



**Lakeridge
Health**

Parent and Baby Booklet



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Family-Centered Care

Welcome to Lakeridge Health!

Congratulations to you and your family on the birth of your baby!

Lakeridge Health's mission is to *empower people to live their best health*. Our team provides excellence in family-centered health care to women and families.

The family is recognized as the most basic and necessary social group. Our goal in the maternal child program is to work together with families to provide safe, skilled, and individualized care that supports the physical, emotional, and psychosocial needs of the new parents and their family.

Birth is a normal, healthy life event. To provide optimal breastfeeding support and maximize the time you can spend with your baby, your baby will be staying in the room with you.

This booklet provides you, your family and support people with information and answers to frequently asked questions about mother and newborn care.

Mom Care

This section will include information on

- Nutrition
- Exercise
- Hygiene
- Perineal care
- Vaginal discharge and bleeding
- Pain management
- Bowel and Hemorrhoids
- Caesarean irths
 - Gas pains
 - Incision care
- Breastfeeding
 - Let-down reflex
 - After pains
 - Expressing milk
 - Storing breast milk
 - Supplements
- Adjusting to parenthood
 - Rest
 - Support
 - Postpartum blues and depression
 - Postpartum anxiety and psychosis
 - Family planning
- GBS
- When to seek medical attention

Nutrition

Healthy eating, combined with balanced physical exercise, is essential to rebuild nutrient stores after delivery and important for your body to heal and prevent illness.

**Have plenty of
vegetables and fruits**

Eat protein foods

**Make water
your drink
of choice**



**Choose
whole grain
foods**

Main groups of food to include in your diet:

- Fresh vegetables and fruits, raw or cooked.
- Whole grains.
- Protein rich foods from animal and/or plant sources.

Breastfeeding requires an *extra 500 calories* per day plus fluids to quench your thirst.

Extra calories can be gained by choosing healthy snacks such as vegetables and fruits. Try cheese and apples, hummus, and vegetables, and/or yogurt topped with cereal.

Drink caffeinated beverages in moderation.

If you are breastfeeding, it is not necessary to avoid eating certain foods, unless you find they cause your baby to become fussy.

Exercise

During pregnancy, muscles and ligaments stretch and joints loosen to supply room for the growing baby.

After birth, your uterus will return to its original size in about six weeks. Exercise will be needed to return the other muscles to their former size and function.

Depending on the kind of delivery, most types of exercise can be gradually resumed in the postpartum period. However, with the added fatigue that results from delivery and caring for your newborn, you may need to reduce the intensity or length of your exercise sessions.

Note that postpartum exercise is very individual and should be discussed with your doctor.

Benefits include weight loss, increased levels of energy, and a decreased risk of postpartum depression.

Moms who have had a Caesarean-section (C-section) may also gradually return to exercise unless restricted by your doctor or midwife. Do the exercises slowly while holding abdomen for

support. Exercises 4A&B may be started six weeks post C-section, as directed by your doctor.

Keep a good posture at all times, with shoulders back, tummy in and seat tucked down.

Do these five times each, working up to 10 times, daily. Continue with this exercise program at least until your six-week check-up.

All should be done slowly, lying on the floor or firm surface.

Note: STOP any exercise that is painful and do not exercise to the point of exhaustion

1. Deep breathing exercises: inhale through nose, exhale through mouth. Attempt to hold breath for two seconds. This maintains good ventilation to the lungs.

2. Abdominal tightening and pelvic tilts: with your hand in the small of your back, tilt your pelvis by pulling in your stomach muscles and tightening your buttocks as you press the curve in your lower back into your hand. Hold for five to 10 seconds and slowly release. This strengthens abdominal muscles and improves posture. **Lower back exercise:** pull one knee to your chest and hold for 20 seconds (with other leg bent with foot on the floor). Do each

leg five times. This helps to stretch and relax the lower back.

3. Modified sit-ups*

a. With hands on your thighs, tuck chin in and curl up until your shoulder blades lift off the floor, exhaling as you reach to slide your hands towards your knees. Hold for five seconds inhaling slowly as you slowly uncurl.

b. Clasp your hands in front of you, tuck in your chin and curl up while reaching both hands to touch the outside of one knee. Slowly uncurl and repeat with other knee.

*not recommended post C-section

**full sit-ups are NOT recommended

4. Kegel exercises: Squeeze the pelvic muscles as if to stop the flow of urine, hold for 10 seconds and release. Do this 10-20 times in a row, at least three times a day.

Hygiene

Wash hands frequently: after going to the washroom and before and after changing pad or baby's diaper.

A squirt bottle will be given to you after delivery. Use it each time you go to the washroom; it will be soothing and cleansing for your bottom. Use warm tap water and spray from front to back.

Bathing

- Vaginal deliveries
 - You may shower as soon as you are up walking.
 - Let your nurse know when you are going to shower and ask for help, should you need it.
 - Emergency buzzers are located in the bathroom should you need emergency assistance.
- C-section
 - Your nurse will assist you on your second post-op day and will remove your dressing then.
 - Your incision will then remain open to air.

- Tub baths are okay, but it is suggested perfumes, bubble baths, and bath oils should not be used.
- Swimming can be resumed once bleeding has stopped.

Perineal Care

To decrease risk of infection, it is important to keep perineal area clean.

You may have some discomfort or difficulty the first few times passing urine. Try running water or using the squirt bottle to stimulate the flow of urine. Try to go to the bathroom every few hours and avoid a full bladder. If you cannot pass urine or have lots of pain when you try, speak with your nurse.

Change your pad every time you pass urine or stool and use the squirt bottle given to you to cleanse the area. Pat the area dry, from front to back. Continue to use your squirt bottle when you go home.

Sitz baths are recommended for about five minutes four times daily, or after any bowel movement.

Do not use tampons.

If you had an episiotomy or tear, stitches may have been used. These stitches dissolve within two weeks. You may clean as you would normally.

Vaginal discharge and bleeding

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

Bleeding will continue for about two to six weeks postpartum. It should decrease every day.

- Day **two to four**: red
- Day **four to 14**: pink/brown
- **Six weeks** postpartum: heavy white

You may have cramps and heavier bleeding when breastfeeding. If you pass clots with heavy, bright-red bleeding or the discharge has foul odour, speak with your doctor, midwife, or nurse.

Pain Management

While in hospital, women who have had a vaginal delivery will receive pain medication (Tylenol and Advil) as you need it, please ask your nurse for these medications if you are experiencing pain.

After birth, your nurse may give you a covered ice pack to put on your bottom. Leave it on for 20-30 minutes. You can do this as often as you like. It will help decrease swelling and discomfort in your bottom.

Witch hazel pads or wipes are recommended as well to reduce perineal pain; they can be found at your local drugstore.

After C-section, your doctor will prescribe pain medications. Talk to your nurse about your pain control options.

Bowel and Hemorrhoids

Your bowel movement patterns should return to normal by three days post-delivery.

Prevent constipation by moving around, drinking lots of fluids and eating foods such as fruits, vegetables, and whole grains. Also, increase fiber and fluid intake.

If you have hemorrhoids, your nurse will give you a medicated ointment. You may find an ice pack or warm bath will also provide comfort. Witch Hazel pads may also be helpful to ease discomfort and promote healing of hemorrhoids.

Avoid sitting or standing for long periods. Hemorrhoids usually reduce in size or disappear within six weeks of delivery.

Caesarean Births

If you have had a C-section you will normally stay in hospital for 48 hours.

Support your incision with your hands or a pillow to decrease the strain on your muscles when you try to get out of bed or when you need to cough, sneeze, or laugh. While you are in bed, change your position every hour to help prevent stiffness and promote recovery. Do leg exercises while you are in bed throughout your stay in hospital. Get up and walk as soon as you can.

You may want to place a pillow on your abdomen when feeding your baby or try the side-lying position or football hold.

Your body needs rest to recover properly. Try to have at least one nap during the day when your baby is sleeping and limit visitors.

Gas pain

Gas pains in the lower abdomen are common following a C-section. Walking, rocking in a chair or lying on your left side may relieve the pains. Try to avoid gas-forming foods, carbonated drinks, and the use of straws. Drink lots of fluids, peppermint tea

and increase the number of high fibre and roughage foods in your diet.

Incision care

After your second post-op day, you may have a shower and your nurse will remove your dressing and leave it open to air to help healing.

Some may prefer to put a sanitary napkin over the incision to prevent rubbing of the underwear against it.

Your incision scar will fade with time. Seek medical attention should you notice any of the following on your incision:

- Increased redness, tenderness or swelling along the incision line.
- Bleeding or other discharge.
- Separation of the incision.
- Fever.

Your sutures will dissolve.

Your nurse will provide you scheduled pain medication as long as you are in hospital. Talk to your doctor about your pain management options once you leave the hospital.

Breastfeeding

Breast milk is the best food for your baby. The Canadian Pediatric Society recommends babies receive only breast milk for the first six months of life. Breast milk is made special for each baby by their mother, providing all of the fluid and nutrients your baby requires.

Benefits for baby:

- Provides protection against ear and respiratory infections, asthma, SIDS, allergies, some bowel disorders, childhood obesity, visual defects, and many other benefits.

Benefits for mom:

- Offers some protection against premenopausal breast cancer, ovarian cancer, and osteoporosis.
- Helps return to pre-pregnancy weight faster.
- Helps reduce bleeding after birth by contracting uterus.
- Convenient and free.

Let down reflex

Milk let down is responsible for making the milk available to the baby, particularly the fatty hind-milk, which baby needs for weight gain.

The let-down reflex is an aching pins and needles sensation felt in the breast as the milk passes through the milk ducts. It occurs when baby starts to nurse.

Thinking about baby or hearing a baby cry can stimulate milk let-down.

Signs of let-down:

- Increased swallowing of baby.
- Cramping of uterus.
- Thirst of mom.

After pains

Some moms may feel cramping or pains in the uterus as baby nurses. These “after pains” are stimulated by the release of oxytocin when the baby feeds to promote the shrinking of the uterus back to pre-pregnancy size. Try deep breathing and relaxation techniques to help with the pain. Remember that this cramping is temporary.

Pumping

Choosing a pump

A good quality pump will feel comfortable and will express milk. Below are the different types of pumps.

- Manual/hand pumps: small and inexpensive. Works best for the occasional milk expression when breastfeeding is going well.
- Small electric pump: used when you need to miss several feeds in a day. It may not maintain your milk supply without your baby feeding well at the breast.
- High-quality electric pump: used when your baby is not breastfeeding or not breastfeeding well or is sick or premature. This pump is usually rented through a medical supply store.

Preparing the pump

- When first using an electric pump, the suction level should be set to the minimum level and then gradually increased to mother's comfort.
- After each use, wash all parts of the pump in warm, soapy water. Rinse with hot water and drain on a clean towel.

Pumping is a learned skill. Most mothers can only express a few drops when they first try a pump. Pumping may be recommended in the following cases:

- Premature baby.
- Baby not latching well.
- Separation of mother and baby due to illness, surgery, returning to work.
- Engorgement.

Tips for pumping

- Wash hands.
- Warm, wet compresses, gentle breast massage and nipple stimulation will help bring a quicker let-down.
- If single pumping, you may switch breasts many times to increase milk flow and several let-downs.
- The amount of milk expressed may vary depending on different factors (time of day, milk supply, etc.).
- Pump every three to four hours, and once in the night, ideally at the same time each day.
- Pump for 10-20 minutes per breast.
- Relax while pumping. Don't watch.
- Massaging in a firm circular motion or stroking the breast may also help with milk let-down.
- If pump is hurting you, stop and seek help.
- Remember: a baby who is breastfeeding well is able to obtain more milk than any pump.

- Keep your pump clean. Wash the parts that touch your breast with hot water and dish soap. Let it air dry on a clean towel.

Storing Breast Milk

For a premature or hospitalized baby:

- Use a fresh, sterile container.
- Refrigerate milk within one hour of pumping.
- Use or freeze milk within 48 hours.

For a full term/healthy baby:

- Store at room temperature for three to four hours.
- Store in a cooler with a freezer pack for 24 hours.
- Fresh milk can be stored in a refrigerator: for three to five days.
- Thawed milk can be stored in a refrigerator for one day.
- Milk can be stored in a refrigerator freezer (separate door) for three to six months.
- Milk can be stored in a deep freezer for six to 12 months.

Always label each bottle with month, day, and time it was pumped.

Freeze milk in small amounts – two to four ounces – to allow room for expansion during freezing.

Plastic bottle liners are NOT recommended.

For healthy babies, clean containers in hot, soapy water and rinse well with hot water. Allow to air dry.

Thawing frozen milk

- Use the oldest container first, if not expired.
- Thaw in the refrigerator overnight or under cool running water, gradually increasing the temperature to heat the milk to feeding temperature.
- When warm, shake bottle to even out the temperature. Test milk on wrist before feeding to baby.
- Use thawed milk within 24 hours and do not refreeze.
- Never use a microwave to heat up breastmilk.

Babies who are premature or sick require different care in terms of hygiene and storing breastmilk. Talk to your doctor, midwife, or lactation consultant about this.

NOTE: There are some medications that cannot be taken during breastfeeding. Talk to your doctor if you are concerned about the safety of medications you are taking while breastfeeding.

Supplementing

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

Sometimes babies will need extra help for medical reasons like low blood sugar, jaundice, or extreme weight loss. Your nurse will work with you to create a feeding plan and choose what method of supplemental feeding works best for you and your baby.

Signs of breastfeeding problems where you need to seek medical attention include:

- Baby has fewer bowel movements or wet diapers than indicated on the bowel movement chart.
- Baby is still passing meconium five days after birth.
- Baby is sleepy and difficult to wake for feeds.
- Baby is feeding less than eight times in 24 hours.

- Mother has sore nipples not improving by day three to four after birth.
- Mother has a red, painful area of the breast accompanied by fever, chills, or flu like symptoms.

Engorgement that is unrelieved by breastfeeding.

Keys to breastfeeding success

- Start early, let baby lick and nuzzle if that is what baby wants. Lots of skin to skin!
- Encourage frequent and unrestricted feedings. Follow baby's cues.
- Don't watch the clock, watch your baby. The length of feed will vary; allow infant to feed as long and as often as they want.
- Offer both breasts with each feeding.
- The more you feed, the more you'll produce.
- Feed eight to 12 times in 24 hours.
- Cluster feeding is common. Baby will want to feed every hour for a time, followed by a longer sleep period.
- For the baby who is not waking for feeds, try and wake your baby by undressing and laying him/her on your chest, next to your skin.
- Avoid the use of pacifiers while breastfeeding is being established.

- Mother and baby need lots of time together for holding and cuddling. Baby needs to get to know the breast as a warm, wonderful place to be.

For more breastfeeding information, please refer to the *Breastfeeding Matters* booklet in your teaching package.

Adjusting to parenthood

Your life has now changed! Your normal daily schedule must now include the needs of a baby. Your baby is a person and depends on you for love, nurturing, and physical needs. You, as parents, gain strength and support from each other and those close to you. Talk with friends, family, and neighbors. Accept help as it is offered and do not forget to take time for yourself. Feeling frustrated with the baby from time to time is normal and a common emotion. These feelings surface when you are tired, overwhelmed, or unsure of how to care for your baby.

Crying is the baby's way to telling you he/she is hungry, soiled, tired, hot, cold, sick, or sometimes over stimulated. Movement, rocking, riding in a car, or going for a walk may help.

NEVER shake your baby.

Rest

Tiredness is the most common concern of new parents. Anxiety, excitement, and lack of sleep all play a part. Get in the habit of resting during the day when your baby is sleeping. Unplug or turn off your phone. Do not try and do everything as before. Ask for help with household chores and meal preparation. Share infant care like burping or changing diapers.

Support

It is common for relatives, friends, and others to want to give you support and advice. Listen, but only use what is helpful for you! Let them help with food prep, babysitting while you rest, laundry, cleaning the house, etc.

Doing things together is especially important when you have a baby. Babies are very portable, so don't hesitate to include yours in your plans.

Postpartum blues

Postpartum blues (also known as the 'baby blues') is a mild depression characterized by weariness, irritability, moodiness, tearfulness,

and feelings of helplessness or of being overwhelmed.

It is not uncommon for new moms to have mood swings following the birth of their baby. The baby blues is caused from hormonal changes, excitement, emotional let-down, expectations of motherhood, change in or difficult relationship between you and your partner, lack of social support, stressful pregnancy or delivery and lack of sleep. They usually begin in the first one to three days after delivery and can go on until about two weeks after birth.

These feelings can be made worse by trying to do everything right and not always succeeding. Getting as much rest as possible is very important to help you cope with the blues. If they last longer than a few weeks, consult your doctor, midwife, or nurse to discuss ways to help you cope.

Postpartum depression

Postpartum depression may start right after birth or after several weeks or months after birth. Ten to 20 per cent of all mothers develop postpartum depression. Postpartum depression differs from the baby blues in that it begins within two weeks

to 12 months after birth and is a form of clinical depression.

If any of these apply to you, get help!

- Overwhelming feelings of sadness, guilt, or despair.
- Inability to sleep, even when baby is sleeping. Or sleeping all the time, even when baby is awake.
- Trouble concentrating or remembering things and an inability to make decisions.
- Loss of appetite and not wanting to eat even when you are hungry.
- Thoughts of harming yourself or your baby.
- Baby blues that have not gone away two weeks after birth.
- Crying all the time.
- A feeling of hopelessness and lack of control.
- Panic attacks.
- Feelings of anger towards the baby.
- Worrying about the baby too much and being obsessed about him/her.

Postpartum anxiety

Postpartum anxiety begins like postpartum depression, but may also include panic attacks, extreme anxiety, feelings of dread, racing thoughts, difficulty sleeping, a lump in your throat, and fear of being alone with the baby.

Postpartum psychosis

Postpartum psychosis is rare. It usually has a rapid onset about three to six days after birth and requires emergency treatment.

Mothers may experience:

- Hallucinations.
- Paranoia.
- Difficulty sleeping.
- Strange behaviour.

**IF YOU HAVE ANY OF THE SIGNS ABOVE,
GET HELP RIGHT AWAY.**

If you know a new mother who has these signs, get help for her! Partners and family members are often the first ones to notice these signs rather than the mother herself. Call **Durham Health Connection Line** at **1-(800)-841-2729** for information on support groups for moms. **Distress centres** are also available 24 hours a day at **(905) 433-1121**. If you are concerned, take the mother to the emergency room.

Family Planning

The right time to resume intimacy is a very individual decision. It may take some time, adjustment, and communication. You may find

sex to be a little uncomfortable the first time. Take some time each day to reconnect with each other by cuddling, talking, or sharing an activity that you both enjoy. Patience and communication with your partner are very important.

Sexual intercourse can be resumed when the bleeding has stopped and the stitches are healed (if you had them). Postpartum physical changes for the mother may include vaginal dryness, longer arousal time and slackness of pelvic muscles. Use lubricant and experiment with different positions to lessen any discomfort.

Remember that you can get pregnant soon after you have your baby so don't forget to protect yourself from pregnancy until you are ready for another child. Breastfeeding is NOT a reliable method of birth control.

A regular birth control pill should not be used, however, there is a "mini-pill" (progesterone only) which can be taken safely. Consult with your family doctor about family planning options and before resuming the pill while breastfeeding.

Group B Streptococcus

Towards the end of your pregnancy, you are swabbed for bacteria that grows in the vagina,

rectum or bladder called Group B Streptococcus (GBS). GBS does not usually cause an infection in the pregnant woman but can cause problems for the baby.

During birth, 40-70 per cent of women can pass this bacterium to their babies. A very small number (one to two per cent) of these babies will develop a GBS infection. This may cause mild to severe problems which may affect the baby's blood, brain, lungs, and spinal cord.

If a mother has the GBS bacteria, she will be treated with antibiotics during the birth process to decrease the risk of baby becoming infected with GBS.

All newborns are watched closely for symptoms of an infection. Babies who show signs of GBS infection after birth will also be treated with antibiotics.

When to seek medical attention

Your birth doctor usually requests to see you in four to six weeks after birth. You should see your family doctor within one to two days after discharge from hospital.

Seek urgent medical attention if you have the following:

- Heavy vaginal bleeding.
 - Bright red bleeding from vagina that completely soaks one or more maxi pads in two hours and does not slow with rest.
- Blood clots.
 - Larger than a loonie with heavy vaginal bleeding.
- Breathing trouble or chest pain.
- Foul-smelling vaginal odour.
- Red, sore breasts.
 - Breasts that are red, swollen, and painful with a fever and/or flu-like symptoms.
- Painful, swollen lower leg(s).
- Pain when passing urine.
 - Burning.
 - Hard to pass urine.
 - Fever.
- Change in your C-section incision.
 - Redness or discharge from the incision.
 - Fever.

Baby Care

Enjoy your baby and all the firsts of his or her new life.

Talk to your baby, play baby games, caress and cuddle.

You're parents now!

This section includes

- Usual newborn behaviour.
- Sleep and sudden infant death syndrome (SIDS).
- Cord and skin care.
- Cradle cap.
- Bathing and diapering.
- Bowel movement and wet diapers.
- Circumcision.
- Mucousy babies.
- Colic.
- Signs and symptoms of dehydration.
- Weight loss and gain.
- Jaundice.
- Vitamin K and erythromycin eye ointment.
- Vitamin D.
- Newborn screening.

- Car seat and general safety.
- Flat head and tummy time.
- When to see a doctor.

***Additional resources:**

Breastfeeding Matters booklet for information on burping, crying baby, and more baby information,

Infant Formula: What you Need to Know booklet for information about feeding your infant formula.

Usual Newborn Behaviour

Skin to skin

Babies love being skin to skin with you. It allows them to smell, hear, feel, and get to know you. Skin to skin babies stay warmer, calmer, breastfeed better, and have better blood sugar levels than swaddled babies. Skin to skin is easy and will promote bonding between you and your baby.

For more information about skin to skin, refer to the *Breastfeeding Matters* booklet.

The senses

Vision: babies can see contrasting colours and shapes (black and white) at about 15 minutes of age. Their

eyes look for “face” shapes. Vision will gradually get better with time.

Hearing: from birth, babies can hear clearly and will turn to look at someone talking to them or jump at loud noises.

- All babies should have a hearing screen done. If your baby is not screened in hospital, please call the number in your teaching package to book your baby’s hearing screen.

Touching and cuddling: holding your baby is important for your baby’s growth and development. They respond to touch, especially to their face, hands, and soles of their feet.

Taste and smell: both well-developed at birth.

Personality: each baby is their own unique person with likes and dislikes. Crying is very common. This is how the baby communicates hunger, pain, wet or soiled diaper, temperature, or need for attention.

Developmental milestones show skills that mark the progress of young children as they learn to communicate.

Babies like it when you:

- Get down to their level so they can see your face – showing them you're interested in what they're doing and saying. It makes it easier for them to interact with you.
- Repeat the sounds they make.
- Sing and laugh, especially when feeding, bathing, and changing them. Remember to talk to your baby throughout the day about things you do and see.
- Tell them the names of the objects they are looking at and playing with. Babies are interested in exploring and learning about new things and like to hear what things are called.

Sleep

The Canadian Pediatric Society recommends you place your baby on his/her back to sleep. Babies sleep best on a firm surface without pillows, bumper pads, or stuffed toys around their head, allowing for open circulation of fresh air.

Do not put baby to sleep in car seats.

Babies should sleep in a crib in your room for the first six months. This can make night-time breastfeeding easier and may help protect against SIDS. Keep your baby away from

cigarette smoke. Make sure your crib meets Health Canada's most current safety standards.

Bed sharing is not recommended as baby can become trapped in space between mattress and wall or bed frame. There is also a risk of baby falling off the bed, soft bedding covering the baby's head and causing overheating, and a risk of you rolling over and suffocating the baby. The safest place for a baby to sleep is in a crib close to your bed.

Your baby will sleep about 17 hours a day at first. Wakeful periods will gradually increase.

Sudden Infant Death Syndrome (SIDS)

SIDS is the sudden and unexpected death of an apparently healthy infant under one year of age. It usually occurs while the child is sleeping and remains unexplained even after a full investigation.

Nobody knows how to prevent SIDS, but research shows things you can do to make the baby safer.

- Place baby on his or her back to sleep
- Make sure that nobody smokes around your baby.
- Avoid putting too many clothes and covers on your baby.
- Keep the crib uncluttered.
- Have a firm crib mattress.
- Breastfeed your baby may provide some protection against SIDS.
- Comforters, duvets, or pillows should not be used.

For more information, visit caringforkids.cps.ca.

Umbilical Cord and Skin Care

Umbilical cord care

The umbilical cord will fall off your baby one to two weeks after the birth. There may be a little amount of bleeding when this happens. If bleeding is bright red, apply pressure for five minutes. If it continues and is a copious amount, seek medical attention.

Wash your hands thoroughly before and after handling your baby's cord to prevent infection.

The cord does not need any special treatment. Simply keep the cord as clean and dry as possible.

To help the cord stay dry, fold the diaper away from the cord so it does not get wet from baby's urine.

Clothing which rubs at the cord may cause irritation.

Watch the cord for the following signs of infection:

- A foul-smelling discharge.
- Baby cries when you touch the cord or the skin next to it.
- Baby develops a fever.
- Skin around the baby's cord begins to get warm and red.

If any of these symptoms are present, take your baby to the doctor

Do NOT pull the stump.

Dry carefully around the base of the cord after the baby's bath using a clean, dry face cloth.

Skin care

Clean baby's face and bottom daily.

You will notice normal changes on the baby's skin.

Surface cracking and peeling, especially on hands and feet is normal. Apply a small amount of Vaseline to those areas.

Redness/rashes are common in newborns. White spots (milia) may also appear on baby's face- cheeks and nose. These will disappear within the first week of life.

If you are concerned, take baby to see your family doctor or midwife.

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

Cradle Cap

Cradle cap is a greasy yellow scale that sometimes forms on baby's scalp. You can get rid of it when bathing the baby by massaging the baby's head during the bath and rubbing it well with a towel. It may also help to soften the scales by massaging in baby oil or mineral oil for 15 to 20 minutes. Shampoo thoroughly and brush gently.

Bathing



Babies do not need to have a full tub bath every day. Every two to three days is plenty – but you should clean between the creases in the skin daily.

Bathing your newborn should be a relaxing time; most babies will learn to enjoy bath time by one month old. Avoid bathing your baby when he/she is hungry or just after feeding.

Safety

- Always check the temperature of the water prior to immersing the baby.
- NEVER leave the baby alone in the bath or on the changing table.
- Do not add warm or hot water to the bathtub while the baby is in it.
- When holding your newborn, always support the head and neck.
- Baby powder is NOT recommended for use on baby.
- If you feel that baby's skin appears too dry, it is safe to use Vaseline.
- A good rule of thumb is to dress your baby in one more layer of clothing than you are comfortable wearing.

Preparation

1. Gather all the equipment you will need:
 - Basin.
 - Mild, fragrance-free soap.
 - Large towel and wash cloths.
 - Outfit, diaper, blanket.
 - Lotion (if needed).
2. Ensure the room is free of drafts and comfortably warm.

3. Remove sharp rings, watch and bracelets.
4. Wash your hands.
5. Before putting baby in tub, fill with warm water. Test the temperature with your wrist or inside of your elbow. You can also use a digital thermometer which should read around 37 degrees Celsius.

Directions

Before putting your newborn in the water, bundle him/her in a blanket and keep diaper on until his/her hair is washed. Wash in the following order:

1. **Eyes:** Gently clean the eyes with a moistened, clean washcloth, wiping from the inner side of the eye out. Use a separate corner of the washcloth to do the second eye.
2. **Face:** Clean the face with your facecloth and clean water. Do not use soap.
3. **Nose:** Wipe only particles that are outside the nose. Do not use cotton tipped swabs as you might hurt the nose, or push particles further into the nose.
4. **Ears:** Cleanse the outer ear with the facecloth. Do not attempt to clean with cotton tipped swabs as this may cause damage by pushing wax further into the ear canal. Ear wax will naturally work its way out.

5. **Hair:** Hair washing is needed only one to two times per week to keep the scalp clean. Keep your baby bundled for the hair wash with the baby's head over the bathtub, facing upwards. Use mild soap or baby shampoo. Rinse well and dry. Brush the hair gently every day.
6. **Body:** Place unbundled baby in the water and wash with your hands or the washcloth beginning at the neck and paying special attention to the creases of the neck, armpits, fingers, toes, and groin. Turn your baby over, supporting the head, and wash the back.

7. Genitalia:

a. Female:

- Wash gently, from front to back.
- Then cleanse the rectal area again by wiping from front to back.

b. Male uncircumcised:

- Do not push back the foreskin of the penis to clean. The foreskin will naturally retract back itself as your boy gets older (three to four years). At that point he can be taught to cleanse himself.

c. Male circumcised:

- Your nurse or doctor will instruct you how to care for your baby's penis after circumcision.
- Read the pamphlet given to you regarding circumcision.

Be sure to rinse your baby well and dry thoroughly, paying attention to skin creases.

Diapering

Good diaper care is essential for prevention of a rash.

Clean and dry genitalia thoroughly with every diaper change. It is recommended to use non-scented baby wipes or a warm washcloth.

For girls, wipe front to back. For boys, clean and dry penis and scrotum and do not retract the foreskin (if uncircumcised).

If you are using disposable diapers and are having difficulty detecting urine, place a Kleenex in the diaper to make urine more visible. Baby's urine should be clear, not dark. You may notice "brick" stained urine in the diaper, this is normal in the first week of life.

It is common for girls to pass a pink, mucous discharge from their vagina during the first week; this happens due to extra female hormones from their mom still in their system.

Do NOT leave baby unattended during bath or diaper changes. Place baby in a secure area before leaving the room. If reaching for something, always keep one hand on the baby.

Bowel Movements and Wet Diapers

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

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

Baby's Age	Wet Diapers per day	Stools per day
One day	One wet diaper.	One to two sticky dark green/black stools.
Two days	Two wet diapers.	One to two sticky dark green/black stools.
Three days	Three heavy, wet diapers.	Three or more brown/green/yellow stools.
Four days	Four heavy, wet diapers.	Three or more brown/green/yellow stools.
Five to six days and older	Six heavy, wet diapers.	Three or more large, soft, yellow, seedy stools. Baby should NOT be passing meconium at this age.

Circumcision

Circumcision of baby boys is a surgical procedure to remove the layer of skin that covers the head of the penis and part of the shaft, also known as the foreskin or prepuce. This procedure is not medically necessary. It is an individual decision, sometimes based on religious, social, or cultural reasons.

Because circumcision is surgery, usual surgical risks like bleeding and infection are possible, as well as the risk of cutting the foreskin too short or too long, and poor healing. Scarring from the procedure can cause the opening of the penis to become too small which would interfere with the baby's ability to pass urine.

To help make your decision, talk to your doctor or midwife about the risks and benefits.

The procedure takes 10 to 15 minutes. Healing takes seven to 10 days.

Frequent diaper changes will help prevent irritation or infection. You will be given an instruction care sheet.

Mucousy Babies

Babies may have mucous in their throat after birth. If your baby is spitting up mucous or milk, tilt the baby forward and pat their back until the mucous is cleared.

Signs and Symptoms of Dehydration

If you notice any of the following, contact your doctor:

- Small amounts of concentrated urine (not having as many wet diapers as appropriate for age).
- Absent/decreased bowel movements.
- Bowel movements that return to the green or black colour.
- Extreme sleepiness.
- Abnormally irritable.
- Dry mouth and lips.
- Sunken eyes.
- Sunken soft spot on baby's head.
- Poor feeding.

If you are concerned about your baby being dehydrated or unwell, contact your doctor right away.

Weight Loss and Gain

Weight loss is common in the first three to four days of life. It's caused from passage of baby's bowel movements and loss of extra fluid from baby's tissues. It is normal for baby to lose five to seven per cent of its birth weight.

By two weeks of age, baby should have regained the weight they lost. Your doctor should see your baby two to three days after discharge to make sure the baby is healthy and growing.

Babies will often have growth spurts at three weeks, six weeks, three months and six months. You will notice that your baby will be very hungry during these times and you will need to feed more often.

Jaundice

Jaundice is the yellow colouring of the skin caused by increased bilirubin. Bilirubin is a normal pigment made when red blood cells break down in the body. It is usually processed by the liver, recycled, and eliminated in the baby's stool. Minor jaundice is common in newborns in the first one to two weeks.

Increased jaundice can be worrying and may require baby to remain in hospital to receive phototherapy

treatment. A blood sample is taken prior to discharge to assess bilirubin levels.

Cause of Jaundice

When baby is jaundiced, it means either his/her body is making too much bilirubin, or the liver is not getting rid of it quickly enough.

Prior to birth, the baby has a large number of blood cells that they don't need after birth. Therefore, the baby's body begins to breakdown these extra RBCs and pass out the bilirubin through the bowel movements.

If the baby is not having lots of bowel movements, bilirubin can build up and cause the skin to become yellow.

Some babies can have jaundice in the first day of life, usually due to an incompatibility of baby and mom's blood types leading mom's blood to react with the baby's blood. Some factors can make a baby more prone to becoming jaundiced. Talk to your doctor or bring the baby back to the hospital if you are concerned.

Phototherapy Treatment

Baby will be placed in an incubator under an ultraviolet light source. Small coverings will be used to protect the baby's eyes from the light intensity.

The baby will only wear a diaper so that the light can shine directly on the skin. You can take baby out for feedings. It is important for baby to get extra fluids during this time, so the baby will need to feed more frequently. It's also important for your baby to hear your voice and feel your touch.

Call your doctor or come back to the hospital if:

- Baby is refusing to feed.
- Is sleepy all the time.
- Has lost a significant amount of weight.
- Is extremely jaundiced.

Vitamin D

The Canadian pediatric society recommends breastfeeding babies receive 400 IU of Vitamin D per day. Please discuss this with your doctor or midwife.

Newborn Screening

Phenylketonuria (PKU) - A blood sample will be taken from your baby's heel to test for very rare, but very serious, disorders.

The Newborn Screening Program will report test results to the hospital, doctor, midwife, or individual who sent the test. If the test is positive, the program office will notify the treatment centre that will contact you directly and may also notify one of the above practitioners.

Critical Congenital Heart Disease (CCHD) -

This pulse oximetry test tests for critical congenital heart disease. It is a safe, quick, and painless test to detect low oxygen levels, which is a common sign of CCHD. A sticker is placed on the baby and attached to a monitor. The test is done at 24 to 48 hours after birth and takes only a few minutes. The results are available immediately.

To learn more about newborn screening, talk to your doctor or midwife, call 1-866-532-3161, or visit www.newbornscreening.on.ca/bins/index.asp

Car Seat Safety



It is the law in Ontario that infants ride in a properly installed, infant car seat. Always read the instructions that came with the car seat you purchased and your vehicles owner manual when installing the car seat.

Newborn babies and infants need special protection while in a vehicle. In a collision, a properly installed rear-facing child car seat can save your baby's life.

Ontario's *Highway Traffic Act* requires children to use a rear-facing car seat until the child weighs at least nine kilograms/20 pounds.

It's best to keep your child in a rear-facing child car seat until they reach the manufacturer's recommended maximum weight and height limits. Some rear-facing car seats are made for children that weigh up to 20 kilograms/45 pounds.

It is **NEVER** safe for your baby to ride in a car in your arms.

NEVER LEAVE AN INFANT UNATTENDED IN A CAR SEAT

- Baby should be sitting in an infant car seat that faces the back of the car.
 - Follow manufacturer's instructions for installing the seat in the car.
- Baby cannot be placed in the car seat wrapped in blankets.
 - Put the baby in the seat first.
 - Adjust the harness straps.
 - Then wrap the blanket around the baby.
- The harness straps should be tight enough that you can only fit one finger between the strap and the baby's collarbone.
- The centre clip should be placed in line with the baby's armpit.
- Do not use a car seat older than seven years.
- Never use a car seat as a crib or a place for baby to sleep.
- Read car seat instructions and car owner manual to install your car seat.
- Using a car seat purchased outside of Canada is illegal. Consult Transport Canada for more information at <http://www.tc.gc.ca/en/services/road/child-car-seat-safety.html>.

General Safety

- Never leave your baby along on a bed, table, chair, or bath.
- Check that your baby's crib meets the safety standards for cribs.
- Babies should sleep in a bed with a firm mattress. Use of bumper pads, pillows, thick bed pads or water beds is not recommended.
- Keep cribs and playpens away from windows, blinds, and cords.
- Never tie anything around your baby's neck.
- Avoid exposing your baby to cigarette or cigar smoke.
- Be gentle with your baby; do not swing by the arms or throw up in the air.
- Closely monitor family pets.
- Do not carry or drink hot liquids when holding baby.

Seek medical attention if...

- Baby feels warm to touch and temperature is greater than 37.5°C (99.5°F) in the axilla (check your thermometer for normal ranges) and if fever persists
- Diarrhea.
- Vomiting (frequent or explosive).
- Persistent rash.
- Persistent change in feeding pattern – no interest in feeding.
- Lethargy (baby does not wake for feeding) or prolonged irritability.
- Baby feeds less than eight times per day.
- Baby looks ill (eyes do not look interested, colour is pale).
- High-pitched cry along with above symptoms.
- Difficulty breathing or breathing in panting-type breaths.
- Baby has a seizure (call 911).
- Skin very yellow before two days old or after 10 days old.
- Skin has bluish colour.
- Discharge or foul smell from umbilical cord.
- Umbilical cord is red or with pus.
- Loose green foul-smelling stools.
- No stools for two to three days.
- Passing urine less than four to five times a day.
- Yellow or green discharge from the eyes.

Resources

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