

Mother & Baby Education Guide: Discharge Education

POSTPARTUM CARE

VAGINAL DELIVERY

- Sooth any wounds with ice, sitz baths, or Tucks pads
- Keep any wounds clean by continuing to use the peri bottle to squirt warm water.
- Inflatable donut shaped pillow may help with sitting comfort.
- Do Kegel exercises through out the day (Tightening/relaxing vaginal muscles)
- Vaginal discharge will start out heavy (with small gushes from position changes) then will taper off and change colour from red to brown/pink to white. This may last 6 weeks. **Do NOT** use tampons during this time. Soaking a pad every 1-2 hours is too heavy. Seek treatment.

CESAREAN SECTION (C-SECTION)

- Pain medications may be needed for discomfort at the incision site for a few days.
- It is very important to walk around to prevent complications.
- Vaginal discharge that will taper off and change colour from red to brown/pink to white. This may last 4-6 weeks. Do NOT use tampons.
- Support your incision site when coughing/ laughing or sneezing. Be careful with deep bending and on stairs.
- Keep your incision dry and clean.
- No bath until your incision is healed but showers are encouraged
- Stay hydrated and monitor bowel movements, you may need an over the counter stool softener to help with constipation. Discuss this with your Dr.
- Do not lift anything heavier than your baby for the first 4-6 weeks.
- Do not drive for the first 4-6 weeks.

WHAT IS NORMAL?

- Uterine contractions and tightening after delivery with breastfeeding.
- Hemorrhoids (swollen sore bumps on/in your anus).
- Pain from incision site.
- Swollen ankles and hands
- It takes 4-6 weeks for the incision to heal.
- Full, heavy breasts a few days after delivery.

ONCE HOME, MAKE SURE YOU...

- Phone your Obstetrician or Midwife to book a 6 week follow up appointment. Some may request to see you sooner. Discuss with Dr/MW.

FOR MORE INFORMATION....

- Visit the Additional Resources page at the end of this guide for links to more information around postpartum care.

EXERCISE GUIDELINES

It is natural to want to get back in shape as soon as possible. It is also important to allow yourself time to recover, and then to begin exercise gradually.

You will find that a little exercise can be refreshing and can be a great stress reliever. Walking is a great way to keep fit. The following exercises will one up all muscles that have been stretched during your pregnancy. **Perform each exercise 10 times, 2 or 3 times a day.**

EXERCISES WHILE LAYING ON YOUR BACK

Pelvic Floor Contractions

Legs straight with ankles crossed. Straighten knees, press thighs together, tighten stomach muscles and buttocks, and “pull up” between legs (i.e. as if to hold back flow of urine).

Pelvic Tilting

Knees bent with feet flat on the floor. Tighten the abdominal muscles and press the hollow part of the lower back into floor. If difficult, place hand under lower back and squash fingers into floor. Hold, slow count of three.

Abdominal Exercise (lumbar roll)

Knees bent, feet flat on the floor, arms out at shoulder level. Tip knees as far as possible to one side and then to the other. Keep shoulders flat. Progression: Draw knees up to the chest and then rotate the lower legs first to the right and then to the left. Return to midline and then slowly lower the legs down.

Abdominal Exercise (modified curl-up)

Knees bent, feet flat on the floor. Inhale and with exhalation, tilt pelvis, tuck chin in and lift head and shoulders as you reach toward your knees and come down.

Oblique Abdominal Exercise

Knees bent, feet flat on the floor. Inhale and with exhalation, tilt pelvis, tuck chin in and lift head and shoulders as you reach with the left arm towards right knee and then come down. Alternate, reaching toward left knee and come down.

When you can do these abdominal exercises easily, you should progress your ability and increase your endurance in one of the following ways:

- come up into full sitting
- lock your hands behind your head as you lift into sitting OR
- hold at the mid-position of your lift for five seconds OR
- increase the number of repetitions of the exercise

EXERCISES WHILE STANDING

Pelvic Tilting

Stand with back against the wall and heels 3 to 4 inches from the wall. Tighten the abdominal muscles and tilt the pelvis so that the low back flattens against the wall and relax.

Side Bending

Bend to side as far as you can. Alternate. Maintain pelvic tilt.

Back Rounding

Kneeling on hands and knees, push middle of back toward ceiling, keeping arms straight, and tuck head under. Hold for count of three and relax to straight back position. Avoid “dropping down” hard as it can hurt your back.

If you have any discomfort while doing these exercises - STOP. After waiting one hour, try again. If you still have discomfort notify your Primary Health Care Provider.

EMOTIONS & SEXUAL ACTIVITY

NEW MOTHER EMOTIONS

Baby Blues

50 to 80% of new Moms experience Baby Blues which occurs in the first 3 to 5 days and goes away in 1 to 2 weeks and may include:



- Crying
- Feeling sad
- Feeling frustrated
- Feeling tired
- Difficulty concentrating
- Difficulty sleeping

Post Partum Depression

10 to 15% of new Moms experiences Post Partum Depression which can start suddenly or slowly any time within the first year after birth and may include:



- Crying/irritability
- Exhaustion
- Appetite Changes
- Feelings of doubt about parenting
- Guilt
- Feeling overwhelmed
- Having no feelings for your baby
- Loss of interest in usual activities

SEXUAL ACTIVITY



- It is recommended to wait until after your 6 week appointment with your OB or Midwife. This allows your bleeding to stop, any tears/episiotomy/incision to heal, and your cervix to close
- Your OB/Midwife can discuss resume sexual activity and a method of birth control (if desired)
- You can ovulate prior to your first menstrual cycle returning
- There are safe birth control options you can use while breastfeeding
- Remember exhaustion from being a new parent may impact your interest in sex, communicate with your partner

FEEDING YOUR BABY

As a new parent, you are faced with many decisions about what is best for you and your baby. Exclusive breastfeeding (feeding only breastmilk) for six months is the healthiest decision. Breast milk is made especially to meet the needs of your baby. Babies who are breastfed receive many health benefits that commercial infant formulas or other milks do not offer. Breastmilk will provide valuable nutrition for your baby's growth and development. If you decide to give your baby something other than breastmilk, commercial iron-fortified infant formula is the recommended choice.

During your pregnancy, talk with your partner about how you want to feed your baby. Ask your health care professional for more information and about the supports that are available to you.

Some people think that everyone needs to be able to feed the baby in order to create a strong bond. However, family members have different ways that they can bond with baby. Along with feeding, mothers and fathers can bond with their baby through many other activities (such as cuddling, diaper changes, bathing, talking, singing, and reading stories to baby). Siblings can tell stories to help or by bringing supplies at baby's diaper change time, grandparents can diaper or cuddle baby, sharing their support with the family.

BREASTFEEDING

Breastfeeding your baby provides many benefits.

Breastmilk

- Is easily digested
- May lower rates of gastrointestinal, respiratory, and ear infections. Babies who receive breastmilk may also have decreased chances of developing obesity, Sudden Infant Death Syndrome (SIDS), asthma and eczema. Studies in these areas are on-going.
- Has growth factors and hormones to help normal growth and development
- Is always fresh and at the right temperature
- Changes to meet your growing baby's needs
- Conflicts to breastfeeding are rare; ask your health care provider if you have any questions about medications you are taking or any other health concern you are unsure of that may create a problem with breastfeeding



Breastfeeding

- Helps you feel close to your baby
- May help you lose weight and get back into shape
- Helps your uterus return to normal size
- Helps decrease your risk for breast and ovarian cancer
- Is convenient (no need to mix formula or clean bottles or carry formula and bottles when travelling)
- Is much cheaper than formula feeding
- Is environmentally friendly



Health Canada and the Canadian Pediatric Society recommend exclusive breastfeeding up to 6 months and continue to breastfeed for up to 2 years and beyond.

BREASTFEEDING

Partner, family and friends can support breastfeeding knowing that:

- Human milk is made for human babies and supports the development and protection of the baby after birth
- Mother and the baby need time together, which helps them both recover from childbirth and learn to breastfeed.
- Babies cuddle skin-to-skin on their mother's chest will show feeding cues from mother to follow
- Frequent breastfeeding, 8 to 12 times in 24 hours, will help your baby get enough breastmilk
- In the first few weeks, feedings take about an hour, this includes feeding on both breasts, diaper changes and burping.
- It takes about 4 to 6 weeks for most mothers to feel confident with breastfeeding and for breastfeeding to seem convenient
- Your continued encouragement and support is very important to the new mother

A baby needs a lot of attention during the first months of life. You can help by:



Changing the baby



Bringing the baby to
mother to breastfeed and
burping the baby



Cooking meals and
making snacks for the
family and grocery
shopping



Tidying up the house



Doing laundry (you will be
amazed at how much one tiny
baby can create!)



Encouraging the new mother
to rest when her baby does



Screening visitors and
phone calls

Breastfeeding has many benefits for you and your baby. Please be patient with yourself and your baby as breastfeeding is a new skill for both of you to learn. Ask lots of questions and your baby's nurse will be pleased to assist you.

Your baby's stomach is as small as the amount of colostrum you produce. You will produce anywhere from 10-100mls (approx. 1/2-3oz). During the first 24 hours, baby may feed as often as every hour and a half or may feed only once or twice even though you have tried to feed baby more frequently. Both are okay. Your baby will have at least one wet diaper and one bowel movement the first day. Baby's bowel movements are black in colour.

Some of the major signs that your baby is getting enough breast milk:

- 6-8 wet diapers a day (once milk is in and breastfeeding well). Also refer to baby's bladder patterns/voiding (see chart below)
- Bright eyed, alert baby
- Audible swallowing
- The suckling at the breast should be a long, deep, slow and rhythmic pattern of sucking with a pause in between
- Baby does not slip off or fuss at the breast
- Regain birth weight by the age of two to three weeks, doubling birth weight at 5-6 months
- Once milk is in, mother's breasts are softer at the end of feeding
- 2- 3 large stools per day in the first 4 weeks
- Grows out of his/her clothing
- Reasonably content between feeds. Remember babies have a growth spurt at 2-3 weeks, 6 weeks, 3 months and 6 months. By feeding more often for 2-3 days you will increase your milk supply
- Moist mouth

BABY'S BLADDER PATTERNS/VOIDING

Initially, your baby should void within the first 24 hours. The following should be used as a guideline to help you assess if your baby is getting enough to eat:

	Day 1	Day 2	Day 3	Day 4	Day 5
Min. # of Wet Diapers	1	2	3	4	At least 6 (from now on)
Min. # of Dirty Diapers	1	2	3	3	3

Once your milk comes in, your baby should have a minimum of 6 to 8 wet diapers in 24 hours.

If your baby is having fewer wet diapers than this or if the urine is very dark and concentrated and your baby is sleeping longer than 5 hours at a time in the first 2 weeks please call your health care provider or visit your Emergency Department. Your baby may be getting dehydrated.

CUES BABY IS HUNGRY

EARLY CUES - "I'm hungry"



- Stirring



- Mouth opening



- Turning head
- Seeking/rooting

MID CUES - "I'm really hungry"



- Stretching



- Increasing physical movement



- Hand to mouth

LATE CUES - "Calm me, then feed me"



- Crying



- Agitated body movements



- Colour turning red

SIGNS OF AN INEFFECTIVE LATCH

- Baby falling asleep at the breast after only a few sucks
- Only nipple in baby's mouth
- Pinching sensation during feeding
- Sore painful nipples
- Baby showing feeding cues after taken off the breast
- Baby unsettled/crying
- Smacking or clicking noises with each suck

If this occurs, break the baby's latch then attempt to have the baby latch again.

If you experience any difficulty with latching, please ask your nurse/midwife for assistance.

BREAKING THE LATCH

When your baby is finished breastfeeding s/he will usually change his/her sucking pattern from long, slow deep sucks to quicker and more shallow sucks. If you are ending the feeding yourself and have to "break" the latch, you may do this by inserting one of your fingers into the corner of your baby's mouth. If this does not release the hold on your breast, insert your finger between baby's gums and turn it to open them up a bit.

ATTACHING BABY

When baby is beautifully lined up with the breast you are ready to attach baby.



- 1) With baby's chin pointing at the breast and your nipple above baby's top lip, opposite the nose. Tease baby's lips & chin with the breast & areola.
- 2) Wait for baby to respond with a wide-open mouth, tongue down.
- 3) Swiftly & firmly push between baby's shoulders bringing baby onto the breast.
- 4) Position baby's bottom lip a good 3-4cm below the nipple. The deeper the bottom lip is below the nipple the more breast baby takes.
- 5) Watch the chin sink into the breast and the nipple brush under baby's top lip. If needed you can use your finger or thumb to help guide the breast and then the nipple into the baby's mouth.
- 6) This places the baby's tongue well under the breast, the nipple rolls back near the soft palate, baby will form a good "latch" and begin feeding.

ADDITIONAL RESOURCES

[Click here](#) for a more comprehensive guide to latching and breastfeeding your baby, including nutrition for mom, how family can support and a mom's survival guide for the first 2 weeks.

Make sure you are in a comfortable position for feeding. Four positions you can try for breastfeeding are: the football hold, the side lying hold, the cradle hold and the modified cradle hold.

YOU HAVE ALL BABY NEEDS

Your breasts will produce exactly the right amount of milk required on each day if baby is frequently latching on and drinking well.

THE FOOTBALL HOLD

Sit in a chair using pillows to support your shoulders and back, or in an armchair.



- 1) Place an additional pillow on the chair arms or on the bed beside you to rest your arm on. Many mothers find that placing the armchair beside the hospital bed facilitates the football hold.

- 5) Raise the bed to the same level as the armchair.
- 6) Place a pillow so it comes underneath your breast and it bridges the armchair to the bed.
- 7) Support your baby's neck and shoulders with your hand and tuck your baby under your arm so that his/ her feet are at your back and the pillow supports his/her body.
- 8) Use your other hand to support your breast by placing your fingers under your breast and your thumb on top of your breast behind the areola (darkened area).
- 9) Express a small amount of colostrum and stroke your baby's lips with the nipple.
- 10) When your baby opens his/her mouth wide and tries to grasp the nipple, tuck him/her in closely so that he/she can get as much of the nipple and areola in his/her mouth as possible

THE SIDE-LYING POSITION

Lie on the side you are going to begin feeding from.



- 1) Bend your knees to take the strain off your back.
- 2) Extend the arm of the side you are laying on, above your head, and pull

your pillow over your arm and shoulder, and under your head.

- 5) Lay your baby on his/her side facing you.
- 6) Express a small amount of colostrum.
- 7) Bring your baby onto the nipple and areola when he/she opens his/her mouth and tries to grasp it. You will probably need assistance from your nurse if you are using this position order to position and latch properly.
- 8) As your baby becomes more experienced, he/she will be able to latch on without the assistance of another person.

THE CRADLE HOLD



- 1) Sit in a chair using pillows to support your shoulders and back, or in an armchair with your feet slightly elevated on a stool or the lower rung of your bed rail.
- 2) Put a pillow on your hip to support your baby.
- 3) Hold your baby so that his/her head is cradled by your elbow. Turn your baby 90 degrees or turn toward you so that he/she is on his side facing the nipple and his tummy is facing your tummy.
- 4) Use your other hand to support your breast and your thumb on top of your breast behind the areola (darkened area).
- 5) Express a small amount of colostrum and stroke your baby's bottom lip with your nipple.
- 6) When your baby's mouth opens, tuck him in closely so that he/she can get as much of the nipple and the areola in his/her mouth as possible.

MODIFIED CRADLE HOLD (CROSS CRADLE)



- 1) Sit in a chair using a pillow to support your shoulders and back, or in an armchair with your feet slightly elevated on a stool or on the lower rung of your bed rail.
- 2) Put a pillow on your hip to support your baby.
- 3) Support your baby's neck and shoulders firmly with the hand opposite to the feeding breast and use your forearm to hold your baby's body close to you.
- 4) Use your other hand (same side as the breast) to support your breast with your fingers and your thumb behind the areola. This makes a C-HOLD.
- 5) Gently stroke your baby's lower lip with the nipple. When the baby's mouth opens wide, pull your baby to the breast so he/she can latch to the nipple and as much of the areola as possible into his/her mouth.

With all positions, keep your baby tucked in close to you during the feeding. Check periodically to ensure that your baby is not slipping to the end of your nipple. You can tell this is happening if the latch becomes uncomfortable or if more areola is showing than when he/she first latched on. When your baby starts suckling, do not compress your breast as this may prevent the milk flow. Babies have flat noses and if they cannot breathe they will pull off the breast as they can only breathe with their nose while sucking. Ensuring the baby is supported close to you with their buttocks pulled closely, will angle the baby and allow his/her head to extend and the nose to be free of the breast. Pressing the breast away from the baby's nose may loosen the baby's grasp of the nipple, causing him/her to slip off the areola or to let go of the nipple. Stroking the infant's cheek to stimulate suckling is not recommended as baby will turn his/her head towards the stroking and possibly unlatch him/herself.

It is common for babies to suck and pause periodically during feedings. You will notice that the pauses tend to get longer as your baby becomes full. Stimulate baby's chin to encourage your baby to suckle or perform breast compressions. When the pause periods become longer than the suckling, it's time to stimulate baby to suckle or take your baby off your breast.

WHEN DO YOU NEED TO CALL FOR ADVICE?

Have your baby checked by a professional supportive of breastfeeding (i.e. Health care provider, public health nurse, lactation consultant) within 2-3 days of discharge from the hospital or sooner, if your baby;

- Does not have the minimum number of wet/soiled diapers according to your baby's age.
- Does not have a bowel movement for 2 days and baby is under 6 weeks old
- Baby is refusing feedings
- Baby is very sleepy and will not feed
- You are worried about your baby's feeding
- Either you or baby has a temperature (fever) greater than 38 degrees
- If your baby's skin is getting increasingly yellow

GENERAL BREAST CARE

- Wash breasts daily, preferably avoiding soap in the nipple area, as it can dry out the nipples
- Wear a bra that fits well and is not too tight. Do not wear a bra with underwires, as pressure caused by the wires can lead to blockage or infection of the breasts.
- After breastfeeding, hand express some breast milk onto the nipples. Allow it to air-dry before putting on your bra.

CARING FOR BREASTS THAT ARE HARD

Hard breasts may make it difficult for your baby to feed. To soften your breasts, try the following:

- Take a warm shower
- Gently massage your breasts in the shower, or with a warm wet towel
- Hand express some milk until the area around the nipple feels soft, then try breastfeeding again
- Ensure that you breastfeed every 1.5-3 hours so that your breasts remain soft.
- After feeding, place a cold wet towel on your breasts for comfort and to decrease swelling.
- You may wish to place some cabbage leaves under your bra for approximately 30 minutes to soften your breasts
- On the third to fourth days post partum, breasts may become full as breast milk forms. Breasts may feel hard, warm and tender. This is called engorgement.
- A mild pain relief medication (acetaminophen or ibuprofen)
- Cold packs to the breasts
- Placement of cold, raw cabbage leaves inside your bra
- Firm supporting bra
- A mild pain relief medication (acetaminophen or ibuprofen)

Good nipple care is important! Our suggestions for care of your nipples include the following:

- Wash your breasts once a day when you shower. Do not use soap or perfumed lotions or creams that must be washed off prior to feeding.
- Express a small amount of colostrum or breast milk and spread it over the nipple or areola after the feeding. Allow to air dry for at least 10 minutes
- Air your nipples briefly after each feeding before you put your bra back on.
- If your breasts leak after feeding, use breast pads without plastic backing and change your breast pads whenever they are wet.

NIPPLE SORENESS

Many new mothers experience nipple soreness. Your nipples may be tender in the first week after birth, however this should improve each day. Breastfeeding should NOT however be painful. If your nipples are painful, try the following:

- Pull down on baby's chin when it feels like he or she is pinching your nipple, thus opening the mouth more
- Ensure that baby is properly latched – his or her lips should be turned out, tongue down, and chin pressed into your breast
- You may try flicking the baby's lips outwards – sometimes the lips are turned in, causing pinching.
- Use a variety of positions for feeding so that baby does not suck on the same part of the breast with every feeding.
- Do not let your baby fall asleep at your breast.
- Do not offer your baby a bottle supplement or soother as this may teach your baby to develop an ineffective sucking pattern.
- After feeding, hand-express some breast milk onto the nipples, letting it dry before putting on your bra
- Some creams and ointments may help, such as Purelan – ask your nurse or lactation consultant for more information on these products.
- Using pain medication and deep breathing exercises may help ease nipple soreness

If none of these measures work, check inside your baby's mouth for white patches on his/her tongue or cheeks. If the white patches cannot be wiped away, contact your doctor as you and your baby may have a yeast infection called "thrush" that could make your nipples sore.

BABY CARE

FEEDING



- Babies need to eat frequently and around the clock
- 8 to 12 times in 24 hours is normal
- Babies typically eat every 1 to 3 hours if breastfed and every 3 to 4 hours if bottle fed
- Minimum of 8 feeds in 24 hours for the first few weeks - Until baby is back to birth weight and feeding well

SAFETY AT HOME



- Never leave baby unattended on a couch, bed or in the tub
- Baby will only need one layer more than what you wear. No need to overdress baby. In fact, hats are not needed indoors as this is how baby's cool themselves. Room temperature 18-22 degrees for sleeping
- No loose blankets
- We recommend a cool mist humidifier in the room baby sleeps in during winter months to moisten the air (35-40% humidity is optimal)

HOW TO DRESS BABY



- Babies do not regulate their body temperature well during the first few months of life. **Do not** over dress your baby. Dress him/her according to the weather. One extra layer more than what you are comfortable wearing is a good guideline.
 - If baby's skin feels warm and damp from sweating, your baby is too warm and may be uncomfortable. Remove one layer of clothing to help cool baby down.
 - If your baby still feels warm, check your baby's temperature. Contact your baby's health care provider if your baby has a fever.

BABY'S SECOND NIGHT



- Baby is often fussy
- Finds comfort in being on your chest or partners chest (hears heartbeat, warm, safe)
- Baby may feed frequently at the breast with periods of sleeping on the breast
- It is normal for baby to not want to be put down in the cot.

DID YOU KNOW



- Babies lose approximately 7% of their birth weight in the first few days. By day 5 they start gaining and should be back to birth weight by 10-14 days.
- Babies poop will turn from the dark meconium poop to green, brown then yellow by day 5.
- Babies need to eat at night, Mom and Dad should take naps when they can.

BATHING



- If you clean up spills and spit up, and keep the diaper area clean, your baby only needs a bath 2 to 3 times per week
- **DO NOT** give your baby a tub bath until:
 - The umbilical cord is off and the belly button has normal-looking skin
 - The circumcision site has healed (if your baby is a boy and was circumcised). Until then, only use a sponge bath.
- Pick a time of day when you can relax and enjoy this time with your baby. Avoid bathing just before or after feedings.
- Never leave your baby alone on a high surface where he or she can roll off
- Always keep a hand on your baby while giving a bath. Never leave your baby alone in a bath.
- To keep your baby warm, cover your baby with a cloth or towel except where you are sponge bathing. Have a towel ready close by to wrap your baby in immediately after bathing.

Steps to Bathe Your Baby



- Wash your hands with warm water and soap
- Get all of the needed equipment ready for the baby, including:
 - Basin filled with 2 to 3 inches (5.1cm to 7.6cm) of warm water. Always check the water temperature with your elbow or wrist before bathing your baby to make sure it is not too hot
 - Mild baby soap and baby shampoo
 - A cup for rinsing
 - Soft washcloth and towel
 - Cotton balls
 - Clean Clothes and blankets
 - Diapers



- Start the bath by cleaning around each eye with a separate corner of the cloth or separate cotton balls. Stroke gently from the inner corner of the eye to the outer corner, using clear water only. **Do not** use soap on your baby's face. Then, wash the rest of your baby's face with a clean wash cloth, or different part of the wash cloth.



- **Do not** clean the ears or nose with cotton-tipped swabs. Just wash the outside folder of the ears and nose. If mucus collects in the nose that you can see, it may be removed by twisting a wet cotton ball and wiping the mucus away, or by gently using a bulb syringe. Cotton-tipped swabs may injure the tender area inside of the nose or ears.



- To wash your baby's head, support your baby's neck and head with your hand. Wet and then shampoo the hair with a small amount of baby shampoo, about the size of a nickel. Rinse your baby's hair thoroughly with warm water from a washcloth, making sure to protect your baby's eyes from the soapy water. If your baby has patches of scaly skin on his or her head (*cradle cap*), gently loosen the scales with a soft brush or washcloth before rinsing.



- Continue to wash the rest of the body, cleaning the diaper area last. Gently clean in and around all the creases and folds. Rinse off the soap completely with water. This helps prevent dry skin.
- During the bath, gently pour warm water over your baby's body to keep him or her from getting cold.
- For girls, clean between the fold of the labia using a cotton ball.
 - Some babies have a bloody discharge from the vagina. This is due to the sudden change of hormones following birth. There may also be white discharge. Both are normal and should go away on their own.
- For boys, wash the penis gently with warm water and a soft towel or cotton ball. If your baby was not circumcised **do not** pull back the foreskin to clean it. This causes pain. Only clean the outside skin. If your baby was circumcised, follow your baby's health care provider's instructions on how to clean the circumcision site.
- Right after the bath, wrap your baby in a warm towel.

UMBILICAL CORD CARE



- Your newborn's umbilical cord was clamped and cut shortly after he or she was born. When the cord has dried, the cord clamp can be removed.
- The remaining cord should fall off and heal within 1 to 4 weeks.
- The umbilical cord and the area around the bottom of the cord do not need specific care, but they should be kept clean and dry.
- If the area at the bottom of the umbilical cord becomes dirty, it can be cleaned with plain water and air-dried.
- Folding down the front part of the diaper away from the umbilical cord can help the cord to dry and fall off more quickly.
- A small amount of sticky drainage or blood before the umbilical stump falls off is normal.
- You may notice a bad odour before the umbilical cord falls off. Call your health care provider if the umbilical cord has not fallen off by the time your newborn is 4 weeks old. Also, call your health care provider if:
 - There is redness or swelling around the umbilical area
 - There is drainage from the umbilical area
 - Your baby cries or fusses when you touch the area around the cord

There are a number of things you can do to keep your baby safe while he or she is napping or sleeping.

DO:



- Place your baby to sleep on his or her back unless your baby's health care provider has told you differently. This is the best and most important way you can lower the risk of sudden infant death syndrome (SIDS).
- The safest place for a baby to sleep is in a crib that is close to a parent or caregiver's bed. A safety-approved bassinet or portable play area may also be used for sleeping.
- Use a crib and firm crib mattress that meet the safety standards of the Consumer Product Safety Commission and the American Society for Testing and Materials.
- Use a light, thin blanket tucked in at the bottom and sides of the bed, and place it no higher than your baby's chest.
- Give your baby plenty of time on his or her tummy while he or she is awake and while you can supervise. This helps your baby's muscles and nervous system. It also prevents the back of your baby's head from becoming flat.
- Once your baby is taking the breast or bottle well, try giving your baby a pacifier that is not attached to a string for naps and bedtime.
- If you bring your baby into your bed for a feeding, make sure you put him or her back into the crib afterward.
- Dress your baby lightly for sleep.

DO NOT:



- Routinely put your baby to sleep in a car seat, carrier, or swing.
- Over-bundle your baby with clothes or blankets. Adjust the room temperature if you are worried about your baby being cold.
- Cover your baby's head with blankets.
- Put quilts, comforters, other loose bedding, toys and stuffed animals in the crib. This also includes sheepskins, crib rail bumpers and pillows.
- Do not let your baby get too hot. The baby should not feel hot to the touch and should not be sweaty.
- Place babies to sleep on adult beds, soft mattresses, sofas, cushions, or waterbeds.
- Smoke around baby, especially when he or she is sleeping. Babies exposed to second hand smoke are at an increased risk for sudden infant death syndrome (SIDS). If you smoke when you are not around your baby or outside of your home, change your clothes and take a shower before being around your baby. Otherwise, the smoke remains on your clothing, hair, and skin.
- Sleep with your baby or let other adults or older children sleep with your baby. This increases the risk of suffocation. If you sleep with your baby, you may not wake up if your baby needs help or is impaired in any way. This is especially true if you have been drinking or using drugs, have been taking medicine for sleep or may make you sleep, or you are overly tired.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

GUIDELINES FOR NURSING MOTHERS

Your Baby's Age	1 WEEK							2 WEEKS	3 WEEKS
	1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS	6 DAYS	7 DAYS		
How Often Should You Breastfeed? Per day, on average over 24 hours	 <p>At least 8 feeds per day (every 1 to 3 hours). Your baby is sucking strongly, slowly, steadily and swallowing often.</p>								
Your Baby's Tummy Size	 <p>Size of a cherry</p>		 <p>Size of a walnut</p>		 <p>Size of an apricot</p>		 <p>Size of an egg</p>		
Wet Diapers: How Many, How Wet Per day, on average over 24 hours	 <p>At least 1 WET</p>	 <p>At least 2 WET</p>	 <p>At least 3 WET</p>	 <p>At least 4 WET</p>	 <p>At least 6 HEAVY WET WITH PALE YELLOW OR CLEAR URINE</p>				
Soiled Diapers: Number and Colour of Stools Per day, on average over 24 hours	 <p>At least 1 to 2 BLACK OR DARK GREEN</p>		 <p>At least 3 BROWN, GREEN, OR YELLOW</p>			 <p>At least 3 large, soft and seedy YELLOW</p>			
Your Baby's Weight	Babies lose an average of 7% of their birth weight in the first 3 days after birth.				From Day 4 onward your baby should gain 20 to 35g per day (½ to 1½ oz) and regain his or her birth weight by 10 to 14 days.				
Other Signs	Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding.								

FOLLOW UP FOR BABY

- Phone your family Dr. / Pediatrician / or midwife for an **appointment 2 to 3 days after discharge** from the hospital. Baby needs to be seen, weighed and assessed by your health care provider.
- **Breastfeeding clinic** available for follow up for Mom and baby by calling **905-883-2060 from Richmond Hill** or **905-832-4554 ext. 2060 from across Vaughan**.

CONTACT BABY'S HEALTH CARE PROVIDER IF...

- Baby has a fever (Temperature above 38 degrees Celsius/100 degree Fahrenheit, check under arm) or if consistently 37.5, 37.6 and baby is not overheated
- Baby is unusually distressed
- Baby is unusually drowsy and hard to wake up
- If baby is not feeding a minimum of 8 times in 24 hours
- If baby has no stool over a 24 hour period in the first week
- If baby has fewer diapers than expected (more is okay)

	Day 1	Day 2	Day 3	Day 4	Day 5
Min. # of Wet Diapers	1	2	3	4	At least 6 (from now on)
Min. # of Dirty Diapers	1	2	3	3	3

- Baby's skin or eye becomes yellow in colour
- Baby's umbilical cord area becomes red
- Foul odor or fluid leaking from umbilical area
- *Rapid or laboured* breathing pattern (babies normally fluctuate their breathing rate/pattern)

What to do if you cannot reach Health Care provider?

- Call Telehealth for free help over the phone with medical concerns and breastfeeding, open 24 hours a day/ 7 days a week at **1-866-797-0001**
- Call York Region Public Health (**Health Connection**): for information on caring for yourself or your baby at **1-800-361-5653/ 905-895-1231**
- Go to the **Emergency Department**
- If breastfeeding related connect with a **Lactation Consultant** in the community or book an appointment in our clinic using the number above.

HEALTH CARD (OHIP)



- Fill in baby's name. If you haven't decided on the first or middle names, leave these blank but make sure to have last name.
- Parent information in middle section
- Be sure to sign and date the form and hand the top portion to your nurse. The bottom portion is the temporary health card and will be used for all appointments for baby.
- Take a picture of the number and keep it safe.

Once the baby's name has been decided, call the 1-800# on the back of the bottom portion of the form to update Service Ontario.

SERVICE ONTARIO

You can register your newborn for all items listed below at www.orgforms.gov.on.ca/IBR. The birth of every child **must be registered within 30 days** following the birth. If the birth is not registered, you cannot request a birth certificate or get access to other important services for your child.

- Register your baby's birth using the information provided on the baby's Newborn birth report
- Request a birth certificate
 - Plan on getting a passport? Choose the "long form" birth certificate
- Sign up for Canada (Ontario) tax benefits

Registration Fees:

Registration	Fee
Birth Registration	FREE
Short-Form Birth Certificate	\$25
Long-Form Birth Certificate (required for passport applications)	\$35
Social Insurance Number (SIN)	FREE
Canada Child Benefits (including Ontario Child Benefits)	FREE



Car Seat Safety

Clip at under
arm level



CORRECT

Clip too low



INCORRECT

Pinch Test



SNUG



NOT SNUG



To keep baby warm in the car during the colder months, consider using a car seat cover that has an elastic cover, similar to a shower cap, or a thick blanket over the harness. While bunting bags and sleeping bag type of covers look extra comfortable for baby, they actually pose a danger in the case of an accident. Snowsuits and bunting bags will interfere with buckling up your baby securely and may void your car seat warranty in the case of an accident.