males	Females	Males
Vegetables and Fruit	4	5	6	7	8	7-8	8-10	7	7
Grain Products	3	4	6	6	7	6-7	8	6	7
Milk and Alternatives	2	2	3-4	3-4	3-4	2	2	3	3
Meat and Alternatives	1	1	1-2	2	3	2	3	2	3

The chart above shows how many Food Guide Servings you need from each of the four food groups every day.

Having the amount and type of food recommended and following the tips in *Canada's Food Guide* will help:

- Meet your needs for vitamins, minerals and other nutrients.
- Reduce your risk of obesity, type 2 diabetes, heart disease, certain types of cancer and osteoporosis.
- Contribute to your overall health and vitality.

Adapted from the Canada food Guide (2007)



EXERCISE

POSTURE AND FIGURE CONTROL

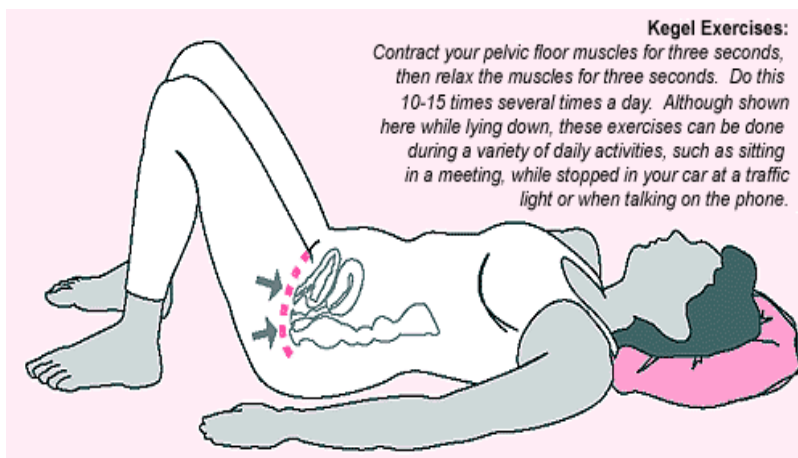
During pregnancy, muscles and ligaments stretch and joints loosen, in order to supply room for the growing baby. After the birth, your uterus will return to its original size in about 6 weeks' time. You will need to exercise to return your other muscles to their former size and function, too.

Start now with two simple exercises:

1. Get moving: Get out of bed soon as possible after the birth.
2. Kegel Exercise: Squeeze your pelvic muscles as if to stop the flow of urine. See the picture below.

These exercises will help you:

- Get back your strength
- Increase blood flow through your legs and prevent blood clots from forming
- Tone your stomach and pelvic muscles
- Decrease back discomfort





PERINEAL CARE

Always wash your hands before and after going to the bathroom. Change your pad every time you pass urine or stool. Clean your bottom (or perineal) area every time you go to the bathroom by using the squirt bottle given to you. Warm tap or well water will do. Squirt the water around the perineal area, pat dry from front to back and apply a pad and panties. Please call your nurse to help you to the bathroom the first time. If you feel dizzy afterwards, call for help.

HOW DO I CARE FOR MY STITCHES?

Any stitches you received in your bottom after a vaginal birth will dissolve by themselves within two weeks. Continue to clean the perineal area after passing urine or having a bowel movement until your perineal area is healed.

ICE PACKS

Your nurse may give you a covered ice pack to put on your bottom after the birth. Leave it on for 20-30 minutes, then throw it away. Apply a new ice pack when you change your pad. You can do this as often as you like in the first days after the birth. The ice pack will help decrease swelling in your bottom and increase comfort.



BOWEL / URINE / HEMORRHOIDS

BOWEL MOVEMENTS

Your pattern should return to normal in three days. To prevent constipation, get up and about, drink lots of fluids and eat foods such as fruits, vegetables and whole grains. Continue taking your stool softener until your first bowel movement.

PASSING URINE

You may experience some discomfort the first few times you pass urine. You may have difficulty passing urine because your bladder has been stretched from labour or birth. Try running tap water or using the squirt bottle to stimulate the flow of urine. Try to go to the bathroom every few hours. A full bladder should be avoided. If you still cannot pass urine or have lots of pain when you try, speak with your nurse or doctor.

HEMORRHOIDS

If you develop hemorrhoids, your nurse may give you some medicated ointment or witch hazel pads (Tucks) to place on them. You may find an ice pack or warm bath will also provide comfort. If your hemorrhoids are very painful, speak with your doctor about further treatment.

HYGIENE AND HAND WASHING

It is important to wash your hands frequently, especially after going to the bathroom, before and after changing your pad or the baby's diaper. Don't forget to remind visitors to wash their hands before holding the baby.



VAGINAL DISCHARGE/BLEEDING

Your uterus should feel like a firm, round mass just below your navel (belly button). Your uterus should drop by one finger-width each day postpartum. If the uterus feels soft to touch, gently massage until it becomes firm.

Vaginal bleeding or discharge is red for about 2 to 4 days, pink / brown for another ten days, then heavy white until about 6 weeks. You should see the amount of flow get less every day. You may have cramps and heavier bleeding when breastfeeding. Do not use tampons within the first 6 weeks of delivery. Consult with your doctor before doing so. If you are concerned about your bleeding, please see page 12 "When to seek medical attention".

BATHING

If you have had a vaginal delivery, you can shower or bathe as soon as you wish. Epsom salts may be added to the tub bath to help in the prevention of infection. Please have a nurse assist you if you are getting up for the first time. Emergency buzzers are located in all bathrooms, if needed.

SITZ BATH

A Sitz bath may be given to you to help keep your bottom clean if you have a large episiotomy or tear. It fits right inside the toilet. It can be used 2-3 times a day with warm tap water.



CAESAREAN SECTION INCISION CARE

You will need pain medication to manage the pain from your caesarean birth. Hold a pillow on your incision when moving or coughing. You may want to place a pillow on your abdomen when feeding your baby. To make breastfeeding more comfortable, try the side lying or football hold. If your incision becomes red, looks like it is separating or there is discharge, talk to your doctor immediately. Healing will take place gradually, over 6 weeks' time. Start moving slowly and stop when you get tired. Try to avoid lifting anything heavier than the baby or vacuuming for a few weeks.

GAS PAINS

Gas pains in the lower abdomen are common following a caesarean birth. Walking, rocking in a chair or lying on your left side may relieve the pains. Try to avoid gas-forming foods and drinks.

PAIN MANAGEMENT

You are the best judge of when you are having pain. Call your nurse if you need pain medication. Your doctor will leave orders for pain medications with your nurse. Most patients having vaginal births participate in the Self-Administered Medication (SAM) program while in hospital. This program allows you to take certain medications as you need them without having to ask your nurse. Your nurse will explain the program to you.



BATHING AFTER CAESARIAN SECTION

After a caesarean section, your nurse will assist you up to the bathroom. You may shower before the first dressing change, usually on the second post-op day. Care for your incision as your doctor advises.

Tub baths are okay, but it is suggested you avoid using perfumes, bubble baths and oils.

HEALING

It will take a few weeks for your abdomen to heal. You can help yourself to heal with the following tips:

- When coughing you can hold a pillow on your abdomen to support your incision.
- Use proper body mechanics when you're up and about, stand up straight (don't slouch), avoid heavy lifting, and bend with your knees.
- For a few weeks after the cesarean birth, you should not place anything in your vagina or do any strenuous activity. You can return to your exercise routine 6 weeks following your delivery.



WHEN TO SEEK MEDICAL ATTENTION

Please seek medical attention if you have...

Heavy vaginal bleeding

Bright-red bleeding from the vagina that completely soaks one or more maxi pads in two hours and does not slow with rest.

Blood clots

That are larger than a dollar coin (loonie), with heavy vaginal bleeding that does not slow with rest.

Breasts that are red, swollen and painful

May be accompanied by a fever; you may feel as though you have the flu.

Change in your caesarean incision

Redness or discharge coming from the incision, may be accompanied by a fever.

Other Symptoms to watch for:

- Painful, swollen lower legs
- Pain or burning sensation when passing urine
- Breathing trouble or chest pain
- Foul-smelling vaginal odour



REFERRAL AND FOLLOW-UP

Your birth doctor usually wants to see you in about 6 weeks (2 weeks for cesarean section).

Don't hesitate to contact your family doctor, birth doctor or midwife before that time if you experience any problems.



BENEFITS OF BREASTFEEDING

Breastfeeding benefits for the newborn:

- it's human milk for human babies
- helps to prevent constipation
- helps to protect against childhood diabetes and childhood obesity
- helps to protect against ear, chest and stomach infections
- helps to protect against allergies and asthma
- helps to protect against Sudden Infant Death Syndrome (SIDS)
- helps to prevent tooth decay
- may lead to smarter children

Breastfeeding benefits for the mother:

- promotes closeness and bonding of mother and baby
- helps the uterus to return to its normal size after birth
- helps to control bleeding after birth
- helps to protect against breast cancer and ovarian cancer
- helps to keep bones strong
- helps with weight loss after birth

Breastfeeding benefits for the family:

- saves money
- saves time – breast milk is always fresh and ready
- does not produce any garbage



TIPS TO HELP BREASTFEEDING

- **Breastfeed within 30 minutes after birth.** Your baby is awake and ready to learn how to breastfeed during this time. Breastfeeding early will also help you to make more milk.
- **Get help to breastfeed.** Ask your health care provider to help get you started. Get help right away if you are having breastfeeding problems. See the back of this book for phone numbers to call for breastfeeding help.
- **Breastfeed often.** In the first month, most babies will breastfeed at least 8-12 times a day. There are no set times to breastfeed your baby. Breastfeed your baby when he/she is showing signs of hunger (see section on "Questions about breastfeeding," question 4).
- **Do not give your baby soothers or bottles.** If you decide to use these it is best to wait until your baby has learned to breastfeed. This often happens by 4-6 weeks. Giving a soother or bottle too early may cause your baby to have problems breastfeeding and make breastfeeding painful.
- **Give your baby only breast milk.** Breast milk is the only food a healthy baby needs for the first 6 months of life. Extra drinks or foods before this time will slow down your milk supply and may affect your baby's health (for example, your baby may develop an increased risk for allergies).



BREASTFEEDING POSITIONS



Cross cradle position

This position works well:

- if you are learning to breastfeed
- if you have a small baby



Football position

This position works well:

- if you are learning to breastfeed
- if you have a small baby
- if you have large breasts
- if you have flat or sore nipples
- if you had a caesarean birth



Cradle position

This position works well:

- after you are comfortable with breastfeeding



BREASTFEEDING POSITIONS



Side-lying position

This position works well:

- if you find it too painful to sit
- if you want to rest when you breastfeed
- if you have large breasts
- if you had a caesarean birth

Try different positions. For all positions, check that:

- you are relaxed and comfortable
- your back and arms are well supported
- your baby's head and body are raised up to your breast
- your baby's chest is facing and touching your chest (place your baby on his/her side except in the football position – for the football position, place your baby on his/her back or slightly turned to your breast)
- your baby's nose is facing your nipple (bring baby to you instead of leaning over or pushing your nipple into your baby's mouth)
- your baby's chin touches your breast first; when your baby's mouth is wide open, bring your baby close to your chest by pulling your baby's bottom closer

Information from Toronto Public Health:

www.toronto.ca/health/breastfeeding



MEDICATIONS AND BREASTFEEDING

There are a few drugs that cannot be taken while you are breastfeeding. Speak with your doctor if you are concerned about the safety of medications you are taking. You may also call **Mother Risk (1-800-382-6780)** or visit the web site at **www.motherrisk.org/women/index.jsp**. This is a service that specializes in giving advice about medication safety.

BREAST FULLNESS

Your breasts will begin to feel full and tender a few days following the birth. This is normal and a sign that your body is creating milk for the baby. You will have this fullness even if you are bottle feeding. About 48 hours after the milk “comes in”, breasts will be softer and less tender. Your body will begin making just the amount of milk your baby will drink. If you are bottle feeding, milk production will slow and eventually stop.

MILK LET - DOWN REFLEX

Milk let-down is responsible for making the milk available to the baby, particularly the fatty hind milk which baby needs for weight gain. The let-down reflex is an aching “pins and needles” sensation, felt in the breasts as the milk passes through the milk ducts to the baby. Milk let-down occurs when your baby starts to nurse.



Often milk will drip from one breast while the baby feeds on the other. Thinking about the baby can stimulate milk let-down, even if it's not time to feed.

SIGNS OF MILK LET-DOWN:

- Increased swallowing of baby
- Cramping of uterus
- Thirst of mom
- Breast tingling/discomfort

ENGORGEMENT

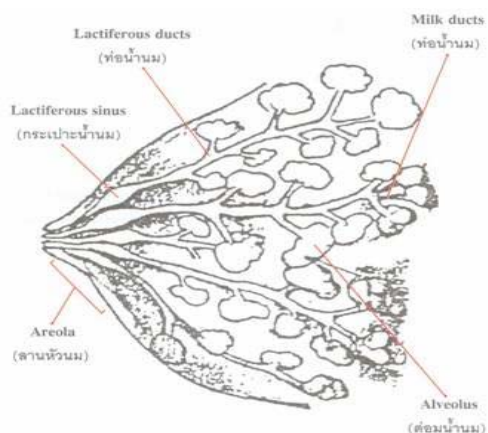
A mother's full supply of milk usually "comes in" 3 to 5 days after the birth. During this time and for a few days afterwards, your breasts may become firm, tender, hot, and appear shiny and tight. The tenderness may extend under your arms. This is the result of sudden hormone changes and the increased milk volume. Blood supply to the breasts increase and causes swelling of tissue surrounding the milk ducts.

Occasionally, the milk ducts may be pinched shut so that the milk does not flow. The hard areola (the darkened area around the nipples) makes it difficult for baby to latch. If milk is not removed from the breasts, milk production will decrease.



HOW CAN I PREVENT ENGORGEMENT?

- Breastfeed frequently when your milk supply is “coming in” – at least every 2 to 3 hours during the day, and once or twice during the night.
- Encourage the baby to feed 15 to 20 minutes on each breast.
- If the nipple is too hard for the baby to latch onto, gently express some milk by hand or pump so the nipple will soften. Try this while standing in a warm shower or laying in a warm bath to encourage relaxation and milk let-down. Warm, wet cloths placed on your breasts just before feeding may also help milk let-down.
- If you have a particularly sore spot in the breast, gently massage this area during feeding to encourage the flow of milk.
- Apply ice packs to breasts for 15 to 20 minutes between feedings to reduce swelling.
- Take an anti-inflammatory analgesic (ibuprofen) to help decrease swelling and pain.
- Wear a well-supporting, non-wired bra.





HELP FOR BREASTFEEDING MOTHERS

For additional support or help with breastfeeding make an appointment with the breastfeeding clinic at the health unit 705-324-3569.

EXPRESSING BREAST MILK BY HAND

You may need to express breast milk if:

- your breasts are too hard for your baby to latch on.
- you want to give your baby breast milk when you are away from your baby.
- you need to increase your breast milk supply.



STEP # 1

Wash hands with soap and water.



STEP # 2

If your baby is healthy, use a clean glass or hard plastic container to express your breast milk into. "Clean" means washed in hot soapy water, rinsed well with hot water and left to air dry.



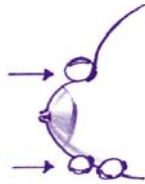
STEP # 3

Place a warm towel on your breast for a few minutes. Then gently massage your breast towards the nipple. You may also gently roll your nipple between your thumb and finger until the milk leaks.



STEP # 4

Place your thumb and first 2 fingers about 1-1 1/2 inches away from your nipple, or along the edge of the dark area.



STEP # 5

Push your thumb and 2 fingers straight back toward your chest.



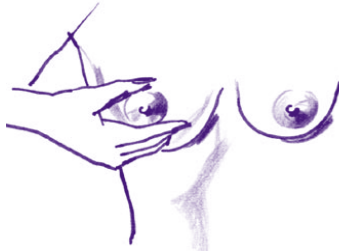
STEP # 6

Roll your thumb and 2 fingers together.

Repeat steps 4, 5 and 6 until the flow of milk slows down, then switch to the other breast.

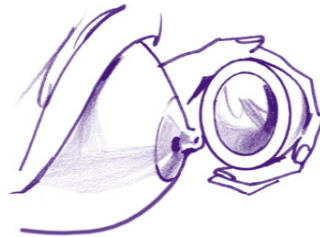
- Switch breasts a few more times whenever the flow of milk slows down. Be sure to move your thumb and 2 fingers along all areas around your nipple.
- Many mothers find it easier to express in the morning, when their breasts feel fullest or after breastfeeding the baby.
- You may only get a few drops when first learning to express. Expressing breast milk will get better and easier with practice.

Information provided from Toronto Public Health Unit:
www.toronto.ca/health/breastfeeding



After breastfeeding:

- express some breast milk onto your nipple and the dark area around it.
- let the milk dry before putting on your bra.



You can wear a breast shell under your bra to help protect your sore nipple from rubbing against your bra.

If you want to take your baby off your breast, break the suction first.

You can:

- slip your finger into your baby's mouth **OR**
- pull down on your baby's chin.

Get help right away if:

- your nipples are still painful after checking that your baby is latched and positioned on the breast properly.

See the back of this book for phone numbers to call for breastfeeding help.



USING AN ELECTRIC PUMP

No matter what kind of pump you use, the success of pumping depends on your body's ability to "let-down" to the pump. Sometimes if mothers don't see milk immediately, they start to pump harder with the idea that more pressure will pull the milk out. Doing this can cause discomfort and anxiety and actually discourage the let-down response.

TIPS

- Initially, set the pump suction level to minimum. It can then be gradually increased to what is most comfortable for you.
- Pump 8-12 times in 24 hours, every 3 hours during the day, and at least once in the night.
- Each pumping session should be 10-15 minutes per breast.
- Relax while pumping. Some mothers close their eyes and think about nursing the baby. The more relaxed a mother is, the better let-down she will have and the more milk will be expressed.
- The first attempts at pumping should be considered practice. Learn how to use the pump and worry less about how much milk is expressed. At first, it is normal to get a very small amount of milk.



BREAST AND NIPPLE CARE

The normal routine of bathing is all that is necessary to keep breasts clean. Avoid using soap or perfume as this can damage the nipple and interfere with breastfeeding.

CARING FOR SORE NIPPLES

- There may be some nipple tenderness in the first week after birth. This should get better each day.
- Breastfeeding should not be painful when your baby is latched and positioned properly.
- To help with tender nipples, you can apply Lansino cream or express some colostrum and let it dry on the nipple.

Your baby is latched on the breast properly when:

- his/her mouth is opened wide.
- his/her lips are curled out.
- his/her chin is pressed into your breast.
- he/she is suckling and swallowing milk.

Your baby is positioned properly when:

- his/her head and body are raised up to your breast.
- his/her head is at the level of your breast.
- his/her chest is facing your chest.
- his/her mouth is facing your nipple.



STORAGE OF EXPRESSED BREAST MILK

- Once collected, expressed breast milk (EBM) should be refrigerated immediately. It can be stored for up to 2 days in the fridge.
- If you are collecting EBM for your premature or sick infant, you can store and freeze EBM for 6 months in a deep freeze.
- If your fridge has a separate freezer compartment, you may store and freeze EBM for 2-3 months
- Freeze milk in small amounts (2 – 4 oz). This allows room for expansion during freezing.
- If you're using plastic bags for freezing, make sure they are specifically made for EBM.
- Always label each with the month, day and time.
- You can add refrigerated EBM to EBM that is already frozen – just be sure the amount you are adding is smaller than the amount already frozen (so it does not thaw frozen milk).

TO THAW FROZEN EBM

- Take container or bag of frozen breast milk and place in a bowl of hot tap water.
- When it's warm to touch, gently shake the bottle to even out the temperature.
- Test the milk on your wrist before feeding it to your baby.

Do not microwave EBM as it will kill all the nutrients in the milk.



HELPFUL HINTS

- Frequency of pumping depends on the situation. Once your baby begins to breastfeed, the amount of pumping can be reduced.
- Mother and baby need lots of time together for holding and cuddling. Your baby needs to get to know the breast as a warm, wonderful place to be.
- Save all milk collected.
- Double-pumping (pumping both breasts at once) can save time and may result in better milk production.
- Drink plenty of fluids and get adequate rest. Have something to drink each time you sit down to pump.
- Excessive caffeine may cause some babies to be wakeful. Be mindful of the amount of coffee, tea, cola and hot chocolate that you drink.
- Relaxing during pumping is important. There are many things women can do to help themselves relax: watch television, read a book, talk on the phone or listen to music. Watching the milk collection bottle is not relaxing!



BREAST AND NIPPLE CARE WHEN BOTTLE FEEDING

- Wear a well-supporting, non-wired bra.
- Do not stimulate the breasts by trying to express milk.
- If breasts get full or swollen, apply an ice pack for about 20 minutes, every 3 to 4 hours for comfort
- Discomfort will likely disappear in 24-48 hours.
- You may take pain medication from your self-medication package to relieve any pain.



PARENTHOOD/REST/SUPPORT

ADJUSTING TO PARENTHOOD

Becoming a parent for the first time changes your life. Your normal daily schedule must now include the needs of a baby. You will be learning many new skills of parenting while you watch your baby grow. Your baby is a person and depends on you for love, nurturing and physical needs. You, as parents, gain strength and support from each other and those close to you. Talk to friends, family and neighbors. Accept help as it is offered and do not forget to take time for each other.

REST

The most common concern of new parents is being tired. Anxiety, excitement and lack of sleep all play a part. Get in the habit of resting during the day when your baby is sleeping. Unplug the phone. Do not try to do everything as before. Ask for help with household chores and meal preparation. Share infant care like burping or changing diapers. If you are bottle feeding, let others take a turn to feed the baby.

SUPPORT

It is very common for relatives, friends, and others to want to give support and advice. Listen, but only use what is helpful for you.

Friends and family can help to:

- Prepare a meal
- Baby-sit while you get some rest
- Do a load of laundry
- Tidy the house

FEEDING YOUR BABY



	Birth to 6 Months	6-9 Months
BREAST MILK Breastfed babies need a Vitamin D supplement.	Exclusive breastfeeding for the first six months. Breastfeed on demand	Breastfeed on demand Breastfed babies need a
IRON-FORTIFIED INFANT CEREAL OTHER GRAIN PRODUCTS	None	Offer iron-fortified infant cereal breast milk or water. Feed cereal Start with 2 to 3 teaspoons twice daily. <i>If you give homemade cereal, your baby's iron needs.</i>
VEGETABLES	None	Offer pureed cooked vegetables lowed by mashed cooked vegetables. 4 to 6 tablespoons daily
FRUIT	None	Offer pureed cooked fruits; followed by soft fresh fruits, cooked or canned fruit (packed in water or juice). 6 to 7 tablespoons daily
FRUIT JUICE	None	After 7-9 months, fruit juice more than 2 ounces of juice of water if desired.
PROTEIN FOODS	None	Offer egg yolk (hard cooked, reed meat, fish, chicken, tofu, 1-3 tablespoons daily.



	9-12 Months
vitamin D supplement.	Breastfeed on demand
cereal – rice or barley. Mix cereal with from a spoon, not from a bottle. and then increase to 2-4 tablespoons <i>il, talk to your Doctor or Dietitian about</i>	Continue with iron-fortified infant cereal or iron-fortified plain hot cereal (oatmeal, corn, wheat or rice). Offer bread, pasta or rice cooked until soft and sticky. 8 to 10 tablespoons daily
ables (dark yellow, green or orange) fol-	Offer mashed or diced cooked vegetables such as carrots, potato, squash, spinach or green beans. 6 to 10 tablespoons daily
very ripe mashed fruits (e.g. banana) s, peeled, seeded and mashed; or mashed ce).	Offer soft fresh fruits, peeled, seeded and diced; or cooked or canned fruits (packed in water or juice), diced. 6 to 10 tablespoons daily
e may be given from a child-size cup; not daily. Mix juice with the same amount	Fruit juice given from a child-size cup; not more than 4 ounces of juice daily. Mix juice with the same amount of water if desired.
d, softened with water), cooked and pu- u, or well cooked beans (legumes).	Offer egg yolk (hard cooked), mild cheese, plain yogurt (not less than 3.5% fat), chopped or minced beef, chicken, fish, tofu or well-cooked beans (legumes). 3 to 4 tablespoons daily



POSTPARTUM BLUES

This is an exciting time for you and your family, and yet, you may feel weepy, tired or irritable. All of these feelings are **normal**. This is known as “baby blues” and is caused from hormonal changes, excitement and lack of sleep. The baby blues usually end within 2 weeks of the birth.

There are many groups in the City of Kawartha Lakes that offer support, information and friendship opportunities for new moms.

POSTPARTUM DEPRESSION

Postpartum depression may start right after the birth or after several weeks or months. It affects 1 in 5 new mothers. Here are some warning signs to watch out for:

- Overwhelming feelings of sadness, despair or feeling guilty
- Can't sleep, even when the baby is sleeping
- Have trouble concentrating or remembering things
- Loss of appetite; you don't want to eat
- Have thoughts of harming yourself or your baby
- “Just don't feel like yourself”
- You are irritable or angry

Speak with your doctor if you have any of these symptoms and are concerned.



NUMBERS TO CALL FOR HELP

Haliburton Kawartha Pine Ridge District Health Unit

(705) 324- 3569 www.hkpr.on.ca

Canadian Mental Health Association

(705) 328-2798 www.ontario.cmha.ca

Community Counseling Services

(705) 878-8901 www.rmh.org

FAMILY PLANNING

Following the birth, your sexual relationship may be difficult or painful until the birth canal repairs itself. Discuss your feelings with each other. The new baby may give you a different focus for the time being. Be patient and gentle with each other.

You can get pregnant immediately after having a baby. Breastfeeding is not a reliable birth control method. See your doctor early after your pregnancy for family planning advice.

**Family Planning-Sexual Health Services
confidential information and counseling**

1-866-888-4577 extension 205



BABY CARE

Enjoy your baby
and all the “firsts” of his or her new life.
Talk to your baby, play baby games,
caress and cuddle your baby.
You are parents now.





INFANT SAFETY



You can keep me safe by:

- Making sure my care-givers introduce themselves and have proper Ross Memorial Hospital ID that is clearly visible.
- Never leaving me alone in the room.
- Knowing where I am at all times.
- Never leaving me unattended on the bed.
- Putting me on my BACK to sleep and alternating what end of the bassinet I sleep in.
- Pull the call bell **immediately** if you have any questions about my safety or where I am.

Thank you



FLAT HEAD (PLAGIOCEPHALY)

The word plagiocephaly (“play-jee-oh-seffah-lee”) means “oblique head.” One side or the back of the head is flattened.

WHAT CAUSES IT?

It develops when an infant sleeps or rests on one part of the head most of the time. It has become more common because parents are now advised to place infants on their backs for sleep to help prevent sudden infant death syndrome (SIDS). Extended use of car seat carriers, swings, and bouncers also place infants on their backs for long periods of time and may change the shape of your baby’s head.

HOW SHOULD I REPOSITION MY BABY?

Keep placing your baby on his/her back to sleep. This is proven to prevent SIDS. Babies should sleep on a firm mattress covered by a fitted sheet. Keep loose bedding and soft toys out of the crib. Alternate your baby’s position in the crib or bassinet each time he/she is placed there. For example, place your baby at the head of the crib, then alternate when lying your baby down again, place your baby at the foot of the crib.



TUMMY TIME IS IMPORTANT

When awake, your baby should spend plenty of time on his or her tummy. This relieves pressure on the head. It also strengthens the back, neck, and arm muscles, which are needed for holding the head upright, rolling, sitting, and crawling. Babies who aren't used to being on their tummies may be challenged at first. It is important to keep trying.

Here are some ideas to help your baby learn to enjoy tummy time.

It works best if your baby is well rested and happy before trying tummy time. Begin with just 5 minutes of tummy time every time your baby is awake and slowly work up to 20 minutes.

If playing on the floor is challenging, propping your baby at an angle can make it easier.

You can use:

- a small pillow
- a towel rolled under the arms and chest
- a foam wedge

Or:

- baby can lie across your knees while you're sitting, or on your chest while you're leaning against the couch or lying on your back against a pillow
- put your baby's favorite toys within reach
- put a mirror in front of your baby
- get down on the floor in front of your baby and sing or talk quietly



USUAL NEWBORN BEHAVIOR

THE SENSES

Vision:

Babies can see contrasting colours and shapes (black and white) at about 15 minutes of age. Their eyes look for “face” shapes. Vision will gradually get better with time.

Hearing:

From birth, babies can hear clearly and will turn to look at someone talking or jump at loud noises.

Touching and cuddling:

Holding your baby is important for his/her growth and development. Babies respond to touch, especially on the face, hands, and the soles of feet. You can never ‘over cuddle’ a newborn.

Taste:

Your baby’s taste is well-developed at birth.

Smell:

Your baby’s smell is well-developed at birth.

Personality:

Each baby is a unique person, with his/her own likes and dislikes. Crying is very common. Different cries mean different things. This is how your baby communicates with you. It may signal your baby’s hunger, pain, wet or soiled diaper, temperature (hot or cold) or need for attention. You will learn to know what each cry means.



SLEEP

It is recommended that you place your baby on his/her back to sleep. Sudden Infant Death Syndrome (SIDS) is less common in babies who sleep on their backs. Babies sleep best on a firm surface without pillows, bumper pads or stuffed toys around their heads. This allows for open circulation of fresh air.

Your baby will sleep approximately 17 hours a day; this is broken into short periods. Wakeful periods will gradually increase. By the end of the fourth week, your baby may stay awake from one feeding to the next. Baby will want to spend this time socializing with you. This is a good time to start placing your baby on his/her tummy. This is a good way to start developing your baby's neck muscles, and reduce flat spots that may occur if your baby spends long periods of time lying on his/her back.

WHEN YOUR BABY CRIES

Babies will cry to communicate with you. Here are some suggestions that may help:

- Check the baby's diaper
- Feed your baby
- Hold your baby while using a rocking motion
- Be sure your baby isn't too cold or too hot
- Burp your baby to relieve gas

Remember, most babies have fussy times and will cry for no apparent reason. This is perfectly normal and does not mean there is something wrong. If you feel frustrated or angry put your baby in a safe place and take a break or have someone help you out.

REMEMBER - NEVER SHAKE A BABY



Reducing the risk of SIDS (Sudden Infant Death Syndrome)

“Do”

- Do place baby down for sleep only on his or her back until one year of age
- Do put baby on a firm mattress in a crib
- Do keep the baby's room temperature cool (about 65 degrees) when he or she is sleeping
- Do ask people not to smoke around you while you're pregnant or afterward around baby; babies should not be taken into smoke-filled environments
- Do breastfeed the child. If mother is a heavy smoker and breastfeeds, she should talk with her doctor.
- Do seek medical care for the baby when he or she becomes ill
- Do tell other caregivers of the baby (aunts, uncles, babysitters, etc.) to follow these simple rules, too!





Reducing the risk of SIDS (Sudden Infant Death Syndrome)

“Don’t”

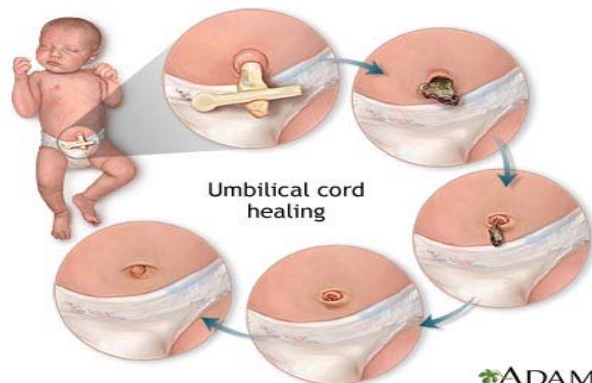
- Don’t use pillows
- Don’t use crib bumper pads
- Don’t use blankets afghans, or quilts (especially adult bedcovers), over or under babies
- Don’t smoke around babies or let anyone else smoke around them
- Don’t overdress or overheat the baby, especially if he or she is ill
- Don’t let babies share a sleep surface with another child or with an adult
- Don’t put babies in an adult bed or on a sofa to





CORD CARE/SKIN CARE/DIAPERING

- **The cord will fall off 1-2 weeks after the birth. Sometimes, there is a little bleeding when the cord comes away.**
- Wash your hands thoroughly before and after handling the baby's cord to prevent infection.
- The cord does not need any special treatment. Simply keep the cord as clean and dry as possible.
- After a bath, use a Q-tip to dry any water that is left in the deep spot where the cord enters the navel.
- To help the cord stay dry, fold the diaper away from the cord so it does not get wet from baby's urine.
- Clothing which rubs at the cord may cause irritation.
- Watch the cord for signs of infection. If the cord begins to drain a foul-smelling discharge or if the skin around the baby's cord begins to get warm and red, see your doctor.





SKIN CARE

Clean baby's face and bottom daily. You may notice your baby's skin is dry. Surface cracking and peeling, especially of the hands and feet, is normal. Apply a small amount of un-scented lotion to those areas.

Fingernails do not need to be cut with clippers. They are very soft and will break or peel off on their own.

It is normal for newborns to get skin rashes during the first few weeks of life. If you are concerned that your baby is unwell, speak with your doctor.

Sunscreen is not recommended for babies under 6 months of age, unless advised by your physician.

DIAPERING

Change your baby's diaper when it's wet or dirty. Carefully wash baby's skin of urine and stool, dry completely, and apply a clean diaper. If diaper rash occurs, use a barrier cream containing zinc. If the rash persists and the area gets very irritated, see your doctor.

It is common for baby girls to pass a **pink/red**, mucous discharge from their vagina during the first week of life. This happens because extra female hormones from mom are still in their system. Gently wipe it away.

DO NOT LEAVE BABY UNATTENDED during a bath or diaper changes. Place in a secure area (i.e. crib) before leaving the room. If reaching for something, always keep one hand on the baby.



BATHING

Babies do not need to have a full tub bath everyday...every 2-3 days is plenty. Babies start to enjoy their bath when they are about 1 month old.

- Bathe baby in a warm, draft-free room
- Wash your hands thoroughly before and after the bath
- Gather all supplies and equipment: tub or basin, towel and face cloth, cotton balls, baby wash/shampoo, soft brush or comb, clothes and diaper
- Fill tub with warm water and test with your wrist or elbow

Do not wash the baby under running water. The water temperature may suddenly change and harm the baby.

- While still dressed, tuck baby under your arm, with your hand supporting his/her head and wash the face and hair.
- Clean eyes using a wet cotton ball for each eye; clean from the inner eye to outer eye.
- Clean face and ears with wet face cloth.
- Wet the hair with face cloth. Lather with shampoo and rinse well with clear water. Dry with a towel.
- Undress baby. Position him/her in the tub with the head resting on your wrist and your hand holding the arm farthest from you. This protects the infant from sliding in the tub.



ALWAYS KEEP ONE HAND ON BABY

- With your free hand, place a small amount of soap on a wet face cloth. Soap which comes in a pump bottle is easiest to use.
- Wash baby from neck to toes. Pay particular attention to cleaning areas under the chin and arms.
- Tip baby forward over your other hand, to wash the back and bottom.

For female infants: Wash between the legs from front to back.

For male infants: Wash the bottom, taking care to clean in the folds of the scrotum. Do not try to pull back the foreskin of the penis, as this is painful for infant boys. By 3-4 years of age, the foreskin can be pulled back for cleaning without hurting. If your son has been circumcised, wash the area gently and apply petroleum jelly to the penis to prevent the diaper from sticking.

- Take your baby out of the water and lay him/her on a large towel. Dry your baby thoroughly.

Baby powder should not be used. The fine particles of powder may be inhaled by the newborn causing breathing difficulty.

- Dress your baby in the same amount of clothes as you are comfortable wearing. If you are cold or hot, your baby will be also be cold or hot.



CIRCUMCISION

Circumcision is an operation to remove the foreskin covering the glans (tip) of the penis. There are no health advantages or disadvantages from having a circumcised penis. Paediatric organizations leave the decision up to individual parents. Some parents choose the procedure for religious or cultural reasons; others because members of their family have been circumcised.

Circumcision is surgery, therefore surgical risks such as bleeding and infection are possible. Please speak with your doctor if you would like more information on this procedure.

Note: Circumcision is not covered by OHIP.

CARE FOLLOWING A CIRCUMCISION

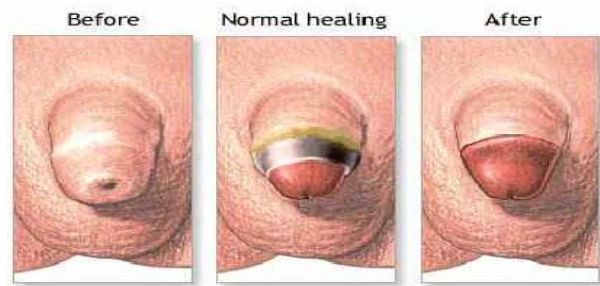
At each diaper change, you will want to apply a small amount of petroleum jelly. Make sure that the petroleum jelly is pure, without perfumes or other additives.

It takes about **ten** days for the circumcision to heal and about the same amount of time (or a little longer) for the plastibell to fall off. Be sure not to pull on the plastibell as it can cause soreness and bleeding. After the plastibell falls off, no further care is needed outside of regular good hygiene. If the plastibell does not fall off after two weeks, contact your health care provider.



Your baby may have a tub bath as usual after being circumcised .

Your baby may require a dose of Tylenol after the procedure for pain relief.



ADAM

WHEN TO SEEK MEDICAL ADVICE FOLLOWING A CIRCUMCISION

You will also want to call your health care provider if you notice any of the following:

- swelling
- bleeding (other than just a drop or two)
- foul smelling discharge
- difficulty urinating
- fever
- black or blue discoloration
- consistent redness that appears suddenly and does not disappear after a few days



NUTRITION FOR BABY

Breast milk is the best food for your baby. Breast milk is made specially for each baby by his/her mother. It is easy to digest. Early breast milk (called colostrum) is filled with antibodies which will protect your baby from allergies and infection. It is always ready, at the perfect temperature, when your baby is ready to feed.

FREQUENCY OF FEEDING

- **Don't watch the clock:** The length of the feeding will vary, depending on how hungry your baby is and how quickly baby gets the milk he/she needs.
- Feed baby when he/she wants to eat...the more you breastfeed your baby, the more milk your body will make for the baby.
- A baby will feed every 1-4 hours. Babies should feed 8-12 times in 24 hours. A baby will feed both during the day and at night time.
- Cluster feeding is common...this is when the baby will feed every hour for a time, followed by a longer sleep period.
- Babies who aren't waking for feeds can be undressed and laid on mom's chest. Placing baby next t to your skin is called skin-to-skin care.



SIGNS THAT BABY IS GETTING ENOUGH MILK:

- Relaxed during the feeding time, arms are curled and quiet next to the body
- Having correct number of wet and dirty diapers
- You can hear your baby swallowing
- Contented between or after feeds
- Active, alert baby....wakes for feeds
- Mouth is wet and pink
- Baby comes off the breast looking relaxed and sleeps deeply

SIGNS AND SYMPTOMS OF BREASTFEEDING PROBLEMS

- Baby has fewer bowel movements or wet diapers than indicated on Wet and Dirty Diaper chart
- Baby is sleepy and is hard to wake for feeds
- Baby is feeding fewer than 8 times in 24 hours
- Mother has sore nipples, which are not improving by day 3 or 4
- The mother has a red, painful area of the breast accompanied by fever, chills or flu symptoms (signs of mastitis)



VITAMIN D

Vitamin D is formed naturally when skin is exposed to sunlight. However, because Canada is located so far north, sunlight isn't enough at certain times of the year and in certain places. Sunscreen and clothing, which protect babies from the harmful effects of the sun, won't allow vitamin D to be formed.

Breast milk only has approximately 4-40 IU (international units) of vitamin D, therefore it's recommended that if you are exclusively breast feeding, you should supplement your baby with 400 IU of vitamin D per day, until you start introducing solids at approx 6 months of age. Talk with your doctor about adding this to your baby's diet.

SUPPLEMENTS

Breast milk is a complete food and water source, all built into one. Giving your baby extra fluid-like formula or water is not recommended, as it may interfere with breastfeeding success.

Occasionally, a baby will need extra fluid **for medical reasons**, such as low blood sugar, jaundice or extreme weight loss. If your baby is not breastfeeding well by 24 hours of age, your nurse will help you with a feeding plan to use until your baby learns how to breastfeed. The best food for supplementation is expressed breast milk. Your nurse will help you choose what method of supplemental feeding will work best for both you and your baby.



BOTTLE FEEDING / FORMULA FEEDING

Baby formula comes prepared in 3 different ways:

- Ready-to-serve
- Concentrated liquid - mix with boiled water
- Powder - mix with boiled water- **This is *NOT* recommended for infants**

It is important to choose a formula that is specifically made for newborn babies. Follow the directions carefully and mix the formula exactly as instructed, with the measuring tool that is provided.

Adding too little or too much water to the product can cause your baby to become under-nourished, dehydrated or sick.

If you change your formula brand, read the new instructions carefully. Water needs to be boiled before mixing with the formula. Hot water out of the tap should not be used.





FEEDING BABY

When feeding your baby, hold him/her cradled in your arm with baby's head slightly tilted. To prevent your baby from swallowing too much air, keep the bottle tilted up so that the nipple is always full. Burp your baby often. Feed until your baby appears satisfied. Babies usually know when they've had enough. Do not insist that baby finishes the bottle.

A baby's stomach is very small at first and is not suited to large amounts of fluid right away. Use the following chart to guide the amounts to feed to your baby in the first few days.

Day 1.....	10 mL per feed (up to 1/3 an ounce)
Day 2.....	20 mL per feed (up to 1/2 an ounce)
Day 3.....	30 mL per feed (up to 1 ounce)
Day 4.....	50 mL per feed (up to 2 ounces)
Day 10.....	60-75 mL per feed (up to 2 1/2 ounces)
3 weeks.....	90 mL per feed (up to 3 ounces)
6 weeks.....	90-105 mL per feed (up to 3 1/2 ounces)



WEIGHT LOSS/WEIGHT GAIN

WEIGHT LOSS

Weight loss is very common in the first 3-4 days of life. It is caused from passage of baby's bowel movements and loss of extra fluid from baby's tissue. It is normal for your baby to lose 5-7% of his/her birth weight.

WEIGHT GAIN

By two weeks, a baby should return to his/her birth weight. The average baby then gains about one ounce per day for the first month, and about one or two pounds a month until month six. Most babies double their birth weight by five or six months, and triple it by a year. Remember, these are averages; it's perfectly normal for an otherwise healthy baby to vary from these standards.

Babies will often have growth spurts at 3 weeks, 6 weeks, 3 months and 6 months of age. You will notice that your baby is very hungry during these times and you will need to feed baby more often.



HOW TO PREPARE FORMULA FOR BOTTLE

It is very important that all equipment used to feed and to prepare feedings for infants (bottles, teats, lids) has been thoroughly cleaned and sterilized before use. Cleaning and sterilizing equipment removes harmful bacteria that could grow in the baby's food and make him/her ill.

CLEANING



STEP # 1

Wash your hands with soap and water and dry using a clean cloth.



STEP # 2

Wash all feeding and preparation equipment thoroughly in hot soapy water. Use a clean bottle and teat brush to scrub the inside and outside of bottles and teats to make sure that all remaining feed is removed.



STEP # 3

Rinse thoroughly in clean water.

Adapted from The World Health Organization



STERILIZING

Cleaned equipment can be sterilized using a commercial sterilizer (follow manufacturer's instructions), or a pan and boiling water:



STEP # 1

Fill a large pan with water.



STEP # 2

Place the cleaned feeding and preparation equipment into the water. Make sure that the equipment is completely covered with water and that no air bubbles are trapped.



STEP # 3

Cover the pan with a lid and bring to a rolling boil, making sure the pan does not boil dry.



STEP # 4

Keep the pan covered until the feeding equipment is needed.



HOW TO PREPARE A BOTTLE



STEP # 1

Clean and disinfect a surface on which to prepare the bottle.



STEP # 2

Wash your hands with soap and water, and dry with a clean or disposable cloth.



STEP # 3

Boil water. Whether you're using a kettle or a pan, make sure the water comes to a rolling boil.



STEP # 4

Read the instructions on the formula's packaging to find out how much water and powder you need.



STEP # 5

Pour the correct amount of boiled water (cooled to 70°C) into a sterilized bottle. Use a sterile thermometer to check the temperature.



STEP # 6

Add the exact amount of formula to the water in the bottle.



STEP # 7

Mix thoroughly by gently shaking or swirling the bottle.



STEP # 8

Immediately cool to feeding temperature by holding the bottle under cold water. Make sure that the level of the cooling water is below the lid of the bottle to avoid contamination.



STEP # 9

Dry the outside of the bottle with a clean or disposable cloth.



STEP # 10

Test the bottle for the right temperature.



STEP # 11

Feed infant.



STEP # 12

Throw away any feed that has not been consumed within two hours.



CAN I STORE BOTTLE FEEDS TO USE LATER?

It is safest to prepare a fresh feed each time one is needed, and to consume it immediately. This is because prepared feeds provide ideal conditions for bacteria to grow - especially when they're kept at room temperature. If you need to prepare feeds in advance for use later, they should be prepared in individual bottles, cooled quickly and placed in the refrigerator (no higher than 5°C). Throw away any refrigerated feed that has not been used within 24 hours.

HOW DO I RE-HEAT REFRIGERATED BOTTLE FEEDS?

- Remove a bottle of feed from the refrigerator just before it is needed.
- Re-heat it for no more than 15 minutes. A bottle can be re-heated by placing it in a container of warm water, making sure the level of the water is below the top of the cup. Occasionally shake or swirl the bottle to make sure that it heats evenly.
- Check the temperature of the food by dripping a little onto the inside of your wrist. It should feel lukewarm, not hot.
- Throw away any re-heated food that has not been consumed within two hours.



FREQUENTLY ASKED QUESTIONS

Can I freeze formula?

Freezing formula is not recommended because it may become lumpy after thawing and clog the nipple hole. Some families find that small cans of ready to serve formula are convenient for occasional feeding.

Can I use the microwave for making formula?

The microwave oven cannot be used for sterilizing formula, equipment or water for making formula. Prepare your formula with boiled water according to instructions on the product. Heat bottles by placing them in warm water taken from the tap. Always test the temperature of the formula on your wrist to protect your baby from a burned mouth.

When can I stop sterilizing feeding equipment ?

There are many answers to this question. Some doctors will say when a baby is 4-6 months of age, when baby begins to put toys and other objects in his mouth. Once you stop sterilizing equipment on your doctor's advice, continue to wash bottles and nipples in hot, soapy water and rinse well. Observe rubber nipples for stickiness, cracks or tears and throw them away when damaged.



BOWEL MOVEMENTS (BM's)/ WET DIAPERS

Your baby will pass many bowel movements during the first month of life; you may be changing a dirty diaper with every feeding. This is normal...a sign that your baby is feeding well. By one month of age, your baby will settle into a more normal pattern of bowel movements.

During the first 1– 3 days the BM's start off black or dark green and are very sticky. They then start to change to light green to yellow over the first week of life. The BM's may look seedy if you are breast feeding.

URINE

Baby should be soaking 4—6 diapers by 4 days of age.

The urine may have an orange colour once or twice during the first few days of life. This is called 'uric acid crystals'. If you see this, try and feed your baby more often.

If you have difficulty knowing if your baby has passed urine, place white tissue over the baby's bottom. Urine will then be easier to see.



WET AND DIRTY DIAPERS

	Minimum # of Voids (wet diapers) and Bowel Movements (BM's)
Day 1	1 wet diaper & 1-2 bowel movements that are sticky dark green/black stools (meconium)
Day 2	2 wet diapers /& 1-2 bowel movements that are dark green/black stools (meconium)
Day 3	3 wet diapers & 3 or more brown/green/yellow stools
Day 4	4—6 wet diapers & 3 or more brown/green/yellow stools
Days 5—7	5– 8 wet diapers & 3 or more large, soft yellow, seedy stools per week (a large stool is the size of a quarter or larger). Baby should not be passing any meconium at this age.



BREASTFEEDING STOOLS



Your baby's first stool is called "Meconium". This stool is black and sticky.



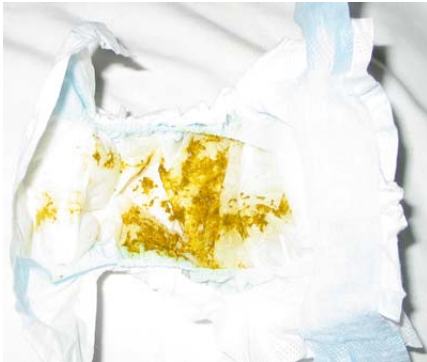
Transition stool by day 2-3.



Next stage in transitional stool starts to appear yellow in colour by day 4-5.



BREASTFEEDING STOOLS



Breastfeeding stool appears seedy or watery. This is normal.



Blood in the stool is not normal. Notify your doctor if this occurs.



IS BABY ILL? – WHEN TO SEE A DOCTOR

- Breathing problems – baby has trouble breathing or breathes in panting-type breaths
- Skin has a yellowish or bluish colour
- Body temperature of over 38 C or under 36 C under the arm
- Frequent or explosive vomiting
- Unable to wake baby for feeds or baby is very sleepy when awake
- Skin around umbilical cord is red, with foul odour or discharge
- Not passing urine or stool according to what is normal for his/her age
- Bowel movements have changed from yellow or brown to a green or black colour
- Yellow or green discharge is coming from the eyes
- You feel your baby is not well



JAUNDICE

Jaundice is the yellow colouring of the skin caused by increased bilirubin. **Bilirubin** is a waste product from the breakdown of extra red blood cells in the baby's body. Jaundice is not a disease.

Minor jaundice is common in newborns during the first week or two of life. Increased jaundice may require the baby to stay in hospital for a few extra days for treatment.

Prior to birth, the fetus has a large number of red blood cells, which they don't need after the birth. The baby's body starts to break down these extra red blood cells into bilirubin, which is passed out of the body through bowel movements.

If baby is not passing lots of bowel movements, bilirubin can build up in the baby's skin, colouring it yellow (jaundice). We encourage frequent breastfeeding or formula feedings to help get rid of the extra red blood cells.

Occasionally, a baby may become jaundiced in the first day of life. This is usually because the mother and baby have different blood types. The mother's blood then reacts with the baby's blood.

In order to get rid of extra bilirubin, the baby is placed under an ultraviolet light source, either by blanket or overhead light. This is called phototherapy. At this hospital, we use a light blanket called a Wallaby. You may continue to hold and breastfeed your baby during therapy.



JAUNDICE SIGNS AND SYMPTOMS

Signs of infant jaundice usually appear between the second and fourth day of life and include:

- Yellowing of the skin
- Yellowing of the eyes
- Sleepy baby not waking for feeds

You'll usually notice jaundice first in your baby's face. If the condition progresses, you may notice the yellow color in his or her eyes, chest, abdomen, arms and legs.

The best way to check for infant jaundice is to press your finger gently on your baby's forehead or nose. If the skin looks yellow where you pressed, it's likely your baby has jaundice. If your baby doesn't have jaundice, the skin color should simply look slightly lighter than its normal color for a moment.

It's best to examine your baby in good lighting conditions, preferably in natural daylight.



VITAMIN K

A vitamin K injection is given to your baby shortly after birth to prevent unnecessary bleeding. Infants begin to make their own vitamin K by 6 months of age.

ERYTHROMYCIN EYE OINTMENT

Erythromycin ointment is placed in baby's eyes shortly after birth to protect from gonorrhea infection. This treatment is required by law.

NEWBORN SCREENING

This blood test is completed after the baby is 24 hrs old. The sample is taken from your baby's heel and is sent to a provincial lab. The lab screens for at least 27 diseases and sends the report to your family doctor. This screening does not diagnosis problems, but indicates those babies that MAY have a problem. Early diagnosis and treatment may prevent health and growth problems, developmental disabilities and sudden infant death. This test is mandatory in Ontario.

UNIVERSAL NEWBORN HEARING SCREENING

Babies can be screened for hearing loss after 24 hrs from birth. During the test, ear plugs are placed in your baby's ear and sounds are transmitted through the plugs into your baby's ear. This information is picked up by the ear and brain and is sent back to the machine. The machine will then identify if your baby has "passed" or needs to be followed up with another test ("referred"). Approximately 6 out 1000 babies will be identified as having some degree of hearing loss. Early diagnosis and intervention is key for child success (The Hearing Foundation of Canada).



CAR SEAT

Car seats are important to your baby's safety. It is the law in Ontario that infants ride in a properly installed infant car seat. It is important to read the instructions that come with the car seat you purchase. It is never safe for your baby to ride in a car in your arms.

Remember the following rules:

- Babies have to ride in the back seat of the car, sitting in an **infant car seat** that faces the back of the car. Follow your manufacturer's instructions for installing the seat in the car.
- Baby should not be placed in the car seat wrapped in blankets. Put the baby in the seat first, adjust the harness straps, and then wrap the blankets around the baby.
- The harness straps should be tight enough that you can only fit one finger between the strap and the baby's collarbone.
- The center clip should be placed in line with the baby's armpit.
- The law requires using a rear-facing car seat until the baby is one year old.

See the Ontario Ministry of Transportation webpage for more information:

www.mto.gov.on.ca/english/safety/carseat/card

NOTE: It is not the nurses' responsibility to ensure your baby is safely secure in the car seat. Please read and understand your car seat manual prior to going home. Please call the Public Health Unit for more information on car seat installation clinics.



INFANT CAR SEAT

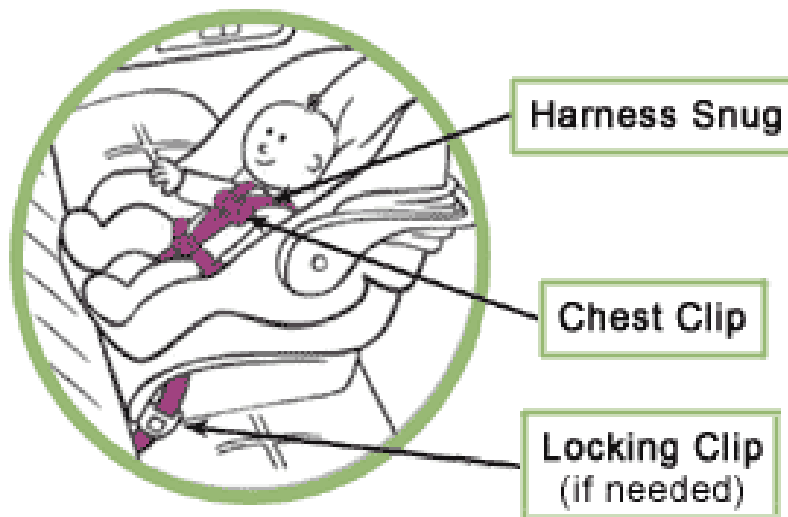
Infants

Rear-facing Seat

- Required by law for children weighing less than 9 kg (20 lbs)
- Best to use until at least one year old and a minimum of 10 kg (22 lbs)
- Follow manufacturer's recommendations for height/weight
- Harness slots at or below shoulders and seat is reclined to a 45 degree angle.

Information provided from:

<http://www.mto.gov.on.ca/english/safety/carseat/card.shtml>





FREQUENTLY ASKED QUESTIONS ABOUT CAR SEATS

How do I know if my child safety seat is installed correctly?

1. Choose the appropriate child safety seat according to the weight, height and age of the child
2. When using a child car seat, make sure that the seat is tightly secured by the vehicle seatbelt or by the Universal Anchorage System (UAS). For forward-facing car seats, ensure the tether strap is also used. The installed child car seat should move no more than 2.5 cm (1 inch) where the seatbelt or UAS strap is routed through the child car seat.
3. Place the child in the child car seat, ensuring the harness straps lie flat with no more than 1 finger space between the harness and the child's collarbone (rear-facing) or chest (forward-facing).

Always follow the vehicle owner's manual and the child car seat manufacturer's instructions for correct installation and use of the child safety seat.

Note: Booster seats are installed differently from child safety seats. The lap and shoulder belt combination secures both the child and the booster seat in the vehicle.

What are the child safety seat and booster seat requirements?

Everyone including parents, grandparents, relatives or friends, who drives with a child under the age of 8 who weighs less than 36 kg (80 lbs) and stands less than 145 cm (4 ft 9 in) tall is required to ensure the child is properly secured in the appropriate child safety seat or booster seat based on his/her height and weight.

For more information visit www.mto.gov.on.ca/english/faq/safety-test.shtml#passenger



TODDLER CAR SEATS

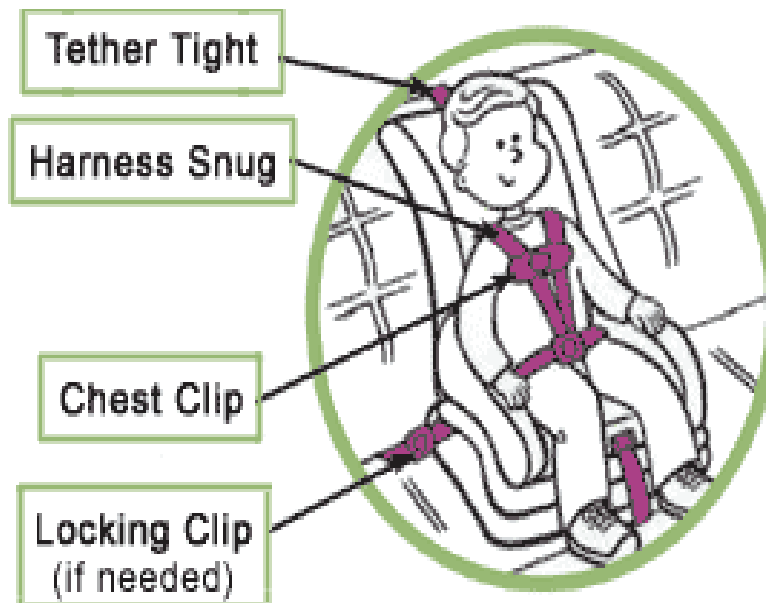
Toddlers

Forward-facing Seat

- Required by law for children weighing between 9 and 18 kg (20-40 lbs)
- Best to use when child is at least one year old and a minimum of 10 kg (22 lbs)
- Follow manufacturer's recommendations for height/weight
- Harness slots at or above shoulders

Information provided from

<http://www.mto.gov.on.ca/english/safety/carseat/card.shtml>





COMMUNITY RESOURCES

Breast Feeding Clinic

The Public Health Unit provides a Breast Feeding Clinic. We encourage you to attend and receive expert advice on breast feeding your baby. Call the Health Unit at (705) 324-3569 for an appointment or more information.

Haliburton Kawartha Pine Ridge District Health Unit

Healthy Babies, Healthy Children

(705) 324-3569

www.hkpr.on.ca

Midwives of Lindsay and the Lakes

55 Mary Street West Suite 206, Lindsay

(705) 324-4664

Five Counties Children's Centre

(705) 324-1922

www.fivecounties.on.ca

Ontario Early Years Centre

(705) 324-7900

www.ontarioearlyyears.ca/oeyc/en/home.htm



COMMUNITY RESOURCES

Neighbours, Friends and Families

Shelter, Support and Referral for Abused Women and their Children

24 hr. toll free line 1-800-565-5350

Four Counties Crisis (Kawartha Lakes, Haliburton, Peterborough, Northumberland)

Confidential Supportive Listening and Referrals

24 hrs, 7 days a week

(705) 745-6484

ANISHNAABE KWEWAG GAMIG

Aboriginal & Non aboriginal Women's Shelter

24 hr. toll free line 1-800-388-5171

FourCAST Umbrella's Program

Queen's Square Plaza

86 Russell Street West Unit 2

Lindsay, Ontario K9V 6A5

(705) 878-5547

A Place Called Home

64 Lindsay Street South

Lindsay, Ontario K9V 2M2

(705) 328-0905

Toll free: 1-866-520-2689



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American Academy of Pediatrics and American College of Obstetricians And Gynecologists. (1997). In Hauth JC, Merenstein GB (eds), *Guidelines for Perinatal Care* (4th ed). Elk Grove Village IL

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Oyer N., Marestad T., Skjaerven R., et al. (1997). Combined effects on Sleeping position and prenatal risk factors in Sudden Infant Death syndrome.



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Mother Risk

(416) 813-6780
www.motherisk.org/women/index.jsp

Telehealth Ontario

1-866-797-0000

LaLeche League

1-800-665-4324
www.llli.org

Dr. Jack Newman

www.drjacknewman.com

Ontario Ministry of Transportation

www.mto.gov.on.ca/english/safety/topics.htm#seat

Ontario Newborn Screening Program

www.newbornscreening.on.ca

Caring for Kids

www.caringforkids.cps.ca/index.htm

Universal Newborn Hearing Screening

www.thfc.ca/Default.aspx

Canadian Paediatric Society

www.cps.ca

Planned Parenthood

www.ppfc.ca



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The Canadian Paediatric Society
www.cps.ca

The Ministry of Transportation
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The Toronto Public Health
<http://www.toronto.ca>

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Postpartum Care Patient Information Booklet
Rouge Valley Health System (2003)

Lactation Education Consultants
<http://www.lactationeducationconsultants.com>

Canada's Food Guide 2007
www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html

www.caringforkids.cps.ca/index.htm

www.newbornscreening.on.ca/bins/content_page.asp?cid=6-12

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