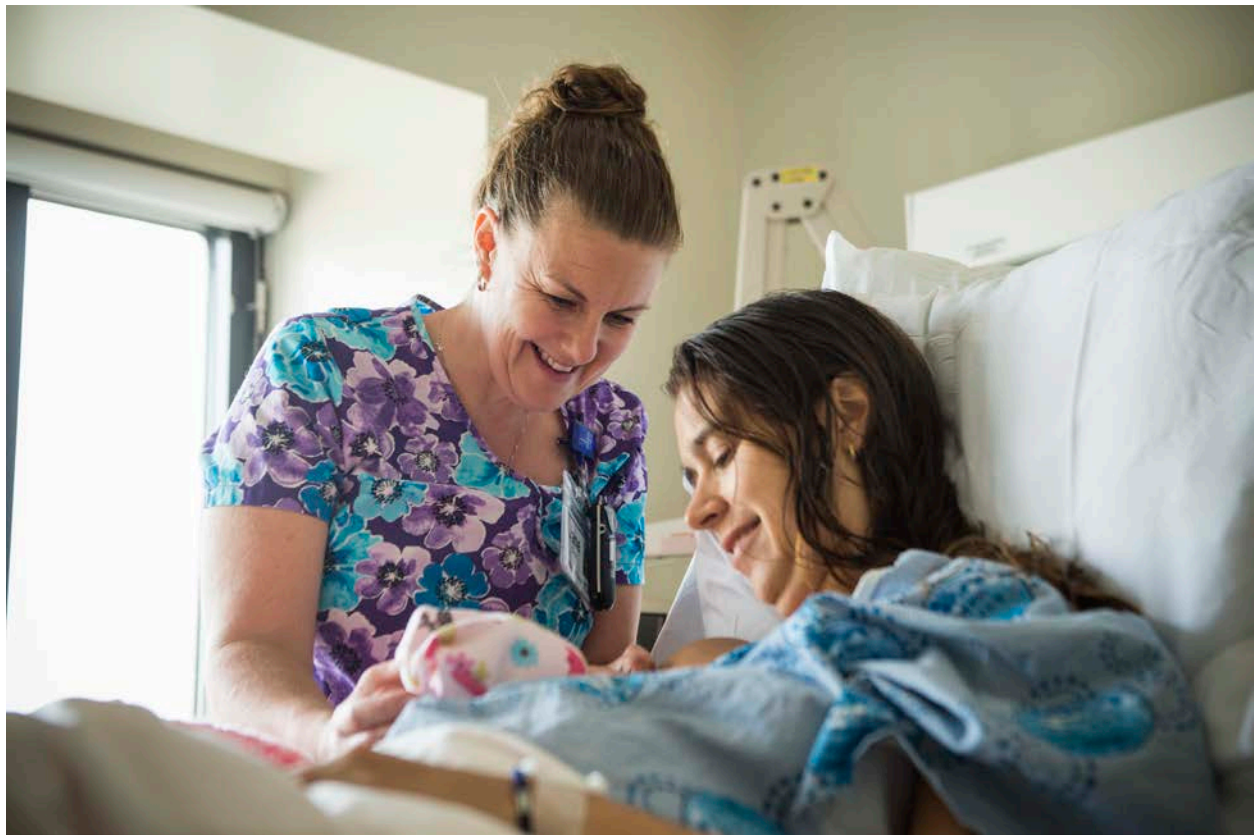


# A Guide to Having Your Baby at Kingston Health Sciences Centre



Hôpital  
Hotel Dieu  
Hospital



Hôpital Général de  
Kingston General  
Hospital

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## Your Hospital Stay

### Welcome!

Thank you for choosing Kingston Health Sciences Centre (KHSC) for the birth of your baby. This guide tells you about our programs and services. It helps you through the process of having a baby at KHSC, and helps you prepare with your caregivers for when and after your baby is born. Please read this guide and share it with your family.

The birth of a baby is a new beginning. We at KHSC wish your family much joy and happiness.

If you think you are having your baby soon, enter through the Emergency Department – **do not enter through the main entrance.**

### Family-Centred Care

We believe in family-centred care. This means that we encourage you and your family to take part in the decisions that affect the care of your baby. Your pregnancy is special. Our caregivers respect your personal needs and choices, and are here to work together with you.

KHSC is a teaching hospital connected with Queen's University and St. Lawrence College. That means that our staff teaches future healthcare providers. You may receive care from a senior medical student. They are sometimes referred to as "clinical clerks" and are in the last two years of their medical training.

Residents may also be involved in your care. They have graduated from medical school and are completing specialized training in a field of their choice. Residents and students are under the supervision of an obstetrician, sometimes called the "attending staff."

You may also receive care from midwife students or nursing students. If you have any questions or concerns, please talk to your caregiver.

In addition to the obstetrical team, there will be an anaesthesiology and neonatal team available to assist you and/or your baby if needed.

The race, gender and religious backgrounds of the team members will vary. KHSC does not support discrimination, nor can this system accommodate special requests based on these characteristics.

### Visiting Policy

Partners or support persons are welcome any time.

We do not have visiting hours, however, please be mindful of the number of visitors and the level of noise, particularly if you are sharing a room on the postpartum unit. We do have a large sun room with seating on the unit if you have a large group of people coming to visit.

## The Obstetrical Physician On-Call System

The obstetricians at KHSC take turns being on-call. This means there is always a fully trained obstetrician, an obstetrical resident, a senior medical student and nursing staff trained to care for you and your baby. These individuals function as a team.

Family doctors who care for obstetrical patients at KHSC also take turns being on back-up call. They may have a family medicine resident and a medical student involved as part of their teams.

Your medical records will be in the Labour and Delivery unit (Connell 5), ready for the health care team.

## Registration

KHSC no longer requires patients to pre-register. You will be asked whether you prefer a four-bed, semi-private or private room for your postpartum stay when you are admitted to Labour and Delivery. We will make every effort to meet your request. However, please be aware that semi-private and private rooms are available on a 'first-come, first-served' basis and, if you do not have extended health insurance, there will be an extra charge. The Admissions Clerk will discuss these charges with you.

## Parking

Parking at Kingston Health Science Centre is limited. Do not park at the main entrance on Stuart Street. If you are unable to get parking on the street, there is an underground parking lot on Stuart Street across from KHSC's Kingston General Hospital (KGH) site.

Please note that if you think you are about to deliver your baby and are on your way to the hospital, please enter the hospital through the Emergency Department rather than the main entrance. This will ensure that you have immediate access to medical assistance if required.

## Smoking

Kingston Health Science Centre has a smoke-free building and grounds. If you or your visitors must smoke, you may do so outside of a 10-foot radius from the hospital property (for example, across the street). You will need to sign a Release of Responsibility Form to leave the unit.

## Planning Ahead for Your Hospital Stay

### Suggested Items to Bring

#### Hospital stay for mom

- Several pairs of old underwear (mesh panties are not supplied by the hospital but available for purchase in the gift shop on Level 1)
- Pen (black or blue)
- Nightgowns/pajamas - ones that button down the front for breastfeeding
- Comfortable clothing, slippers, housecoat
- Nursing bra

- Clothes for going home
- Personal toiletry items—Kleenex, toothbrush, toothpaste, soap, deodorant, shampoo, conditioner
- Snacks

### **Hospital stay for baby**

- Baby wipes (the hospital does not supply)
- Receiving blankets
- 2-3 sleepers for baby to wear

### **Going home for baby**

- Car Seat (properly installed prior to discharge)
- Sleepers or outfit weather appropriate
- Receiving blankets

Please remember it is not recommended that your baby be in a snowsuit while in their car seat for safety reasons.

## **Your Hospital Stay: Labour and Delivery**

### **You may be starting labour if:**

- Your water has broken.
- You are having contractions. You feel pain or tightening (in your belly and/or back), which is happening regularly, getting stronger, coming closer together and lasting longer. Follow the plans you have discussed with your caregiver about what to do if you think you are in labour.

### **What if your water breaks?**

If you think you have broken your water, please come to the Labour and Delivery unit on Connell 5 to be assessed.

### **What if you are bleeding?**

If you've recently had a vaginal exam, spotting is common. Many women also have a normal, brownish discharge while labour is in its early stages. However, if the bleeding is more like a period, come to the Labour and Delivery unit on Connell 5 to be assessed.

### **If you have a midwife**

Make a plan with your midwife about what do when you go into labour. While in labour, your midwife will take care of you and you will go home as soon as you and your baby are comfortable after the birth.

Please note that if you receive an epidural during labour it is hospital policy that you stay in hospital for 12 hours post-delivery.

Remember to ask your midwife what happens if a doctor needs to be called in. This section will help you prepare for that.

## Arriving at the Hospital

If you think you are having your baby soon, enter through the Emergency Department – **do not enter through the main entrance**. After your partner has arrived on the Labour and Delivery unit, the car parked outside of the Emergency Department will need to be moved.

When you arrive at the hospital please proceed right to Connell 5 Labour and Delivery, located on the 5<sup>th</sup> floor. You will have to use the phone outside the door and someone will unlock the door for you.

Remember to bring your health card and supplementary insurance information. There is no need to stop at the admitting department. Take an elevator to the 5<sup>th</sup> floor.

## Triage

Triage is a process that decides if you are ready to be admitted to the Labour and Delivery unit. If you are not ready to be admitted, you may be sent home with information about when to return. Priority is given to women who are close to delivery or who are having complications. First-come, first-served does not apply.

- A nurse will ask you some questions about your pregnancy and what brought you to the hospital.
- She will check your vital signs and your baby's heart rate.
- If you may be in labour, you will have a vaginal examination done.
- If your primary healthcare provider is a midwife or family physician, they will be notified and a decision about your plan of care will be made. If your primary healthcare provider is an obstetrician, the on-call obstetrician will make the decision about your plan of care.
- If you are in early labour, your care provider may suggest you go home while your labour progresses.

### What if you are sent home from triage?

Don't worry! You haven't "failed." We now know that things are beginning to happen. We also know that during early labour women do better at home in their familiar surroundings. We send about 25% of women home. While you're at home, carry on with your normal day. If you have concerns, please call KHSC's Labour and Delivery unit at 613-548-2315.

### If you are sent home, when should you return to the hospital?

**If this is your first baby:** Return to the hospital when your contractions are less than five minutes apart, are lasting about 60 seconds and are uncomfortable. If you are comfortable at home, stay there. This stage may last for several hours. Come back to the hospital if you aren't comfortable any more.

**If this is not your first baby:** Return to the hospital when your contractions are five minutes apart, are lasting 45-60 seconds and are uncomfortable. If your water breaks, come back to the hospital. If you had a fast labour during any of your previous pregnancies, come as soon as your contractions are regular or you aren't comfortable any more.

### Pain relief in the beginning phase of labour

- Take a warm shower with water flowing on your belly or back, or a warm bath if your water hasn't broken. Make sure you have help getting in and out of the tub.

- Use different positions while you are having a contraction – leaning against a wall or your support person, squatting, kneeling or on all fours ... whatever helps.
- Have a massage on your lower back, including constant pressure during contractions, or try light stroking or circling on your belly.
- Between contractions you may like someone to massage your hands, feet, neck or shoulders. You can use your hands, a rolling pin, or a tennis ball. Some women enjoy massage oil.
- Experiment with different types of music and lighting.
- During early labour, try to relax and reserve your strength for the hours ahead.
- Drink plenty of fluids and eat snacks like toast, muffins and tea.
- Remember, being nauseated in labour is unpleasant but normal.
- If you are worried about the amount that your baby is moving don't hesitate to come to the Labour and Delivery unit at KHSC.

## Labour and Delivery

We have six birthing rooms with special birthing beds. Most births take place in our birthing rooms. Caesarean sections take place in the operating room located on Connell 5. Each nurse has one labouring woman to care for and will continue to check how you and your baby are doing.

When you arrive in your room, your nurse will show you the call bell, the bathroom, the shower, how the bed works and where to get nutrition. We hope that you will feel comfortable enough to look around and to share any special concerns or questions you have with your nurse. If you have a caesarean section, you will be cared for in a designated recovery area after the procedure.

### During labour

- When you are admitted to the Labour and Delivery unit, your assessment will continue.
- You will have blood taken.
- As your labour progresses, a nurse will check you and your baby regularly.
- The nurse may encourage some comfort measures, such as walking, showering or relaxation.
- Other interventions like an intravenous catheter, continuous electronic fetal monitoring, induction or pain medication are not routine for every woman. They occur when there is a specific need for them or, as in the case of pain relief, if you ask for it.
- Discuss your plans for your birth with your labour nurse.

### During the birth

- Women are encouraged to push in a variety of positions according to their preference, comfort and ability.
- Episiotomies (a surgical cut between your birth canal opening and your rectum) are not routine but sometimes necessary.



### **Immediately after birth**

- After your baby is born, you will get medication called Oxytocin by intravenous catheter (if you already have one) or by injection into a muscle. This helps the uterus contract after the birth to reduce bleeding and to help the placenta come out.
- Two assessments of your baby's health (Apgar scoring) are carried out at one and five minutes after birth.
- All babies get antibiotic eye ointment and an injection of Vitamin K (which helps their blood clot). These routine medications can wait until you have had a chance to be with your baby but are done within the first hour before going to the postpartum unit.
- Your baby will be weighed, and a wrist and ankle identification band will be put on.
- We believe babies and their families should be together, so we do not separate them unless there is an indication.
- The hour after birth is a good time to begin skin-to-skin contact and breastfeeding and to spend some quiet time together.

### **Induction**

Sometimes your labour will be induced. You may want to discuss this with your doctor. You will be asked to come in for the induction on the Labour and Delivery unit. If the unit is busy, your induction may be postponed. The Charge Nurse will keep in touch with you to let you know how things are progressing. Don't worry if your induction is delayed. We will see you as quickly as we can.

### **Caesarean birth**

At KHSC, about 25-30 of every 100 births are done by caesarean section. You may know this as a C-section. A caesarean section may be done when labour is not going as planned. It also may be done if there is a concern for the baby's health.

### **Planned caesarean birth**

If you already know that you will be having a caesarean birth, expect the following:

- Your doctor will arrange a date and time with the Labour and Delivery unit.
- Your doctor will explain what you need to know and get you to sign a consent form.
- You will be called the night before your scheduled procedure with a time to arrive to the hospital.
- Occasionally, other deliveries may delay your scheduled caesarean birth.
- If you are delayed, you will be kept informed by the nursing staff.

### **Unplanned caesarean birth**

A caesarean section is when the baby is born through an incision in the abdomen. At Kingston Health Science Centre, the most common reasons for a caesarean birth are dystocia (no progress) and breech birth. You will have time to ask questions before the surgery.

### **What to expect:**

- You will have an intravenous catheter and a urinary catheter.
- The Anesthesiologist will discuss the type of anesthetic that is most appropriate for you. In most cases, this will be a spinal or epidural anesthetic, in which case you will be awake for the birth of your baby. There are situations for both elective and emergency caesarean sections when a general anaesthetic may be recommended. If this is the case, you will be asleep for the birth.
- A sheet will be covering you up to your shoulders.
- There may be several medical staff present. You will be allowed one support person in the operating room with you. They will sit at the head of the bed.
- The doctor will make an incision horizontally above the pubic bone (or vertically in an emergency) and into the uterus.
- You may feel pressure, tugging or pulling and hear suction sounds.
- Your baby will likely be born within 5 to 10 minutes of surgery starting. It may take longer if you have had previous abdominal surgeries.
- Sewing usually takes an additional 35 - 45 minutes.
- Remember, a caesarean section may be a surgical procedure, but it is also a birth. Talk with your caregiver about how you want your family involved. For your next birth, talk to your doctor or midwife about VBAC (vaginal birth after caesarean).

### **Water immersion**

KHSC offers a noninterventionist method of promoting relaxation and pain management, minimizing the need for medical intervention, and recognizing the benefits associated with water immersion. This is available only after the Informed Choice Discussion is completed and patients' eligibility is determined.

### **Water births**

Water births are only available for midwife patients. Water immersion is available to any patient that meets criteria.

There is a \$10 charge for a debris net.

### **Patient eligibility**

- The woman requests to enter the tub.
- Normal fetal heart rate upon examination auscultation.

### **Patient ineligibility**

Water birth and water immersion is not available or offered to anyone experiencing the following:

- Communicable blood or skin infection (i.e. HIV, hepatitis, herpes lesions, impetigo)
- Maternal fever
- Atypical or abnormal fetal heart rate
- Meconium stained amniotic fluid
- Excessive vaginal bleeding
- High-risk deliveries (i.e. breech labour, prematurity, twin pregnancy etc.)
- Morbid obesity (>300 lbs) due to limitations on weight bearing load of tub edge
- Epidural already placed
- Narcotics administered within 4 hours

## **When Your Baby Needs Special Care**

Kingston Health Science Centre has a Neonatal Intensive Care Nursery (NICU), which has skilled medical and nursing staff. In the NICU, parents are encouraged to be involved in their babies' care as soon and as often as possible.

Babies in the NICU sometimes stay in hospital after their mothers go home. Our social worker is here as a resource to help you while your baby is being cared for in the NICU.

## **Your Hospital Stay after Your Baby is Born**

### **Congratulations on your new arrival(s)!**

In the Labour and Delivery unit, nursing care is usually one nurse to one patient. When you arrive in our postpartum unit on the 5th floor of the KIDD wing, you will find the ratio changes to one nurse for every four families. Each shift, you and your baby will be cared for by the same nurse. Your baby will be with you and your family at all times.

Having your baby in your room may also help you to rest more easily. You will begin to understand your baby's needs and get a good start with breastfeeding. The nurses are available day and night to help you. Just ask.

### **Length of Stay and Discharge**

The usual stay is 24 hours for a vaginal birth (depending on the time of the birth) and 48-72 hours after a caesarean section. Mom and baby will be sent home when they meet the discharge criteria. This is based on the mom's physical and emotional wellbeing, and evidence that the baby is feeding well. Please note, sometimes moms are discharged before their babies.

### **Partners and Support Persons**

We encourage family-centred care. Your partner is welcome and encouraged to stay overnight to learn how to care for and support mom and baby. If you are in a two- or four-bed room and want to stay over, please let your nurse know.

As long as your roommates have no objection, then you are welcome to stay. We have reclining chairs at each bedside and linen will be provided.

### **Baby's Health Card**

Don't leave the postpartum unit without the forms for your baby's temporary health card. These forms need to be signed in the admitting department before you go home.

## Community Support

Healthy Babies Healthy Children (HBHC) is a free, voluntary and confidential program, and you do not need an OHIP card to receive service. A HBHC public health nurse can support you and your family with:

- becoming a parent,
- having a healthy pregnancy,
- preparing for your baby's arrival, and
- finding helpful services in your community.

To find out if the HBHC program is right for you, call 613-549-1232 ext. 1524 to speak to a public health nurse.

ALL new parents can expect to be offered information from HBHC directly following baby's birth, prior to discharge from hospital.

The Public Health Unit's Baby Talk Line can give you information. Call the Baby Talk Line at 613-549-1154 between 8:30 a.m. - 4:30 p.m.

## Security

Never leave your baby alone. If someone you don't know comes into your room and asks to take your baby, or for you to go with them, ask for hospital-issued identification. If you want to leave your room, ask a nurse to watch your baby at the front desk. On the Labour & Delivery unit, after your baby is born, matching patient identification bracelets are placed on you, your partner and your baby. Your baby will wear one on his/her wrist and ankle. Your nurse should be checking these every shift to ensure they match.

## Meal Service

Regular meals are provided. We will do our very best to meet your dietary needs if you require a special diet. You may bring your own food, and there is a small fridge, a microwave, toaster and kettle to use.

## Newborn Screening

A small amount of blood is will be collected from your baby shortly after your baby is 24 hours old. This newborn screen is done for all babies to test for treatable diseases that can be very detrimental if they go undetected. Certain diseases can be present in healthy looking newborns. In Ontario, the test screens for 29 different diseases. Early diagnosis is the key to effective treatment. The blood is sent away to Ottawa to Newborn Screen Ontario.

Screening for Critical Congenital Heart Disease (CCHD) is also offered to babies in Ontario. This is a quick and painless test called pulse oximetry that measures the level of oxygen in a baby's blood. The results are instant.

Please refer to the Ontario Newborn Screen website for a thorough description of each disease your baby will be screened for.

<https://www.newbornscreening.on.ca/>

## Hearing screening

It has been recommended that all newborns have their hearing tested. The test is safe and painless and takes only a few minutes. If for some reason this test is not performed in hospital, you will go to Public Health to have this done for your baby.

## Hospital Stay and Going Home

While you are in the hospital, one nurse (on each shift) will look after you and your baby and help you get started with breastfeeding. When you are ready to leave, she will make sure you have a plan for feeding your baby and taking care of yourself.

## Our Neonatal Abstinence Syndrome Rooming-In Program

Neonatal Abstinence Syndrome (NAS) is a number of signs that a baby can show as a result of exposure to a number of drugs, mostly opioids, during a pregnancy.

### Eligibility for this program:

- Stability on a program of methadone/buprenorphine or other prescribed opioids (i.e. multiple carries; stable dose; and if Family and Children's Services of Frontenac Lennox and Addington (FACSFLA) involved, there must be no planned apprehension and no flight risk),
- Breastfeeding should be recommended and supported for mothers maintaining a program of methadone/buprenorphine, assuming absence of absolute contraindications,
- Mother or support system willing to stay 24/7 while baby is admitted for NAS monitoring,
- Willing to participate in prenatal education,
- Assessed and care coordinated by NAS team (physician/ nurse practitioner and social work) in prenatal clinic visits (a minimum of two visits).

Newborns will stay in the same room as their mothers after delivery. Once a mother is discharged from obstetrics, she stays to room-in with her baby. Babies will be monitored for 120 hours (5 days) minimum for mothers who are on methadone or buprenorphine and 72 hours (3 days) for mothers prescribed other opioids or if the babies do not require medical treatment.

If a baby requires pharmacological intervention (morphine only) for withdrawal symptoms, the baby will be admitted where cardio-respiratory monitoring can occur.

If a baby requires admission to the NICU, rooming-in will be discontinued.

## **While in the NAS Rooming-In Program**

The baby's environment should be modified to reduce sensory stimulation. This can be done by limiting visitors, minimizing overhead lighting, and decreasing noise.

Other beneficial care strategies to be considered in the treatment of newborns with NAS in hospital and in the home environment include:

- Soothing behaviours (use of pacifiers, hands-to-mouth, self-clinging, etc.)
- Positional support
- Swaddling and cuddling
- Gentle handling
- Kangaroo care
- Frequent, hyper caloric, smaller volume feedings
- Specific holding/constraining techniques (e.g. use of infant slings)

Techniques that help regulate the transition between newborn states of being include:

- Minimization of excessive handling
- Respect of newborn infants' sleep state (REM)
- Minimizing stimulation

Rocking beds or mechanical swings should be used with caution as there is evidence that, for some newborns, this may in fact be over-stimulating during the critical period of withdrawal and may not be appropriate.

Safe sleeping guidelines do not recommend swaddling for healthy infants at home, however infants with NAS in hospital may benefit from swaddling.

Frequent, smaller volume, high calorie feeds are generally recommended for those infants who have feeding difficulties and/or poor weight gain due to burning too many calories, heartburn, acid indigestion and diarrhea.

Some studies indicate that breastfeeding while maintained on methadone is associated with lower severity of NAS, slower development of NAS, and decreased need for treatment with drugs, length of treatment, and length of hospital stay.

Breastfeeding is not recommended for women using illicit drugs until abstinence is reached and maintained. Occasional use of other substances in addition to methadone may be of concern and mothers who use these substances should consider the risks and benefits of breast milk exposure for their infants.

Substances of concern include: ecstasy, crystal meth, amphetamines, cocaine and related stimulants, alcohol, opioids, benzodiazepines, and cannabis.

Please talk to your care provider if you feel you would qualify for this program.

## Care During Your Pregnancy

### Care from Your Doctor or Midwife

- Good prenatal care throughout pregnancy will help you to have a healthy pregnancy and a healthy baby.
- Good prenatal care includes monthly checkups by your midwife, doctor or clinic nurse until your seventh month of pregnancy and then more often after that.
- At each visit, your caregiver will check your weight and your blood pressure and will listen to your baby's heartbeat.

Your midwife, doctor or nurse will want to know if you have any special concerns or worries. You may want to write your questions down before your next visit so you don't forget. Ask your caregiver for a longer appointment if you need more time for questions. Your partner may want to come to one or more appointments.

### Warning Signs

Tell your caregiver if you have any of these signs:

- Sudden swelling of your hands or face
- Blurry vision, or spots in front of your eyes
- A bad headache that won't go away
- Feeling faint or dizzy often
- Strong pain in your abdomen, with or without nausea
- Bleeding from vagina
- It hurts or burns when you urinate
- Chills or fever of more than 37.5°C
- Your baby moves less than normally
- Your water breaks
- You have a "gut" feeling that something is wrong

### Advice about Premature Labour

When labour begins early (before 37 weeks) it takes women by surprise. Not only because it is unexpected, but also because it doesn't feel like they thought it would (or what the books say). Women often feel guilty for not recognizing what was happening. This is especially true if labour is beginning very early (30 or 32 weeks).

Here's what you may feel:

- Persistent pressure or heaviness in the pelvis
- Persistent backache
- Period-like cramps (more than three an hour)
- Loose bowels or frequent urination

If you are having any of these signs, rest for an hour and call your caregiver. It is important to seek help early if you think you are in premature labour.

## Prenatal Testing

### Questions to ask your caregiver:

- What will the test tell you?
- How will you use the results?
- Will having this test change the course of my pregnancy?

### Ultrasound

An ultrasound scan shows an on-screen image of the baby using echoes from sound waves.

Your first ultrasound is usually at 7-10 weeks and can:

- Estimate your baby's due date
- Check for more than one baby
- Check to see how your baby is growing
- Detect many major abnormalities

Your second ultrasound is usually at 18-22 weeks and will:

- Provide a full anatomy scan

### Biophysical profile (BPP)

- A screening tool (not always required) that checks the well-being of your baby
- Uses a combination of ultrasound and an external electric fetal heart monitor
- Evaluates breathing movements, body movements, muscle development and amniotic fluid levels

Ultrasound is done in the Fetal-Maternal Assessment Unit on Kidd 5 or in Imaging Services on Kidd 1 at KHSC's KGH site.

### Group B Streptococcus Test (GBS)

GBS is a bacteria found in some healthy adult women. GBS does not usually pass to the baby, but if it does it can cause serious illness. A vaginal and rectal swab is recommended around 35-37 weeks so that mom and baby can be treated with antibiotics in labour if necessary.



## Prenatal Education

Many health care professionals may take part in your prenatal care and education. They include doctors, midwives, nurses, nurse practitioners, pharmacists, social workers and dietitians.

### Prenatal Classes

#### **Kingston, Frontenac, Lennox & Addington Public Health - online & in-class education**

221 Portsmouth Ave, Kingston  
613-549-1154

[www.kflaph.ca/en/clinics-and-classes/prenatal-education.aspx](http://www.kflaph.ca/en/clinics-and-classes/prenatal-education.aspx)

#### **Childbirth Kingston**

2312 Princess Street, Kingston

[info@childbirthkingston.com](mailto:info@childbirthkingston.com)

[www.childbirthkingston.com](http://www.childbirthkingston.com)

#### **North Kingston Community Health Centre**

263 Weller Avenue, Kingston

613-542-2949

[www.kchc.ca/kchc-main-site](http://www.kchc.ca/kchc-main-site)

This centre has prenatal classes for teenagers and young, single women.

## The Road to Good Health

### Nutrition

During your pregnancy, what you eat will influence your health and the health of your baby. Although your body's own stores will help support your baby's growth and development, you will also need extra energy (calories), protein and certain nutrients to ensure a healthy pregnancy.

#### **Weight Gain:**

Many women who are pregnant worry about whether they are eating the right amount and type of food to meet the needs of their growing babies. Because women's bodies adjust differently to pregnancy, there is no simple answer to this worry. The best advice is to eat according to your appetite; keeping in mind that pregnancy is not the time to try to lose weight nor is it an excuse to have a second helping of dessert after every meal.

How much weight a woman should gain during her pregnancy depends on many factors including pre-pregnancy weight. For a woman who has a healthy body weight before becoming pregnant, the recommended weight gain is 25-35 pounds (11-15 kg) most of which occurs during the second and third trimesters.

However, women who are underweight before their pregnancy may be advised to gain more, while women who are overweight before becoming pregnant are often advised to gain less weight. Use Canada's Food Guide to Healthy Eating as a tool to help you make healthy eating choices.

A multivitamin that contains folic acid, iron and calcium is recommended before, during and after pregnancy. The following table lists and reviews the role of certain nutrients that are important for a healthy pregnancy.

NUTRIENT	ROLE DURING PREGNANCY	GOOD FOOD SOURCE
Calcium	Helps build strong bones and teeth	Milk; yogurt; cheese; canned salmon (with bones); calcium fortified orange juice; dark, leafy greens
Essential Fatty Acids	Involved in eye and brain development	Fish (e.g. salmon, sardines), vegetable oils (e.g. canola or safflower oil), nuts(e.g. walnuts),margarine
Folic Acid (Folate)	Helps reduce the risk of neural tube defect like spina bifida - a condition that can affect your baby's brain and/or spine	Lentils, fortified cereals, dark green vegetables (e.g. broccoli, asparagus, spinach), orange coloured fruit (e.g. cantaloupe, mango, orange), banana; a vitamin supplement is strongly recommended –ask your physician about dosages
Iron	Helps produce red blood cells which carry oxygen in the blood	Beef, pork, chicken and turkey (dark meat especially), kidney and baked beans, egg noodles, dried apricots, whole grain breads and cereals, spinach, potato with skin
Vitamin A	Helps with overall growth, the immune system and vision	Milk, dark green vegetables (e.g. spinach, broccoli), eggs, orange coloured vegetables and fruit (e.g. sweet potato, carrot, cantaloupe)
Vitamin D	Helps build strong bones	Milk, sardines, enriched yogurt

### Should you be concerned about food safety during your pregnancy?

The answer is yes.

- Health Canada recommends that pregnant or lactating women limit the amount of caffeine that they consume to 400-450 mg of caffeine – approximately 2 cups (500 ml) of coffee or 3 cups (750 ml) of strong tea.
- Women who are pregnant should be cautious when choosing and drinking herbal teas since they may be harmful during pregnancy. The following herbal teas are considered safe if consumed in moderation (2-3 cups per day) during pregnancy: citrus or orange peel, ginger, lemon balm, rose hip. Although considered safe, herbal teas should not replace more nutritious beverages such as milk.
- Products containing artificial sweeteners can be part of a healthy diet during pregnancy as long as they don't replace more nutritious alternatives (e.g. diet pop instead of milk), and if they are consumed in moderation.
- Avoid eating raw seafood (e.g. sushi, raw oysters), undercooked eggs and meats, and soft unpasteurized cheese (e.g. brie, camembert) – in order to reduce your risk of developing food-borne illness.

- Remember to wash all raw fruit and vegetables before eating.
- Keep hot foods hot (> 60 C/140 F) and cold foods cold (<4 C/39 F); when reheating, ensure that foods are piping hot (74 C/165 F).

Unfortunately, you may experience some digestive discomfort during your pregnancy. Here are a few tips on how to minimize these symptoms:

**If you experience nausea and/or vomiting try the following:**

- avoid (or minimize exposure to) foods with strong smells
- avoid very spicy and/or high-fat foods
- eat a few dry crackers when you wake up
- get out of bed slowly
- drink between meals rather than with meals
- eat smaller meals during the day (every 3-4 hours - an empty stomach can make nausea worse).

**If you experience heartburn or indigestion try the following:**

- eat slowly and chew your food well
- eat smaller meals more often during the day
- avoid spicy and/or high-fat foods
- avoid lying down for 1 to 2 hours after eating.

**If you experience constipation try the following:**

- drink 6-8 glasses of fluids, such as water, milk or juice
- include high-fiber foods, such as high-fiber cereals (All-Bran, Bran Flakes, Raisin Bran), whole grain bread, and raw fruits and vegetables in your diet
- maintain your current level of physical activity; remember to consult your physician before making any changes to your exercise routine.

## Lifestyle Choices

### Alcohol

When you drink so does your baby. There is no known safe level of alcohol use during pregnancy. To be safe, stop drinking when you are pregnant. Talk to your caregiver if this is difficult for you.

Babies whose mothers drink during pregnancy may suffer Fetal Alcohol Spectrum Disorders (FASD). Alcohol interferes with the growth and development of all fetal body systems and can cause lifelong problems. These effects can range from mild to severe. The fetal central nervous system is very vulnerable and effects include physical, mental, behavioural and/or learning disabilities.

### Smoking

The effects of smoking (cigarettes, cigars, pipes or marijuana) on the health of your baby are well known. They include low birth weight, miscarriage, bleeding during pregnancy and early rupture of the membranes. Second-hand smoke is no less dangerous. Children of smokers are more likely to have colds and chest infections.

Quitting smoking is never easy. It is safe to use nicotine replacement during pregnancy to help with quitting. If you are a smoker, talk to your healthcare provider for advice on cutting back or quitting.

## Drugs

Review with your health care provider all drugs you and your partner have been using, including prescription drugs, over-the-counter drugs or recreational drugs (including cannabis). Don't discontinue a medication or take a new one without consulting your caregiver.

## Exercise

Physical activity is an important part of everyday life. Keeping as active as you can and doing exercise that helps you cope with pregnancy is important for you and your baby. You will have more energy and feel better, all of which can help during labour and after the baby is born.

The amount and type of exercise you choose depends on how active you were before pregnancy. This is not a good time to start a strenuous exercise program or one that has a lot of twisting or jarring movements or a high risk of falling. Some aerobic exercises are easier on your body during pregnancy, like swimming, cycling, cross country skiing and walking.

### **Choose something you enjoy and you'll be more likely to do it**

- Listen to your body. If it hurts, don't do it.
- Do the "talk test": you should be able to talk comfortably during exercise.
- Don't get overheated during exercise. Take it easy and drink plenty of fluids.
- Exercise for twenty to thirty minutes, including warm-up and cool-down, three times a week.
- Gradually increase your activity and exercise tolerance.

### **If you are already very active, try to maintain the level you are used to**

- Don't hold your breath while exercising and lifting.

### **The following exercises are particularly useful during pregnancy and afterwards:**

The benefits of pelvic floor exercises (kegels):

- Strengthen your pelvic floor so that your pelvic organs have good support
- Help muscles stretch and give during your baby's birth
- Promote healing of the pelvic floor after birth
- Help you enjoy sex more and prevent common problems such as stress incontinence (leaking urine when you run, jump, cough or sneeze)
- Are important throughout life

How to do pelvic floor exercises (kegels):

1. Tighten your pelvic floor as if you were holding back a flow of urine.
2. Keep it tightened for ten seconds at a time.
3. If the muscles start to relax, just tighten them again.
4. Remember to breathe.

The benefits of pelvic tilt exercise:

- Relieves backache
- Improves posture
- Strengthens abdominal muscles

How to do a pelvic tilt:

1. Lying on your back with your knees bent; press your back into the floor.
2. Hold for three seconds and keep breathing.
3. These can be done sitting in a chair, standing (against a wall) or on hands and knees.
4. Work up to eight to ten times.

How to do modified curl-ups:

1. Lie flat on your back with knees bent and arms crossed hugging your stomach area to support the abdominal muscles.
2. Push your lower back into the floor, breathing in. As you breathe out, look at the ceiling and slowly raise your shoulders slightly off the floor. There is no need to raise your back any further than your shoulder blades. Hold this position for two normal breaths, then slowly lower your head to the floor and relax. Repeat six to ten times or however many times are comfortable for you. This can be done every day.

Things to consider for good posture:

Good posture will help you avoid backache. Repeat the pelvic tilt while standing. Be conscious of good posture throughout the day.

- Consider the height of the surfaces at which you work. Hip height is a good level.
- When you lift an object, bend at the knees, not the waist and let your leg muscles do the work. Lift any weight close to your body.
- Rest or sleep on your side with your knees bent (with a pillow between your knees if you like). Later in pregnancy, a pillow under your abdomen may feel good.
- When getting up from lying down, turn to the side and push up with your hands to a sitting position.

## Sex during Pregnancy

Feelings about and interest in sex during pregnancy varies from person to person. Most of the time, there is no reason to avoid intercourse during a healthy pregnancy. Talk to your caregiver if you're not sure. Intercourse can become uncomfortable, so you may need to get creative with different positions and pleasures as your abdomen grows.

## Your Feelings

Pregnancy is a time of wonderful highs and some real lows. You may feel unsure about the changes ahead as you journey toward parenthood. This includes both partners. Keeping the lines of communication open and recognizing that each partner may communicate differently is often helpful. Having someone to talk to is especially important.

### Feelings of grief

If you are experiencing a sense of loss, this feeling may be more difficult during pregnancy. If you have lost a family member or friend or have lost a child, you may find yourself especially sensitive at this time. It is important to seek support to help with these feelings.

## **Fears during pregnancy**

It is quite normal to worry during pregnancy about whether your baby will be healthy and whether you will be able to cope with the pain of labour. Some women have quite vivid dreams during this time. Don't be afraid to talk to someone about these fears, like your partner, a trusted friend or family member, your childbirth educator, your caregiver or a counselor. You may be surprised to discover just how many people go through these same feelings.

## **Domestic violence**

Domestic violence is known to increase during pregnancy. We are committed to supporting those who have experienced violence. You may talk to your caregiver or call:

### **Kingston Interval House**

Crisis Line 613-546-1777

No Charge Dial 1-800-267-9445

Admin 613-546-1833

If busy, call 613-546-4136

### **Sexual Assault Centre Kingston**

400 Elliot Ave Unit 1 (Rockcliffe Plaza)

24-hour Crisis Line 613-544-6424 or 1-877-544-6424

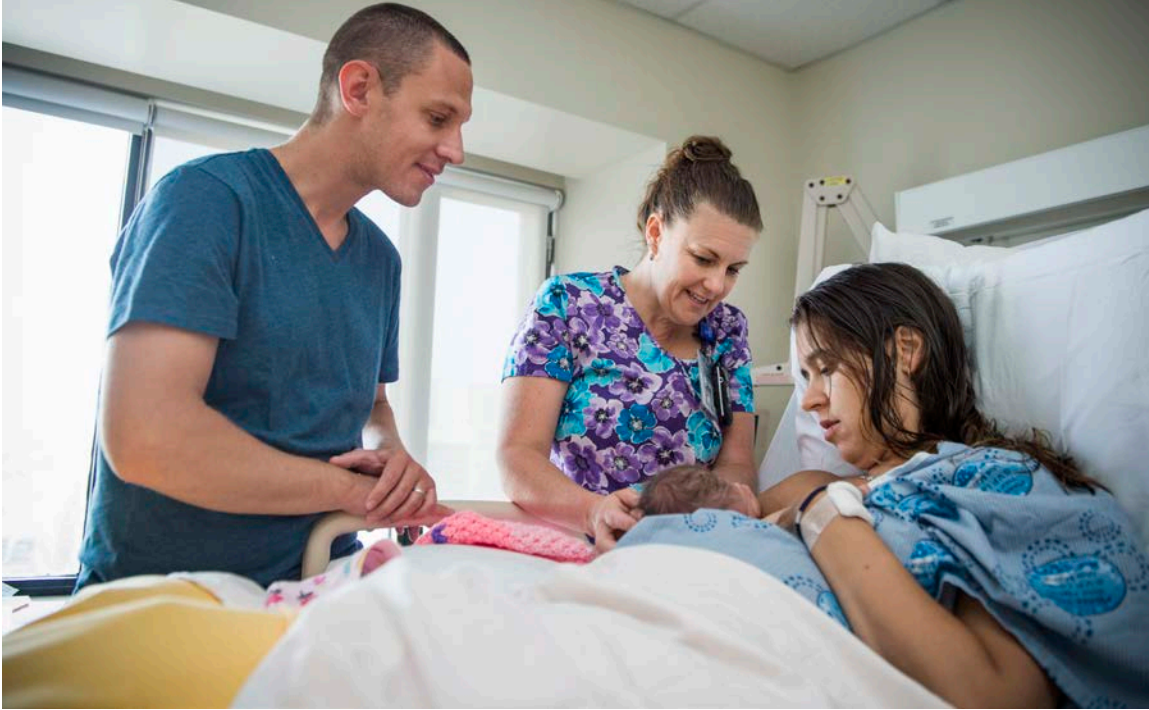
Office 613-545-0762

### **Care by text**

[www.kflaph.ca/en/healthy-living/care-by-text-through-pregnancy-and-beyond.aspx](http://www.kflaph.ca/en/healthy-living/care-by-text-through-pregnancy-and-beyond.aspx)

## **Sexual abuse**

If you are a survivor of sexual abuse, pregnancy and becoming a parent may be difficult for you. Speak to your caregiver. You may need a referral to a social worker. See the paragraph above on domestic violence for some useful phone numbers.



## Planning Ahead for After Baby Comes

### Parental Leave

Both mothers and fathers (biological or adoptive) are entitled to unpaid pregnancy or parental leave. You may also be entitled to Unemployment Insurance. To learn more about these benefits, call 1 800 206-7218.

### Your Feelings

The early weeks at home with a new baby are busy ones. The more things you can get done or planned now the better. There are some things you can do to make the early weeks of parenting easier.

This section is designed to get you thinking well ahead.

- Make meals ahead of time and freeze (casseroles make great gifts from friends and family)
- Stock up on household supplies and foods (buy in bulk)
- Stock up on supplies for baby
- Prepare bags for hospital stay
- Have a place for the baby to sleep
- Purchase or rent an approved infant car seat
- Arrange for partner (or someone you trust) to be with you for as much of the hospital stay as possible and first few weeks at home
- Arrange for help with housework after baby comes
- Let family and friends know about your wishes for visitors in hospital and at home
- Check out resources in your area
- Have some resource books on hand (e.g. breastfeeding, baby care)
- Consider and investigate a diaper service (a great gift idea)

## Suggested Clothes and Equipment for Baby

- 5 - 6 cotton 'onesies'
- Cloth diapers (2 - 3 dozen) or disposable diapers (newborn size)
- 6 - 8 sleepers
- 6 pairs booties or socks
- Hats for outside
- Snowsuit (if weather-appropriate and keep in mind snowsuits are not recommended for babies to wear in their car seats)
- Warm blanket and receiving blankets
- Wash and double rinse all clothes for your baby before use
- Mild baby soap/shampoo
- Washcloths/wipes/towels
- Barrier cream
- Approved car seat
- A safe place for baby to sleep, such as a bassinet, baby basket or crib (not waterbeds or inflatable mattresses) **NO PILLOWS!**

### Equipment that is useful

- Baby carrier or sling
- Baby carriage or stroller

It is important to make sure your baby equipment is safe. Phone Product Safety, Health Canada at 416-973-4705.

## Having a Doctor for Your Baby

Throughout your baby's first two years, you will be visiting the doctor's office frequently for "well-baby" care. Since it is important to have your baby seen within two days after birth, it is essential to have a doctor BEFORE the baby is born. This may be your family doctor.

If your chosen doctor has privileges at Kingston Health Science Centre, they will see your baby before you go home. Otherwise, your baby will be seen by our hospital Nurse Practitioner, Family Doctor or Neonatologist. Obstetricians do not provide follow-up care for babies. It is important that you have a family physician, nurse practitioner or midwife with which to schedule well-baby check-ups.

## Deciding about Circumcision

Circumcision is minor surgery where the foreskin covering the end of the penis is removed. It is done in the early newborn period and is a must for some religious groups. We encourage families to talk to their caregivers about the advantages and disadvantages of circumcision before babies are born. This is often a very personal choice.

Circumcision is not a medically necessary procedure and is discouraged by the Canadian Pediatric Society. The Ontario Hospital Insurance Plan no longer includes circumcision as a medically indicated procedure and, therefore, you will have to pay for it yourself. You will have to make your own arrangements to have the circumcision done, as this surgery is not performed at Kingston Health Science Centre.



## Planning for Support after Baby Arrives

Support after the baby comes is just as important as support during the labour and birth. While every family has different needs, here are some suggestions:

- Have someone with you for the first week.
- If you can, try not to be alone too much during the first three weeks.

## Thinking Ahead about Visitors at Home

Like many new parents, you may find that people are very interested in celebrating your new addition. Often parents find that a constant stream of visitors is overwhelming.

Here are some suggestions for planning for rest and family time in the first few weeks.

- If you have an answering machine, use it and put some baby news on your message.
- Plan an open house for an afternoon.
- Ask your visitors to bring finger food.
- Visitors should be support people. You shouldn't find yourself cutting cake and doing dishes.
- Have a list available of what you need done. As a gift, your visitors can complete an item on the list, such as grocery shopping or finishing a load of laundry.
- Ask a family member or friend to return your phone calls and tell everyone the baby news.

## Planning Ahead for Breastfeeding

Kingston Health Science Centre is committed to protecting, promoting and supporting breastfeeding. However, we support a woman's informed choice of the feeding option that is best for her and her baby.

Should your choice be breastfeeding, this section will help you prepare.

### Reasons to breastfeed

- Breastmilk is the best possible food for your baby
- It is the best possible protection against disease and infection, so babies have fewer ear infections, chest colds and allergies, and gastrointestinal infections
- The nutrients in breastmilk change as your baby gets older to meet its changing needs
- Breastmilk is convenient - readily available and always the right temperature
- Breastmilk is free
- Breastfeeding strengthens the mother-child relationship
- Breastfeeding helps your uterus get back to normal more quickly after birth
- The hormones produced while breastfeeding help women feel calm and lose weight more easily
- Women who breastfeed seem less likely to develop breast and uterine cancers

### Getting ready to breastfeed

There is no need to prepare your breasts or nipples. Nature is already doing this. The best way to prepare is to be informed about breastfeeding. Your breasts have probably become bigger and your nipples and areola (the dark area around your nipples) darker.

Later in pregnancy, you may notice a sticky fluid (colostrum) leaking from your nipples or notice a crust on them. All of these signs are perfectly normal. Breasts come in all sizes and shapes. Just about all nipples and breasts are great for breastfeeding and women with small breasts can make as much milk as women with larger breasts.

If you have been told you have flat or inverted nipples, remember babies need to breastfeed, not nipple feed. With education, patience and persistence, babies can learn to feed from flat or inverted nipples.

If you have concerns, discuss them with your caregiver or see a lactation consultant at KFL&A while you are pregnant.

### **Getting help with breastfeeding**

Remember that breastfeeding is a learned skill for both mom and baby. It takes at least two weeks for you and your baby to learn about each other. Support from loving, caring friends and family members in the first weeks of breastfeeding are very important. It is helpful to have contact with a breastfeeding support group.

### **Breastfeeding help in Kingston and the surrounding area:**

#### **KFL&A Public Health**

Call the Child & Baby Talk Phone Line

613-549-1154

1-800-267-7875 ext. 1555

Appointments are available

Monday to Friday

#### **Queen's Family Health Team Breastfeeding Drop-In**

613-533-9300 ext. 73822

115 Clarence Street

(Haynes Hall), Kingston

Tuesdays: 10 a.m. - 12 p.m.

#### **Ontario Breastfeeds**

<https://ontariobreastfeeds.ca/services>

## Childbirth Preparation

Again, we encourage you to go to prenatal classes where you will learn about what happens during labour, how you will feel, and what you and your partner can do about it. You will also have a chance to think about the choices you would like to make about your birth and share concerns and experiences with other parents-to-be.

## Preparing Your Other Children

- Visit a home where there is a new baby.
- Show children their baby pictures and talk about what they were like and how much they've grown.
- Make changes in sleeping arrangements/a child's schedule well before baby arrives.
- Read books written especially for siblings. This will help with preparing for baby at home too.
- Help children to plan or make a gift for the baby.
- Take children to a prenatal visit.
- Prepare children for mom's hospital stay.

## After the Birth of Your Baby(s)

### Breastfeeding: A Good Start

#### First Feeding

The first breastfeed should happen as soon after birth as you and your baby are ready. Ninety per cent of women who deliver at our hospital are able to breastfeed their babies before they leave the Labour and Delivery unit.

Your nurse will help you with positioning and latching for the first feed. Some babies will snuggle, sniff and lick the breast during the first feed. Others will latch and suck eagerly. All these behaviours are normal. Don't forget that you have plenty of time to get the breastfeeding relationship going. Spending lots of time skin-to-skin with your baby is important. So are the following:

- Offer your baby your breast at least eight times every 24 hours.
- Take your time to achieve a good latch with your baby's mouth wide open and the bottom jaw well under the areola (the darker skinned area around your nipple).
- If your baby is sleepy, encourage his interest in feeding by undressing your baby down to his diaper and tickling your baby's back or head.
- Let your baby "finish the first breast first." This means you should let your baby feed for as long as he wants on the first breast. After changing the diaper and burping, you can offer the second breast. Some babies will feed on the second side, some will not.
- Feed your baby before she begins to cry with hunger. Crying is a late sign of hunger. Watch instead for early signs, such as wiggling or eyelids moving during sleep.

Almost all mothers can produce enough milk for their babies.

Colostrum, your first milk, is all your baby needs as long as you feed your baby 8-12 times a day. It is normal for babies to have times when they feed several times in a 4-5 hour period. This “cluster feeding” behaviour does not mean your baby isn’t getting enough. It is a natural way to increase your milk supply.

It is more important for your baby to breastfeed frequently during these times than be given formula.

Any other food (formula) offered your baby will decrease your milk supply, unless formula is medically necessary.

## Colostrum

The first milk your baby receives is colostrum, thick yellow milk that is rich in proteins, minerals, and anti-infective and immune properties. A newborn receives one to one-and-a-half teaspoons of colostrum every feed. This is all your baby needs now.

The more frequently and effectively your baby breastfeeds, the more milk your breasts will make. By day three or so, if your baby has been breastfeeding well, you will have more milk. It is whitish and thinner and your baby may take one to two ounces every feed. By feeding your baby early and often, you will have less chance of becoming engorged (painful swollen breasts as your milk comes in). Feeding often is also important to prevent jaundice by helping your baby move her bowels.

## Breastfeeding in the First Few Days

It’s common for babies to be alert for the first few hours. During this time they should have their first feed and then go into a deep sleep, rousing once or twice. It can be very common for babies to be sleeping in the first 24 hours. At about 24 hours they may want to have short, frequent (clustered) feeds.

## Latching and Positioning

As you will be feeding your baby 8-12 times each day, it is important to be comfortable. Turn your newborn on his side, so his tummy is against yours. Support your baby’s back and shoulders and leave his head free to move onto the breast.

Some women find it easier at first to put a pillow or two on their laps. You can support your breast with your thumb well above and fingers well below the areola, so that your baby can take a large mouthful of breast. A baby needs to open wide to breastfeed well. To encourage this, lightly tickle baby’s upper lip with your breast and nipple. It’s important to be patient until your baby opens his mouth and then bring him very close onto the breast.

- Breastfeeding may be easier if you can sit in a chair with your back well supported, feet flat on the floor or on a raised stool.
- Undress your baby so that you can position her more easily. Your nurse will help you.
- If the baby is having trouble breastfeeding, you can try stripping her down to a diaper since skin-to-skin contact can help baby figure out what she needs to do.

A baby who is breastfeeding well will have his chin tucked under your breast and nose lightly touching your breast. Don't worry about him not being able to breathe. When a baby is doing well, his mouth is wide and both top and bottom lips are flared out. When his mouth is wide enough, he will take a fair amount of the areola or breast into his mouth and will not just suck on the nipple.

When breastfeeding is done correctly, it is not painful. Get help if pain is a problem and your nipples are sore.

The key to successful breastfeeding is positioning the baby at the breast. You can be helped with hands-on support from your nurse or, after you leave the hospital, from a Lactation Consultant.

If you have questions or concerns, please talk directly with the nurse caring for you. If your concern is not resolved, you can ask to speak with the charge nurse, the program manager, or your doctor or midwife.

## How to Tell if Your Baby is Feeding Well

As the amount of milk you have increases, you will be able to see or hear your baby swallowing. A baby may suck for 15-30 minutes during a feed and then will seem quite satisfied and sleepy. Although you cannot actually see how much milk the baby is taking in, you will be able to see how many wet and dirty diapers he has and this will tell you how things are going.

### Diaper chart for breastfed babies

AGE	URINE (PEE)
Birth to 4 days old	Number of wet diapers should be equal to the number of days since your baby's birth until day 4 (e.g. 3 days old = at least 3 wet diapers)
5 days to 3 weeks old	At least 6 heavy wet diapers per day (pale yellow or clear urine)

AGE	STOOLS (POOP)
Birth to 2 days old	At least 1-2 stools per day (black or dark green)
3 to 4 days old	At least 3 stools per day (brown, green or yellow)
5 days to 3 weeks old	At least 3 soft and seedy stools per day (yellow)

After day 6 or so when your milk is in, your baby should have four or more dirty diapers until the sixth week. After that she will settle into her own routine.

At first a baby's stool is black and sticky. This is called MECONIUM.

By day 5 a breastfeeding baby's bowel movements should be turning golden, liquid and seedy.

## When to Get Help

- Is feeding less than 8 times in 24 hours
- Less wet diapers
- Urine is dark
- Sleepy (beyond normal for a newborn) and hard to wake
- Lips & inside of his mouth appear dry and sticky
- Seems unwell and develops a fever

## Where to Get Help

- Call your family doctor, nurse practitioner or midwife
- Visit the Children's Outpatient Centre (COPC) at KHSC's Hotel Dieu Hospital site, Monday to Friday, 9 a.m.-4 p.m.
- Visit the Urgent Care Centre at KHSC's Hotel Dieu Hospital site 8 a.m.-8 p.m., 365 days a year
- Visit the Emergency Department at KHSC's Kingston General Hospital site 24 hours, or visit your local hospital's Emergency Department
- Call Telehealth Ontario at 1-866-797-0000 24 hours. Services in English & French with access to interpreters in more than 100 languages. Breastfeeding support available.
- Call KKFL&A Public Health to book a breastfeeding clinic apt at 613-549-1154 or 1-800-287-7875 ext. 1555 Monday to Friday, 8:30 a.m.-4:30 p.m.

## Your Baby's Weight

Babies often lose up to 10% of their birth weight in the first four days. After this initial loss, they usually gain 15-30 grams (half to one ounce) per day. This rate of growth continues throughout the first six months.

## Breastfeeding Help in the Community

### **KFL&A Public Health**

Call the Child & Baby Talk Phone Line

613-549-1154 or 1-800-267-7875 ext. 1555

Appointments are available Monday to Friday with a Lactation Consultant

### **Queen's Family Health Team Breastfeeding Drop-In**

613-533-9300 ext. 73822

115 Clarence Street (Haynes Hall), Kingston

Tuesdays: 10 a.m.-12 p.m.

Lactation Consultant Liz Hughson

### **La Leche League**

La Leche League is a long-standing organization in Kingston. It is a community-based group that meets twice per month in Kingston to offer support for breastfeeding families (pre and post baby). Groups are facilitated by an experienced mother who has received La Leche League training. It also has a Facebook group.

### **Kingston Breastfeeding Connection**

This is a weekly breastfeeding clinic with a certified Lactation Consultant. It meets at the Community Midwives of Kingston (but please note you are not required to be a midwife client; it is open to the public).

### **Kingston Breastfeeding Peer Support Program**

This is a peer-to-peer program from Kingston Community Health Centre specifically geared to parents and families in North Kingston. This program is run by a Lactation Consultant

[www.kchc.ca/whats-new/breastfeeding-peer-support-program](http://www.kchc.ca/whats-new/breastfeeding-peer-support-program)

## After Discharge: Taking Care of Yourself

### Changes in Your Uterus

After your baby is born your uterus is a firm round mass just above your umbilicus (belly button). It gets a little smaller each day until by six weeks it will be about the same size as it was before you were pregnant.

- To get out of bed, turn onto your side and push yourself up with your arms. When you are in hospital it is also helpful to roll the head of your bed up.
- Ask for help before you get out of bed the first time. You may feel dizzy.

### **If you have had a caesarean birth**

Your dressing is usually removed the next morning after your surgery and left open to air. Most women have dissolvable sutures and these do not need to be removed. If you have staples these are usually removed by your family doctor 5-7 days after the birth. We will give you a staple remover to bring to your family doctor.

At this time the skin is healed enough to stay together.

It is not unusual for the area around your incision to feel numb for a few months. The feeling will gradually return to normal.

- Wait two or three days before you sit in a bathtub. Shower in the meantime.
- Don't use soap or alcohol on your incision.
- No heavy lifting (i.e. a heavy bag of groceries).
- Remember to bend your knees when you lift anything.
- Wear loose clothing to avoid pressure and rubbing on your incision.
- Support your abdomen with a pillow or rolled towel when coughing and breastfeeding.

## Help with Pain

After the birth you may be in pain for a number of reasons.

How you deal with it will depend on why you have it and your past experience. Try the methods of pain relief that have worked for you in the past. If you choose medication, the bedside “self-medication” package contains various products for pain relief. You may need some pain medication at home, particularly at night. Talk to your caregiver about medication before you leave the hospital.

- If you are in pain and can't get relief in other ways, take pain medication every four to six hours during the first few days.
- Take your pain medication before your pain gets difficult. It works better this way.
- If your pain medication is not keeping you comfortable, talk to your caregiver.
- Constipation can be a problem with some medications.

## After pains

Some women have after pains, contractions that help your uterus get back to the size it was before you were pregnant. They feel like mild labour. They can hurt during the first two to three days and get stronger when you are breastfeeding. If this is not the first time you have had a baby, they may hurt more.

Use relaxation techniques.

- Gently stroke your belly in a circular motion
- Lie on your belly (with a pillow under your hips if you like)
- Urinate before breastfeeding.
- Take pain medication at least half an hour before breastfeeding
- Use a warm water bottle over your belly if you have had a vaginal delivery

## Lochia (Vaginal Bleeding)

After your baby is born, you will have bleeding from your vagina. Bright red bleeding for the first ten to fourteen days is normal but there will be less of it as time goes on.

By the second week, the flow has no odour or clots and is pink to brown.

At three weeks or later, the discharge should be brownish yellow or white. While you are in hospital, your nurse will be checking the flow at regular intervals. Large clots are not normal. Let your nurse know if clots are larger than a quarter. You may notice that the bleeding gets a little heavier when you become more active. If the bleeding gets much heavier or you notice a strong odour, contact your doctor.



## Taking Care of Your Perineum

It is important to keep the perineal area, the area between your vagina and anus, clean by using your spray bottle each time you use the toilet. The flow of water and wiping should be from front to back. Remember to pat dry gently but thoroughly. If you have had stitches, they may hurt and itch while they are healing.

- Ask for ice packs to place on the area after your baby is born.
- Do pelvic floor exercises (kegels) regularly, especially just as you sit down and get up.
- Sitting in warm water (a Sitz bath) may help to soothe and heal the area. There are two ways you can do this:
  - Fill your clean bathtub with two to four inches of warm water. Sit in the tub for ten minutes two to three times a day. Don't add anything to the water until you are completely healed.
  - Buy a Sitz bath, fill it with warm water and sit in it for ten minutes 2-3 times a day.
- Air dry your perineum by lying under the covers with your knees bent and legs apart for ten minutes after your Sitz bath. Put a pad underneath you and keep your panties off.
- You may also use your hair dryer on the cool or warm setting. Direct the air back and forth across the incision, not straight on it, for about five minutes.
- Try deep breathing, sitting on a soft pillow, and/or pain medication.
- If your perineum feels different or you feel the stitches may have opened look at the area in a mirror. Tell your caregiver if you are concerned.

## Your Bladder

Some women have difficulty urinating after having their babies, especially if they have had anaesthetic. Your nurse will check your bladder and help you. She will also show you how to care for yourself after using the toilet. After the first day or two, you may notice that you are urinating more than usual as your body loses the extra fluid that you needed for pregnancy and labour.

## Changes in Your Body Temperature

You may feel warm while your milk is coming in. Increased perspiration is common during the first 24-48 hours.

- Continue to drink six to eight glasses of water or clear fluids a day and whenever you are thirsty.
- Empty your bladder every two to four hours.
- Nurse your baby frequently to prevent engorgement.

## Leg and Ankle Swelling

You may experience some leg and ankle swelling during the first 24-48 hours. The swelling may not go down for several weeks. This is not unusual.

- When resting, watching television or reading, elevate your legs above the level of your hips.
- If your legs/ankles remain swollen and become painful, call your doctor.

## Hemorrhoids

Hemorrhoids (swelling of the veins in the anus) may cause extreme pain near your anus during the first few days after delivery. Over time they gradually get smaller and usually go away completely.

- Apply an ice bag after your baby is born, and as often as you like.
- Sit on a soft pillow.
- Apply creams that are **ordered** by your doctor.
- Eat lots of fibre (whole grain bread, whole grain cereal, and raw fruits and vegetables) and drink at least 6-8 glasses of water a day.
- Cleanse after each bowel movement with warm water from spray bottle and wipe gently with cool vaginal hemorrhoidal pads (such as Tucks) or soft toilet tissue.
- Place a vaginal/hemorrhoidal pad on top of your sanitary pad.
- Don't sit on the toilet for too long and try not to strain when you have a bowel movement.
- Use laxatives as ordered by your doctor.
- Use cold or cool water in your Sitz bath at first.

## Constipation

You may have difficulty moving your bowels because of the strain on and stretching of your abdominal muscles. Many women worry about stitches in their abdomens or their perineums. Try not to delay a bowel movement because of these stitches – they are unlikely to break. It may take up to one week for your bowels to get back to normal.

To avoid constipation, increase the fibre (bran muffins, vegetables and fruit) in your diet and drink 6 to 8 glasses of clear fluid a day. You may need to take a stool softener or mild laxative. Ask your caregiver.

## Rest and Sleep

Regardless of how you gave birth to your baby, give yourself a chance to regain your energy. During the first few weeks, make the care of your baby and yourself a priority. The more you rest and take care of yourself in the first few weeks, the sooner your energy level will return to normal.

- Take rest periods during the day.
- Gradually increase your activity each day.
- Have a support person with you for the first week or two, a person you feel totally comfortable with.
- Plan for support from your partner, family and friends.
- Let go of things that don't have to be done such as housework.
- Sleep when your baby is sleeping. Unplug your phone. If you have an answering machine, use it. Use a "do not disturb" sign.
- Limit visitors for the first two weeks.

## Nutrition

After your baby is born, you will begin to lose weight. You might lose up to 12 lbs after your baby is born and then perhaps 1- 2 lbs a week. If you are eating sensibly, the weight should come off naturally. Continue with the healthy eating habits you had when you were pregnant. Breastfeeding moms should aim for four servings of milk and milk products a day. Crash dieting is not a good idea.

- Let someone else cook for you.
- Rather than trying to eat three meals a day, have four to five smaller meals throughout the day.
- Have lots of easily prepared foods available for you to eat (peanut butter, bread, yogurt, cheese and fruits).
- Have a friend bring lunch or dinner.
- Keep a shopping list on the fridge so that if people call and want to bring something you know what you need.

## Postpartum Depression/Baby Blues

Within the first 3 to 5 days after delivery, up to 80% of mothers may have the "baby blues." You may feel restless, irritable, tearful, discouraged, depressed or helpless. You may also feel suddenly excited or full of energy. Don't forget, you may be sleeping a lot less than usual and that takes its toll. There are other physical and emotional reasons for your mood swings. No treatment is necessary since this usually ends by itself.

It is not uncommon for some new mother to become very depressed. It can happen right after birth and up to 18 months later. You may feel irritability, exhaustion, numbness, loneliness, guilt, inadequacy and inability to cope, and you may lose interest in your appearance, in your family and in sex. If you are having any feelings that make it difficult to care for yourself and your baby, please ask for help.

This is particularly important if it lasts more than a week or so. Contact your caregiver.

Partners may be experiencing a lot of different feelings, too. For instance, they might feel excited, ecstatic, tired, scared, overwhelmed, isolated, jealous or proud. Just as new mothers need time to adjust to a new baby, so do partners. Some partners find it helpful to spend time with their babies right from the beginning, and to talk things through with each other and talk to other new parents.

## Exercise after the Baby is Born

Begin some simple exercises right after your baby is born. Recovery after a caesarean birth takes longer, so begin exercises accordingly.

Reasons to do pelvic floor exercises (kegels):

- Repair stretched or damaged pelvic floor
- Help prevent urine leaking (when you cough, sneeze or exercise)
- Help prevent your uterus from slipping down as you get older

Reasons to do pelvic tilts – standing, lying, sitting, and on hands & knees:

- To begin strengthening your abdominal muscles
- To improve your posture (standing)

Reasons to do abdominal exercises after vaginal birth:

- Strong abdominal muscles mean less backache
- Help you get your tummy back in shape
  - Arms stretched towards your knees, lift head and shoulders only. Keep chin tucked in. Hold this for three seconds at first and as you get stronger or after six weeks, try holding for longer (modified curl-up).
  - Once you feel strong enough or after six weeks, do exercise 1 but lift your upper back to a full sit up.
  - Arms stretched towards knees, push the small of your back into the floor. (Pelvic tilt) Reach diagonally to outside of opposite knee. Hold for three counts and slowly return to starting position. Repeat five times to each knee, alternating sides and increase the numbers of repetitions as you get stronger.

Also consider:

- Joining a postpartum exercise class.
- Doing a video on postpartum exercise at home, if you find it difficult to plan time out of the house.
- It takes up to three months for your body to recover. It is best to wait until then to begin more strenuous exercise. Check with your caregiver.

## Protect Your Back

- Your stroller or baby carriage handles need to be high enough so that you won't need to bend forward.
- Bend your knees, not your back.
- The ideal working surface is near the level of your hipbone.

## Your Children at Home

If you already have children at home, you will be challenged with new feelings and experiences. You may feel very sad or guilty at leaving your other children or for not being able to spend as much time with them.

Your other children may feel angry or jealous because they no longer have your full attention. They may feel unloved and rejected. This is called sibling rivalry.

- Have siblings visit the hospital
- Have a special gift for siblings from the new baby
- Leave siblings with a special person such as a grandparent
- Encourage siblings to talk about feelings
- Tell siblings you miss them, they are special and that you love them
- Each of you spend time with a sibling during the day
- If involved with baby, have a special bag of toys for sibling to play with during this time
- Let siblings help with baby and hold baby when you are present. Give positive feedback. **Don't leave babies alone with their siblings.**
- If you think problems are persisting, speak with a friend, caregiver or call your public health nurse

## Sex after the Baby

Parenthood means major changes in your life and that affects your relationship as a couple. Many couples have concerns about their sex life. Once your lochia (bleeding from the vagina) has stopped, it is physically safe to start lovemaking again. There are some things you may want to think about before this happens:

- Is your perineum comfortable?
- What method of birth control are you going to use?
- Are you feeling like you want to have sexual intercourse? Talk over your answers together and see if you are both ready.

## When to Seek Medical Attention

- You have heavy bleeding from the vagina, the blood is bright red and it goes through one pad in one hour.
- You have a temperature over 38 C or 102 F, or you feel cold or have "the chills" (you are shivering).
- The discharge from your vagina smells bad.
- It hurts when you urinate.
- You find it hard to urinate.
- You're urinating too many times.
- You're having trouble breathing.
- You have a lot of pain.
- You've had a caesarean section and your incision is painful, leaking or very red or swollen.
- You feel sick as if you have the flu and your breasts are sore.

- The “baby blues” (crying and feelings of being overwhelmed and unable to cope) last longer than a week or so.
- Your nipples are extremely sore or damaged. Get help early from a Lactation Consultant.

## After Discharge: Taking Care of Your Baby

### Bowel and Bladder Patterns

In the first few days of life, your baby will wet a couple of times a day. If you are concerned, talk to your baby’s caregiver. After the first few days of life, 6-8 wet diapers a day mean your baby is getting enough fluid.

All babies have a dark, sticky stool called meconium for the first few days.

Meconium is followed by a brownish, green stool, and then usually becomes yellow or tan. The colour, consistency and frequency vary among babies and depend on whether your baby is breast or bottle fed.

Breastfed babies’ stools are usually yellow, soft and unformed, the consistency of grainy pea soup. Formula fed babies have more formed yellow stools.

Most babies have one to two stools a day. Occasionally a breastfed baby may go four or five days without a bowel movement and a bottle fed baby may go three days without one. This is normal as long as your baby is comfortable, continues to have clear urine, and the stool is soft when he has a bowel movement.

### Cord Care

At birth the cord will be clamped, and then it dries up and blackens over the next few days. The cord usually falls off within 7 to 14 days. There may be very slight bleeding. Sometimes even after the cord falls off, you may see some bleeding or discharge.

It is not necessary to use anything but warm water to clean around the cord. Wipe the area after a bath or diaper change and let it dry. To help keep it dry and free from rubbing, fold the diaper underneath the cord. Don’t be afraid to wipe firmly. Continue until the cord area has healed. If you notice a bad smell or yellow discharge, call your caregiver. There is no need to use anything on the cord, let it dry up naturally.

### Diapering

With every diaper change, wash your baby’s bottom with warm water (and soap if he has a bowel movement) or baby wipes.

**If there is any redness or rash, you may use a barrier cream before you put on a clean diaper.**

Follow the package directions for putting on a disposable diaper or ask your nurse to give you a demonstration if you are using cloth diapers. Ask your nurse about hospital diaper recycling for disposables.

## Jaundice

It is okay if your baby's skin is slightly yellow, as long as your baby is alert during feedings and peeing & pooping well. Jaundice is the yellow colour seen in the skin of many newborns. It happens when a naturally occurring chemical called bilirubin builds up in the baby's blood. It is usually managed by the liver and excreted in the baby's stool. Before birth, the mother's liver does this for the baby.

Many babies develop jaundice in the first few days after birth until the baby's liver takes over. About half of all full-term infants and three-quarters of premature infants develop jaundice in the first few days of life.

### How is jaundice treated?

Most jaundice requires no treatment. A physical exam and a blood test will help decide how the jaundice should be treated.

If your baby needs it, she may be placed under special lights (phototherapy) while you are in hospital. If, after you have left the hospital, you think your baby's skin or eyes have yellowed, please call your baby's caregiver.

### Which babies require more attention for jaundice?

- Born before 37 weeks
- Who weighs less than 2500 grams (5.5lbs) at birth
- Whose blood type is incompatible with her mother's blood type
- Who has a lot of bruising or swelling under her scalp after birth
- Whose sibling had jaundice at birth and needed treatment
- Whose jaundice has moved into her arms and legs

### Will jaundice hurt my baby?

Most babies have jaundice that is harmless. But in unusual situations, it may cause brain damage. Newborns should be watched for jaundice and be treated to prevent it from getting serious. Most jaundice is not severe and complications can be prevented.

### Keeping your baby healthy

Breastfeeding early and frequently has been shown to decrease the likelihood of jaundice. Breastfeeding your baby at least 8 times a day or more helps you produce enough milk, and protects your baby from developing serious jaundice-related complications.

If your baby has a high level of jaundice on discharge from the hospital, your baby should be seen by a health care professional within 2 days of discharge.

If you and your baby are discharged before your baby is 24 hours old, make sure your baby is seen by a physician or midwife within 24 hours of coming home.

## Bathing

Except for the diaper area, your baby only needs a bath every few days. If you use soap, use one that has no dyes or perfumes and rinse well afterwards. Wash his face first, then his hair, then his body. Dry your baby well, especially in the creases. Your nurse will perform an in-hospital bath demonstration, which will give you an opportunity to ask questions. This is done right at the bedside.

### Getting ready for a bath

You can get baby ready on a change table or countertop. Work at a comfortable height (around hip level). Have these on hand:

- Mild soap
- Cotton balls
- Washcloths
- Change of clothing and diaper
- Diaper supplies
- Tub support for head and body
- Two large soft towels
- Pad to lay baby on after bath

### Safety hints

Sometimes parents worry about tub baths because babies are slippery.

- Water temperature should be comfortable (around body temperature so that when you test it on your inner arm, it doesn't feel too warm or cold)
- Your baby needs about 3" (8 cm) of water
- Don't add hot water while baby is in tub
- Never leave the baby alone on the table or in the bath
- If reaching for anything, have one hand on the baby
- Keep supplies close to you

Place baby into the tub, remembering to support his head and hold him firmly. It may help to have someone else with you or to use a tub support. Gently wipe the baby's face with a clean wet washcloth without soap.

There's no need to do anything to his eyes, ears or nose unless there is a discharge. If you need to wipe the eyes, use a clean part of the washcloth for each eye and wipe from the inner corner outwards. To clean the ears, gently wipe the OUTER part of the ear only. To clean the nose, wipe with a wet washcloth. Do not use cotton tipped applicators to clean baby's eyes, ears or nose. Wet baby's body and soap him from his shoulders to his toes and rinse off with a washcloth.

Wash genitals last: For baby girls, wash from front to back. Then cleanse the anal area by also wiping from front to back. For baby boys, clean and dry penis and scrotum, then clean and dry anal area. Do not push back or worry about cleaning under the foreskin if your baby is uncircumcised. Take the baby out of the tub onto the towel and pat him dry. It is not necessary to use powder since it can irritate his skin and lungs.

Once or twice a week, shampoo your baby's hair. Hold him firmly wrapped in a towel in the football position, with his head over the basin. Use your free hand to wet his hair. Lather his hair with mild soap or shampoo, rinse thoroughly and rub dry. If he has cradle cap (a waxy scale on the scalp, common to infants) rub a very small amount of non-perfumed oil onto his head to soften the scales, comb to loosen if you want, then shampoo as above.



## Alternatives to the tub bath

- All-over sponge bath: Wash one part of the baby at a time and keep his other parts warm and covered, washing genitals last.
- Three-in-one approach: One parent sits in the bathtub while the other passes the baby in for bathing. When the bath is finished, the parent inside the bath can pass the baby out to the other parent.

## Baby Safety

Babies are born with reflexes that help protect them in the early days and weeks. Here are some simple things you can do in addition to ensure your baby's safety:

- When holding babies support the head and neck.
- Lay healthy babies on their backs to sleep. (This has the lowest risk for SIDS, according to the Canadian Paediatric Society.) Do not use soft bedding, such as pillows, comforters, duvets, bumper pads or soft mattresses.
- Supervised tummy time is encouraged.
- If your baby is gagging on mucous, lower the head slightly and gently pat or rub her back.
- Never leave baby unattended in the bath.
- Never leave babies unattended on any surface other than the floor. They can roll over early.
- When driving, put your baby in an approved car safety seat. The car seat is for transit only.
- Do not leave your baby to sit or sleep for long periods in the car seat.
- Don't put baby in the front passenger seat.
- When at home don't use a pillow under the baby's head.
- Don't put baby on a waterbed.
- Never shake or throw your baby.
- Make sure your baby's furniture, equipment and toys (including soothers) meet current government safety standards, particularly if they are second hand.
- Keep poison control and other emergency numbers close to your phone.
- You may find a first aid or CPR course useful.

## Crying and Soothing

Hearing your baby cry can be very disturbing. However, remember it is the baby's only way of letting you know that he is unhappy about something. Even healthy babies cry on average two to three hours a day, and may have a fussy time around supper. Between 3 to 8 weeks of age they may cry more than usual but after three months, most babies cry less and less. Your baby may be able to calm himself. See what works best.

Does he like your voice, your touch or both? Does he like to be cuddled and fussed over or left alone?

There are many reasons for crying and many ways to soothe your baby.

- Check to see if your baby is wet, hungry, too cold or too hot.
- We encourage you to hold your baby skin to skin.

**See if your baby likes motion:**

- Rock in a cradle or rocking chair.
- Carry your baby close to you in a carrier or sing.
- Take your baby for a walk or ride in a car.
- Try standing or sitting with baby and see what works better.

**See if your baby likes security:**

- Be where your baby can see you or where there are other people talking or background music.
- Wrap your baby in a blanket with his arms close to his body.

**See if your baby likes stimulation:**

- Sing or talk to him.
- Have an interesting toy or mobile for him to watch.

**Sometimes babies get over stimulated; see if he wants to be quiet:**

- Move to quieter, dimly lit surroundings.
- See if he'd like to nurse or suck on something.
- Take a warm bath with your baby.
- Try quiet, rhythmic motion.
- Create soothing background noise.
- Lie down and take a nap with him.

You may not always succeed in calming your baby. Remember it's OK to feel upset when he won't stop crying. Every effort must be made to never strike or shake a baby. Both are very harmful. If you cannot take it anymore, put baby somewhere safe, like a crib, and go away for a few minutes until you have more control. Some women take a short shower and put baby where they can hear him. These few minutes may be all you need. If you feel this overwhelmed (and many parents do) get some help.

Some parents are afraid they will spoil their babies. **Nothing could be further from the truth. When babies cry, they need more care, not less.** Go to your baby consistently when he starts to cry. During the sometimes trying weeks of early parenting, your own loving instincts and feelings will be the very best guide of all.

## Your Baby's First Doctor Visit

**The first visit to your baby's doctor should be 2 days after you leave the hospital.**

Arrange this visit when you get home by calling the doctor's office the next morning. Make sure you ask for an appointment for a newborn. At this first visit, your doctor will go over the well-baby visit schedule.

**In the first few weeks CALL YOUR BABY'S DOCTOR WHEN:**

- It is hard to wake your baby up and he won't stay awake for feedings,
- Your baby will not stop crying,
- Your baby feels very hot and has a temperature more than 37.5 C or 100 F (Put the thermometer under baby's arm next to the skin for three minutes. Hold the arm close to his body while you are holding the thermometer.),
- Your baby vomits (throws up) more than once after a feeding,
- Your baby has diarrhoea, if you are breastfeeding, when he has more than 10-12 bowel movements in 24 hours. If you are bottle-feeding, diarrhoea is when bowel movements are very watery and there are more than 6 in 24 hours,
- Your baby has not followed his bowel movement pattern and is uncomfortable,
- Your baby has not wet a diaper all day,
- Your baby does not feed at least 6 times in 24 hours (breast or formula feed),
- Your baby's skin or the white of the eyes turn yellow,
- You are worried or think your baby is sick.

**Notes:**

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## Community Resources for Parents

Kingston Health Sciences Centre-KGH site.....	613-549-6666
Labour and Delivery-KGH site extension .....	2315
Kingston, Frontenac, Lennox and Addington Public Health .....	613-549-1154
Kingston Interval House .....	613-546-1777
Kingston Sexual Assault Centre .....	613-544-6424
Queen’s Family Health .....	613-533-9300 ext. 73822
TeleHealth .....	1-866-797-0000
EMERGENCY .....	9-1-1
24 Hour Crisis Helpline .....	1-866-863-0511
Multiple Births Canada .....	1-866-228-8824
Poison Information Centre .....	1-800-268-9017
Canada Customs and Revenue Agency .....	1-800-387-1193
Employment Insurance Canada – benefits .....	1-800-206-7218
Healthcard .....	1-800-664-8988
OHIP .....	1-800-268-1154
Ontario Early Years Centre Info Line.....	1-866-821-7770