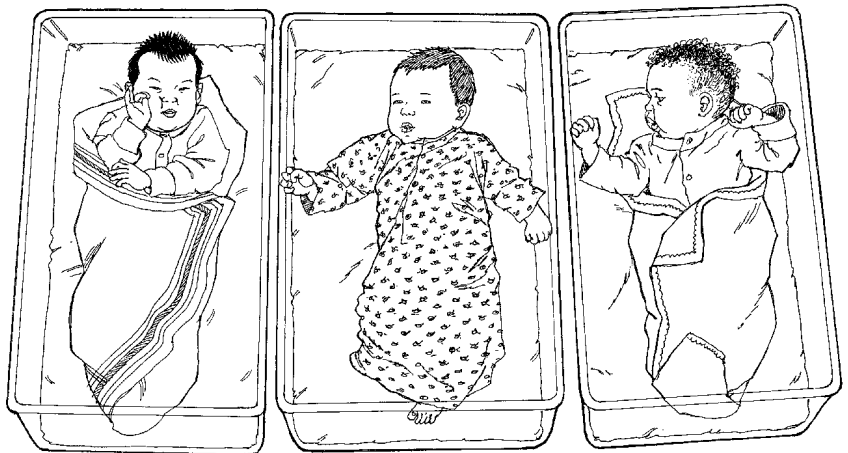




Information for the
New Mother & Her Family

Cesarean Birth



Disclaimer

This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified healthcare provider. Please consult your healthcare provider who will be able to determine the appropriateness of the information for your specific situation.

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THE BIRTH OF A BABY represents the birth of a new family. This is a special time in your life as your family relationships and responsibilities are changing. The Mother Baby Unit recognizes the importance of these new relationships and responsibilities. Therefore, our goal is to create a setting that provides physical and emotional comfort, the promotion of learning, and the development of the family. We provide “combined mother-baby care”. This means that you and your baby are cared for together, in your hospital room, 24-hours a day.

Though congratulations from visitors are usually welcome, most parents find they need their time and energy for themselves and their baby. When planning for visitors, keep in mind that your hospital stay is short. Consider your stay a learning opportunity. Staff will be available to provide important information about the care of yourself and your baby. This booklet was prepared for you to use as a helpful guide during your hospital stay and once you are home.

Congratulations!

CLINICAL PATHWAY – CESAREAN BIRTH (Mother and Baby)

	Pre-Admission / Same Day Admission	Delivery to Recovery Room (PACU – Birthing Unit)	Day of Birth	Post-Op Day 1	Post-Op Day 2	Post-Op Day 3 Discharge
Activity		<ul style="list-style-type: none"> • Bedrest 	<ul style="list-style-type: none"> • Up within 12 hours with assistance • Baby care with assistance 	<ul style="list-style-type: none"> • Up with assistance • Baby care with assistance 	<ul style="list-style-type: none"> • Up • Baby care with assistance 	<ul style="list-style-type: none"> • Up • Baby care by you
Nutrition	<ul style="list-style-type: none"> • Water after midnight, then nothing by mouth for 3 hours before surgery 	<ul style="list-style-type: none"> • Nothing by mouth → sips of fluid • Breastfeed baby with assistance 	<ul style="list-style-type: none"> • Clear fluids → regular diet • Breastfeed baby with assistance 	<ul style="list-style-type: none"> • Regular diet • Breastfeed baby with assistance 	<ul style="list-style-type: none"> • Regular diet • Breastfeed baby with assistance 	<ul style="list-style-type: none"> • Regular diet • Breastfeed baby with assistance
Medications	<ul style="list-style-type: none"> • Antacid 	<ul style="list-style-type: none"> • For the surgery: spinal or epidural or general anaesthetic • Intravenous (IV) • After surgery: pain medication as needed • Medication to contract uterus (Oxytocin) • Antacid if ordered <p>For Baby:</p> <ul style="list-style-type: none"> • Vitamin K injection • Erythromycin eye ointment 	<ul style="list-style-type: none"> • Pain medication as needed • IV <p>For Baby:</p> <ul style="list-style-type: none"> • Sucrose, given by mouth, before painful procedures 	<ul style="list-style-type: none"> • Pain medication as needed • IV removed when drinking well 	<ul style="list-style-type: none"> • Pain medication as needed 	<ul style="list-style-type: none"> • Pain medication as needed • Laxative as needed
Treatments	<ul style="list-style-type: none"> • Ultrasound if baby breach • Routine vital signs / assessments • Fetal Heart Monitoring 	<ul style="list-style-type: none"> • Urinary catheter • Comfort measures • Routine vital signs / assessments 	<ul style="list-style-type: none"> • Urinary catheter (removed after 12 hours) • Bed bath • Deep breathing exercises • Routine vital signs and postpartum assessments <p>For Baby:</p> <ul style="list-style-type: none"> • Bath • Temperature Monitoring 	<ul style="list-style-type: none"> • Urinary catheter removed • Bath / shower with assistance • Dressing removed if applicable • Peri (genital) care with assistance • Routine vital signs and postpartum assessments <p>For Baby:</p> <ul style="list-style-type: none"> • Daily care and monitoring (e.g.temperature, weight) 	<ul style="list-style-type: none"> • Dressing removed if applicable • Peri (genital) care on own • Shower • Routine vital signs and postpartum assessments <p>For Baby:</p> <ul style="list-style-type: none"> • Daily care and monitoring (e.g.temperature, weight) 	<ul style="list-style-type: none"> • Staples removed or staple remover provided • Routine vital signs and postpartum assessments <p>For Baby:</p> <ul style="list-style-type: none"> • Daily care and monitoring (e.g.temperature, weight)
Patient Teaching	<ul style="list-style-type: none"> • Review of Clinical Pathway and Cesarean Birth booklet • Pre-operative teaching 	<ul style="list-style-type: none"> • Pain management • Deep breathing exercises 	<ul style="list-style-type: none"> • Pain management • Deep breathing exercises 	<ul style="list-style-type: none"> • Review You and Your Baby booklet • Review Cesarean Birth booklet 	<ul style="list-style-type: none"> • Review teaching booklets • Optional learning materials: e.g., videos, parent channel 	<ul style="list-style-type: none"> • Review teaching • Optional learning materials: e.g., videos, parent channel
Tests	<ul style="list-style-type: none"> • Blood test (hemoglobin) and blood type if required 	<ul style="list-style-type: none"> • Blood test if required 		<ul style="list-style-type: none"> • For Baby: • Newborn Screening • Infant Hearing Screening 	<ul style="list-style-type: none"> • Blood test (hemoglobin) 	
Discharge Planning	<ul style="list-style-type: none"> • Review length of stay and discharge plans 	<ul style="list-style-type: none"> • Transfer to mother baby unit after 1-2 hours in recovery room (PACU) 			<ul style="list-style-type: none"> • Discharge teaching • Community Resources 	<ul style="list-style-type: none"> • Review discharge teaching • Follow-up appointment for you and your baby
Consults		<ul style="list-style-type: none"> • Acute Pain Service 				<ul style="list-style-type: none"> • Public Health Nurse referral

The Birth

As you and your doctor have discussed, you will have a Cesarean Birth. This means that your baby will be born through an abdominal incision.

PREPARING FOR CESAREAN BIRTH

- The night before the birth, you will stop eating at midnight. You will not drink anything except water or clear apple juice after midnight. Three (3) hours before your scheduled surgery, you will not drink anything (e.g. stop drinking at 9 A.M. for 12-noon operation time).
- The day of the cesarean birth, you should shower and remove your nail polish and jewelry at home.
- **At the Civic Campus**, go to the Obstetrical Assessment Unit (D4), located beside the Birthing Unit on the 4th floor, 2 hours prior to the scheduled time of your cesarean birth.
- **At the General Campus**, go to the Admitting Department, located on the first floor, 2 hours prior to the scheduled time of your cesarean birth. From there you will be directed to the Birthing Unit.
- There will be a waiting period before you are shown to the Operating Room (OR). If you have not already taken an antacid pill, you will be given one to reduce stomach acid. Your support person can stay with you during this time. Your support person will be asked to change their clothes for the operating room and will wait in the waiting area until you and the doctors are ready for surgery. One of the nurses will then bring him/her in. If you would like your support person to go into the OR with you, while you are being prepared for your operation, you will need to speak with your anesthesiologist. Let the nurse know that you would like to speak with the anesthesiologist about that possibility.

CESAREAN BIRTH

In the Operating Room:

- An intravenous line (IV) will be started in a vein in your arm or hand.
- You will likely have a spinal anesthetic; if an epidural or general anesthetic is needed, your anesthesiologist will discuss this with you. Spinal and epidural medications (local anesthetics) freeze the nerves that carry pain messages to the brain and provide excellent pain relief without making you sleepy.
- You will sit up during the anesthetic procedure. It is important to be very still. The skin on your lower back will be cleaned and a small amount of freezing will be injected into your skin to numb your back. The freezing may sting for a few seconds.
- **If you are having a spinal**, a fine needle will be gently inserted into your back until it goes through the membrane surrounding the spinal fluid. A small amount of medication will be injected and then the needle will be removed. The spinal anesthetic will start working quickly.
- **If you are having an epidural**, the needle will be inserted into the epidural space (in front of the spinal membrane). A thin catheter (tube) will be threaded through the needle, the needle will

be removed and the catheter will be taped in place. The medication will be injected through this catheter and will slowly begin to work.

- It is normal for there to be about 5 staff members in the Operating Room with you. Each person has duties to carry out. There will be an anesthesiologist and a nurse to listen to your concerns.
- When you have a spinal or epidural, you will:
 - Be helped to lie down. A blood pressure cuff, heart monitor wires and oxygen monitor will then be attached to you.
 - Not be able to move your legs.
 - Not feel pain during the surgery. You will be able to feel touch and some tugging or pressure sensations.
 - Receive oxygen until your baby is born.
 - Have a catheter in your bladder to drain urine.
- You may have about one inch of pubic hair along the incision line shaved.
- Your abdomen will be cleansed with an iodine solution and sterile cloths (drapes) will be placed over your lower abdomen. A tent will be made so that you and your support person will not see the surgery.
- Your support person will be seated near you at the head of the table if you have a spinal or epidural anesthetic.
- You will have an incision made. Your incision will be either just above your pubic bone and about five inches long (bikini) or, less commonly, in the middle of your abdomen from your bellybutton to just above your pubic area.
- Your stay in the Operating Room will last approximately 60–90 minutes.

In the Recovery Room (PACU):

- **If you had a spinal or epidural anesthetic**, you will be awake and alert, but your legs will feel numb for 2 to 4 hours.
- **If you had a general anesthetic**, you will be drowsy, gradually becoming more alert. You may receive oxygen through a mask for a short period of time.
- If you have pain, your nurse will give you pain medicine.
- If you are thirsty, you may have sips of fluids.
- If you wish to breastfeed, your nurse will assist you.
- **A nurse will regularly check:**
 - Your blood pressure, pulse, temperature, and breathing
 - Your abdominal incision or dressing (bandage)
 - The firmness of your uterus
 - Your vaginal blood loss
 - Your intravenous fluid intake
 - The amount of urine in your urine collection bag
 - Your comfort (pain) level
- You will be taken to your room on the Mother Baby Unit about two hours after your baby's birth.

Recovering on the Mother Baby Unit

PAIN MANAGEMENT

The health care team wants to make your recovery as comfortable as possible. Pain is personal. The amount or type of pain you feel may not be the same as others feel, even for those who have the same operation. Pain control can help you:

- Enjoy greater comfort while you heal
- Get well faster—with less pain you can start walking, do your breathing exercises and get your strength back more quickly.
- Avoid problems such as pneumonia and blood clots

Your pain management depends upon the type of freezing you receive:

- **If you had a spinal anesthetic**, you will receive pills by mouth.
- **If you had an epidural or general anesthetic**, you will receive pills by mouth and may also have a PCA (patient controlled analgesia) pump connected to either your IV line or your epidural catheter.
- If you have PCA pump, you will be given a handset. Press the button on the handset whenever you feel pain or the pain worsens, i.e. when walking or caring for your baby. The pump has a safety feature so you cannot get too much medication. The pump is usually removed within 48 hours of surgery.

Inform your nurse if you are uncomfortable. You will be asked to rate your level of pain. Inform your nurse if you experience any of the following:

- Itching skin
- Nausea and/or vomiting
- Unrelieved pain
- Heaviness in your legs
- Tingling or numbness

ACTIVITY

- Do deep breathing and leg exercises.
- Change your position frequently while in bed. You may require some assistance from your nurse.
- Get out of bed as soon as possible, with assistance from your nurse.
- Increase your activity each day as decided by you and your nurse.
- Increase your involvement in caring for your baby.

CARE NEEDS

- The Mother Baby Unit believes in keeping mother and baby together. Your baby will stay with you in your room whenever possible. If you or your support person is unable to participate in caring for your baby, or if your baby needs close observation, your baby will be cared for in the Newborn Observation Unit.

- You will have a catheter in your bladder possibly until the morning after your surgery.
- You will be assisted with your personal care for the first day.
- You will be able to shower the day after your baby's birth. If you have a bandage over the incision, it can be removed in the shower.
- Your nurse will teach you how to care for your incision.
- You may have staples along your incision; usually these are removed 3 days after birth, before you go home. If your staples are not removed in the hospital, you can have them removed by your health care provider.
- You will be taught breast care and peri (genital) care.
- You will have moderate, bright red bleeding and you may pass small clots for up to 2 days. Bleeding may increase slightly when breastfeeding. Heavy bleeding or clots larger than a plum are not normal.
- Your nurse will teach you how to care for your baby. There are also educational videos/programs and additional reading materials available for your learning. Please ask your nurse if you are interested.

DIET

- You may have an IV for 24-48 hours.
- You can drink after surgery. When you feel hungry, discuss eating solid foods with your nurse.
- You may have family or friends bring in any special or ethnic foods you desire; a small pantry is available for patient use on the Mother Baby Unit.
- You may have gas pains for 2-4 days.

To lessen gas pains you should:

- Avoid ice water, carbonated drinks, other gas forming foods, and drinking with a straw.
- Drink warm fluids and eat slowly.
- Change position frequently and take frequent short walks.
- Pass gas, don't be shy.

VISITING HOURS

- **Visiting hours are from 3 p.m. to 8 p.m., 7 days a week.**
- All visitors must wash their hands before touching your baby.
- Your support person is **not** considered a visitor. He/she is allowed to stay with you throughout the day/evening. In some situations, your support person may stay overnight with you (see below).
- You are allowed **up to 2 visitors**, in addition to your support person, during visiting hours.
- No children under 12 years old (except for siblings) are allowed to visit. Children must be supervised at all times and must stay in your room or the lounge area.
- All visitors must be healthy (i.e. free of: cold/flu, fever, vomiting, diarrhea, chicken pox etc), and must not have recently been in contact with any sick people.

SUPPORT PERSON STAYING OVERNIGHT

- Your support person can stay with you overnight if you are in a private room.
- Some units will allow a support person to stay overnight in a semi-private/ward room. Please ask your nurse what the policy is for your unit.
- For more details about your support person staying overnight, ask your nurse for the patient instructions for “Overnight Stay Guidelines”.



Taking Care of Yourself

REST/ACTIVITY

It is very important that you take good care of yourself over the next few weeks. Rest is very important after birth, for your well-being, and for milk production if you are breastfeeding.

Here are a few suggestions:

- Sleep when your baby sleeps.
- Never refuse offers of help.
- Don't hesitate to unplug your phone and/or put a sign on your door when you're resting.
- Simplify your life; reduce your obligations if possible.
- Limit your visitors.
- Avoid strenuous exercises and heavy lifting such as vacuuming, carrying laundry or heavy housework. You should not lift anything heavier than your baby (about 10 lbs) for 6 weeks.
- You can drive when you are able to sit comfortably for long periods and when you are able to slam on the brakes suddenly with no pain. You can practice this in your driveway.

EXERCISES

During pregnancy and childbirth, the body undergoes many changes. These exercises are designed to strengthen your muscles, improve your posture and help you recover from surgery. It is also a good program to continue after the postpartum period.

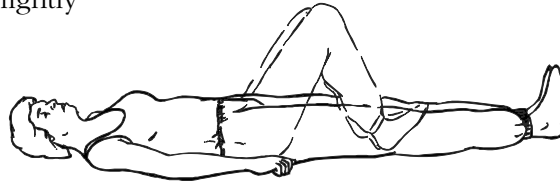
You are able to do these exercises with incision staples in.

- Begin within 24 hours of birth.
- Support the incision with a towel or small pillow, if it makes you more comfortable.
- **While in hospital, you may do exercises 1, 2, 3 and 4 in bed.**
- Check with your doctor before you begin exercises 5 through 7.
- **Do not hold your breath while exercising.**

1. Begin by lying on your back with knees bent, feet resting on the bed. Take a deep breath in slowly letting the abdomen rise; then pull in the abdominal muscles as you slowly breathe out. Take 3 deep breaths per hour.

2. Begin by lying on your back with knees straight or slightly bent over a pillow. Bending at the ankles:

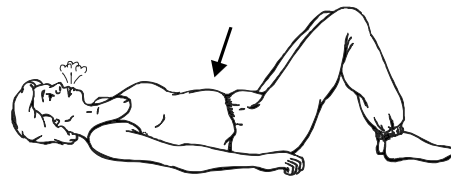
- a) Pull your feet towards you, then push them away from you.
- b) Make circles with your feet (bending at ankles). Repeat 10 times each hour.



3. Begin by lying on your back, with knees bent, feet resting on the bed. Slide the heel of one foot down the bed and back again. Repeat with the other foot. When this becomes too easy, work both legs at the same time, bending one while straightening the other. Repeat 10 times, 4 times per day.

Exercises 1-3 are very important during the first days after surgery when you are not walking around very much. Once you are out of bed and walking around, these exercises are not as necessary.

4. Begin by lying on your back with knees bent, feet resting on the floor. Pull in your abdominal muscles and flatten your lower back down on the floor or bed. Hold for 5 seconds, and then relax. Repeat this 5 times, increasing to 10 twice daily. This exercise helps relieve discomfort due to gas distension. It can also be done sitting in a chair or standing against a wall.



5. **Kegel exercises:**

Wait 24 hours before beginning this exercise, if you have had perineal tearing and/or stitches in the perineal area.

Tighten the pelvic floor muscles by pulling up inside as though preventing yourself from going to the bathroom. Hold and keep re-tightening for the count of 10. This exercise is most easily done while lying down, but it can also be progressed to sitting and standing. A good time to practice is after each time you go to the bathroom. Do 3 tightenings at a time with a 10 second rest between tightenings. Repeat 10 times daily. Tighten your pelvic floor muscles before all events that will increase pressure on the pelvic floor, such as coughing, sneezing or when picking up your baby.

Check for separation of the abdominal muscles before progressing to the next exercise.

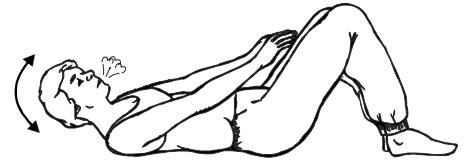
Begin by lying on your back with knees bent and feet resting on the bed. Slowly raise your head and shoulders (keep chin tucked in) off the bed. Feel for separation in the muscles just above, at, and below the navel. If you can fit 3 or more fingers in the separation do the corrective exercise (#6) ONLY until only 2 or few fingers fit the gap. Then progress to exercise #7.

6. Begin by lying on your back with knees bent. Cross your hands over the abdominal area so that you will be able to support the abdominal muscles. Breathe in, and then as you breathe out, slowly raise your head and



shoulders off the floor until just before the bulging of the muscles appears. Hold for 5 seconds. Slowly lower as you breathe in. Bulging of the stomach muscles should be avoided, so only lift up to a level where there is no bulging. This exercise should be progressed to 10 times per session, with 5 sessions daily.

7. Begin by lying on your back with your knees bent. As you breathe out, slowly raise your head and shoulders off the floor as you stretch your hands towards your knees. Hold for 5 seconds. Slowly lower. Repeat but lift up on a diagonal and reach your hands to the outside of the left knee. Repeat to the right knee. Build up to 10 times each direction, 2 times daily. To make the exercise more difficult the arms can be folded on the chest or clasped behind the head.



General Advice:

- Special care should be taken so that no undue strain is put on your back.
- When breastfeeding, establish good posture to avoid strain on your back—use a stool or pillows to raise your feet and have your baby well supported with pillows.
- When standing for any length of time, put one foot up on a stool or chair rung (this puts your back in better posture and is less tiring).
- When bathing your baby in the bath tub or similar activity, kneel on the floor—don't bend down.
- When diapering your baby or similar activity, have your working area at waist level so you don't have to bend over.
- Avoid vigorous exercise, such as jogging or running, until after your 6-week postpartum check-up. Discuss with your doctor.

Remember, you have not only given birth, but have undergone surgery. Get plenty of rest.

NUTRITION

Eating well is just as important after you give birth as it was while you were pregnant. Now you need to keep up your health and your energy so you can take care of yourself and your baby. Make sure you eat a variety of foods every day, choosing from the four food groups as recommended in the Canada's Food Guide to Healthy Eating.

- Grain products
- Vegetables & fruits
- Milk products
- Meat and alternatives

You should not diet during the first two months after birth or while breastfeeding. Your body needs the nutrients and energy for its recovery, as well as to produce enough milk for your baby if you are breastfeeding.

Iron stores may be low after a pregnancy. Choose the recommended servings from the meat and alternatives group along with enriched bread, cereal and pasta, dried fruits and dark green, leafy vegetables to increase your iron intake. Vitamin C increases the absorption of iron so try to include foods rich in Vitamin C on a regular basis, such as citrus fruits, melons, strawberries, tomatoes. You may also continue taking your prenatal vitamins until you see your doctor at your 6-week check-up.

INCISION AND PERSONAL CARE

How do I care for my incision?

If your staples are not removed in the hospital, you need to make an appointment with your doctor to have them removed within 7 days of birth. When your staples are removed, you may have steristrips (thin strips of special tape) over your incision. Your physician/nurse will teach you how to care for the steristrips.

Check your incision daily for signs of infection (redness, puss, swelling, heat). Keep it clean. It is normal for your incision to ooze a small amount of watery blood, but there should not be large amounts of discharge of any kind. If you have signs of infection or bleeding, see your doctor or go to the hospital.

How do I bathe?

It is recommended that you take a shower or tub bath daily. Make sure the tub is clean. Your incision may be left uncovered, pat dry with towel after shower.

If I have a perineal tear/episiotomy, how do I keep it clean?

Take your squirt bottle home with you and continue using it each time you go to the bathroom until your bleeding stops. Change your pad each time you go to the bathroom, even if there is not much blood on it.

Do I need a sitz bath?

If necessary your nurse will show you how to use a sitz bath. This will help ease the discomfort of an episiotomy, tear or hemorrhoids. Please feel free to take your sitz bath home and use it until you are comfortable.

How do I care for my breasts and nipples?

If you are breastfeeding, refer to the “Breastfeeding Your Baby” booklet.

If you are bottlefeeding, breast care is important in the first few days (see information about engorgement below).

Will my breasts leak milk unexpectedly?

Sometimes seeing or hearing your baby or any baby, or thinking about your baby, can cause your milk to start leaking. It is a normal response and is usually temporary.

To stop the leaking you can bend your arms; place them over your nipples and press firmly toward your chest. You can also press with the palm of your hand.

Cotton breast pads may make you more comfortable and protect your clothing. Pads should not have waterproof or plastic liners. Change them when they are damp to prevent your nipples from becoming sore or infected.

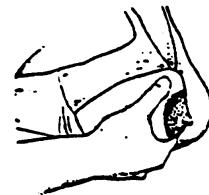
Will my breasts get engorged?

For bottle feeding mothers:

Even though you have chosen to bottle feed your baby, your breasts will begin to make milk. As a result, you may experience hard, painful, swollen breasts 2-3 days after your baby's birth (this is called engorgement).

If engorgement occurs, you should:

- Be aware that the engorgement will last approximately 24–48 hours.
- Support swollen breasts with a well-fitting bra 24 hours a day.
- Cotton breast pads may make you more comfortable if your breasts leak milk.
- Apply ice packs wrapped in a towel whenever needed to reduce swelling and pain in your breasts.
- Some women find it necessary to express a small amount of milk, even a few drops, several times a day and at night to relieve discomfort:
 - You can do this by pressing the breast back against the chest wall, and gently squeezing rhythmically with your thumb and fingers.
 - This will not increase your milk supply.
- Drink to quench your thirst—do not limit the amount you drink.
- Take a mild pain medication if ordered by your doctor.



For breastfeeding mothers:

The key to preventing engorgement is early, frequent, unrestricted feedings. If, however, breastfeeding is interrupted or baby is not feeding well, you may become engorged. Refer to your “Breastfeeding Your Baby” booklet for helpful hints.

What breastfeeding support is available?

Your nurse will be available to help you with breastfeeding while in hospital. It is important to learn different positioning, proper latching and proper technique; your nurse will review these with you. Lactation consultants are available to assist with more complex breastfeeding problems. Please refer to the green sheet titled “Breastfeeding in the first few weeks” for community supports.

Why do I have cramps or after-pains?

This is normal. Your uterus is contracting and returning to its original shape. The cramps or after-pains will slowly decrease and should disappear by approximately 1 week. You can ask your doctor about the use of medication to help relieve the pain.

How can I prevent constipation?

Constipation is a common problem. Here are a few things you can do to help:

- Walk
- Drink lots of fluids—6 to 8 glasses each day. Avoid drinks with caffeine.
- Eat fruits, vegetables, whole grains and bran, such as: cereals with bran, foods with whole wheat flour, bran muffins, bran or wheat germ sprinkled on foods, prunes or prune juice.
- Use a stool softener only after consulting your doctor or pharmacist.

I have hemorrhoids, what can I do?

Hemorrhoids are swollen veins around the rectum. Ice packs, sitz baths, Anusol or Proctozone ointment and Tucks will help to ease the discomfort. Hemorrhoids will usually reduce in size or disappear within a few weeks.

To help hemorrhoids shrink, you should avoid sitting or standing for long periods of time, prevent constipation, and avoid straining or pushing during a bowel movement.

How long will vaginal bleeding last?

Vaginal bleeding will continue for 2-6 weeks after birth, gradually decreasing in amount. The colour gradually changes from dark red to brownish to a yellowish-white. If the amount of your flow increases or the colour becomes bright red, you should consult your nurse, doctor or midwife. Sometimes your flow may increase during breastfeeding. This is normal, as your uterus will contract more.

If I have an episiotomy or vaginal tear, how long will it take to heal?

People heal at different rates. Your doctor will check your tear or episiotomy at your 6 week postpartum visit to make sure it has healed. Your stitches will dissolve on their own.

How can I strengthen my vaginal muscle tone?

Loosening of the vaginal muscles is related to stretching during birth. Kegel exercises can help strengthen these muscles. See the “Exercise” section of this booklet for instructions on Kegel exercises.

When will I get my first period?

Breastfeeding mothers:

Your period will usually begin either when you are weaning or up to 6 weeks later. You can still ovulate, or release an egg while breastfeeding even though you may not have had a period.

Bottle-feeding mothers:

Your period will usually return 3-12 weeks after birth. Your periods may be irregular in the beginning, but will settle into your pre-pregnancy pattern.

Can I use tampons?

During the six weeks following birth, there is an increased chance of infection; therefore, it is not a good idea to use tampons until your doctor has completed your 6-week postpartum examination.

Does breastfeeding change my vaginal secretions?

While you are breastfeeding, your vagina may be quite dry. This is very normal. Using a water-soluble lubricant like K-Y Jelly is helpful in relieving dryness. DO NOT USE any oil-based products such as Vaseline, baby-oil, petroleum jelly or body lotion.

SEXUALITY

When is it OK to start having intercourse after the baby's birth?

Opinions still vary on the length of time a couple should wait before having intercourse. Some suggest to wait until the first physical exam (approximately six weeks). Others suggest as soon as the bleeding has stopped (three to four weeks) and it is comfortable for the woman. During the postpartum period, it is not unusual for you to feel too tired for sexual activity or to be disinterested because of hormonal changes. Your partner too may have mixed feelings. Open communication between you and your partner is important.

Many women describe the first little while after childbirth as a time when they feel *mixed up and confused*. These feelings will affect all aspects of your life, including your emotional and sexual relationship.

The *weariness* that many people experience when caring for a baby is often overwhelming. Of all the stresses associated with having a new baby, being tired is the one most mentioned by almost all parents.

A particularly difficult issue is *jealousy*, or competition for affection. Often there just isn't enough energy, time and affection for everyone. Many women feel a great deal of stress that comes from balancing the roles of mother, worker and lover. Often women as mothers give a lot and ignore their own needs for adult company, nurturing and sexuality.

Love, mutual respect, sharing and communication are the most important tools needed to have a positive, intimate, mutually pleasurable sexual relationship during the postpartum period and forever.

What are some alternative positions for sexual intercourse?

To lessen discomfort try:

- Water soluble lubricant.
- Non-penetrating activities such as mutual masturbation.
- A different position such as you on top of your partner or lying on your side:
 - This may help you to control penetration and guide the penis away from your tear/episiotomy (if you have one).
 - **If you have pain**, you may wish to stop and try again in another day or two.

Can I get pregnant when breastfeeding?

YES, you can still ovulate or release an egg before your period begins. You can also ovulate while breastfeeding. You will need to use effective birth control if you wish to avoid another pregnancy.

Can I take the birth control pill when breastfeeding?

You should discuss this with your doctor. It is not recommended in the first six weeks. It is IMPORTANT to know that birth control pills may decrease your milk supply and may lead to slower weight gain for the baby. Certain types of pills seem to cause fewer side effects so discussion with your doctor is IMPORTANT. It's important for you to consider the benefits and risks of taking the pill.

What about condoms?

Latex condoms are about 90% effective when used properly. They should be stored in a cool, dry, dark place, and used before the expiry date. Use water-based lubricants only. Oil-based products will break down the latex. The design with a reservoir tip is best.

What are some other options for birth control?

You can discuss your birth control options with your Health Care Provider. Some other methods of birth control include:

- **Contraceptive Injection (Depo-Provera)** – an injection that you take every 3 months to stop ovulation. Prescribed by your doctor.
- **IUD (Intra-uterine device)** – a specially shaped piece of plastic that is inserted into your uterus by your doctor.
- **The Patch** – a small thin strip that sticks to the skin that continuously delivers birth control hormones through the skin to the bloodstream; needs to be replaced weekly. Prescribed by your doctor.
- **The Cervical Cap** – a small thimble-shaped latex cap that fits over the cervix to block sperm from entering your uterus; inserted before intercourse, must be fitted by your doctor.
- **The Diaphragm** – a rubber cup-like barrier that is inserted into the vagina before intercourse to cover the cervix and block sperm from entering the uterus; must be fitted by your doctor.
- **The Female Condom** – a large sheath with a ring at one end to position it in the vagina, and a ring at the other end which stays outside of the vagina to protect the vulva; available without a prescription.
- **The Sponge** – a foam sponge that contains spermicides; inserted into the vagina before intercourse; available without a prescription.
- **Spermicides** – available in foams, creams, jellies, suppositories, and foaming tablets; inserted into the vagina before intercourse; act by blocking the cervix and killing the sperm; available without a prescription.

What will my doctor do at my 6-week check-up?

Your doctor will do an internal exam to check for tenderness, healing and that your uterus has returned to its normal location. You and your doctor should discuss your plans for birth control at this time, and plan when your next pap test will be done.

EMOTIONAL HEALTH

I have heard of the “blues”. How long will they last?

Taking care of your baby and yourself can make you feel tired and overwhelmed at times. Some women may experience “the blues”, which makes them feel sad, anxious, teary, unable to sleep or eat well. This is common and usually only lasts a week or two. **If these feelings continue for more than 2 weeks, contact your physician.** Share your feelings with your partner, a close friend and your doctor. You can also contact your local Public Health Unit for information on postpartum support groups. **YOU ARE NOT ALONE.**



Taking Care of Your Baby

SAFETY

Handwashing:

Handwashing is extremely important in stopping the spread of germs. Your baby can catch an infection easily and therefore it is very important to wash your hands before handling your baby. Make sure that anyone handling your baby has washed his or her hands. It is especially important to wash your hands after using the bathroom, changing your baby’s diaper, after coughing/sneezing, after handling any pets, and whenever they are visibly dirty.

In Hospital:

1. Never leave your baby unattended.
2. When a staff member requests to take your baby:
 - a) Always check their photo identification card.
 - b) Make sure that they match the identification numbers on your bracelet and your baby’s bracelet when your baby is returned to you.
3. Do not remove your identification bracelet or your baby’s bracelet until you and your baby are at home.
4. When leaving your room with your baby, always make sure that the hallway is free of traffic. You may carry your baby in your arms if you are steady on your feet; otherwise it is safest to push your baby in the bassinette.

At Home:

1. Never leave your baby **alone**:
 - On a bed, counter, change table, couch or high place.
 - In a baby seat or car seat.
 - With a pet.
 - With a propped bottle, as your baby could easily choke. He or she should always be held for feeds.
 - With other young children (No baby should be left in the care of any child under the age of 12).
2. Place your baby on their **back to sleep, on a firm, flat surface**. Do not put your baby to sleep on a waterbed or couch because it is soft and it may cause your baby to have difficulty breathing.

Because babies now spend most of the time on their backs, they can develop a flat spot at the back of their head (plagiocephaly). It is important to try to prevent this from happening. Some tips to help prevent this are to:

- Change your baby's direction that they lie in the crib every day. For example, one night put your baby's head at the head of the crib, and the next night put your baby's head at the foot of the crib.
 - Plan for supervised "tummy time" when your baby is awake, several times a day. Wait for the cord to fall off and heal before starting "tummy time".
 - Limit time in car seats, strollers, bouncy seats, and swings.
 - Change positions when feeding, carrying, and holding your baby.
 - See your doctor if you notice any flat spots on your baby's head.
3. Make sure no one smokes around your baby.
 4. Avoid putting too many clothes and covers on your baby, because your baby can get overheated.
 5. **Do not use** bumper pads, fluffy pillows, comforters and stuffed toys in your baby's crib or playpen. These could prevent proper air circulation around your baby's face.

In the Car:

1. Follow these important points of car seat safety:
 - Place baby in car seat with their bottom and back flat against the back of the seat.
 - Ensure harness straps come out at or below the shoulder level (not above). Straps must fit snugly (1 finger space between strap and clavicle).
 - Position chest clip at the level of the armpits.
 - Eliminate dead space by placing a blanket/towel between straps and crotch area.
 - Double-back all harnesses that go through a strap-slide.

- Install the car seat correctly in the vehicle: rear-facing in the middle position of the back seat; keep carrying handle in the down position when in the vehicle, never in front of an active air bag.
2. Legislation requires that infants and children must be in an appropriate car seat.
 3. Read the directions to make sure you are using your seat properly.
 4. Infant car seats should never be placed in front of an active airbag.
 5. The middle position in the back seat is the safest place for your baby.
 6. Do not use head-huggers that are sold separately.
 7. Do not use a car seat that has been in a collision, even if it was empty.
 8. Never use a car seat that is more than 10 years old, or past the expiry date as indicated on the car seat.
 9. Car seats must have a National Safety Mark and/or a CMVSS label (which means that the car seat meets the Canadian Motor Vehicle Safety Standards). A label from the U.S.A. is not acceptable.
 10. For additional information on car seat safety call the City of Ottawa Public Health Information Line at 613-580-OPHI (6744).
 11. For information on car seat recalls, phone Transport Canada (#1-800-333-0371).

FEEDING YOUR BABY

Breastfeeding:

For written information on breastfeeding, refer to the “Breastfeeding Your Baby” flip chart from the City of Ottawa and the Green Sheet (Breastfeeding in the First Few Weeks, and Need Help with Breastfeeding in the First Few Weeks) in your information package.

Bottlefeeding:

Refer to the “Feeding Your Baby” flip chart provided by the City of Ottawa, after you go home. Carefully read the instructions of the formula container for proper preparation and storage of formula. Refer to printed information for bottlefeeding provided to you from your nurse at the hospital.

BATHING

Bathing your baby should be an enjoyable and relaxed time for you and your baby. You may feel “all thumbs” at first, but will become comfortable with time. For dads, this is a good opportunity to spend some quality time with your baby. Bath time is also an ideal time for you to look at your baby’s body to see if there are any changes (such as rashes, dry skin, redness etc.).

Your baby may not enjoy having a bath at first, but will come to enjoy it. **Tub bathing** is the preferred way to bath your baby, even while the cord is on. Babies tend to cry less, are calmer, and lose less heat during a tub bath compared to a sponge bath. If you do decide to sponge bath, keep your baby covered and only expose the area that you are washing. After washing and rinsing each area, dry quickly and cover your baby—this will prevent your baby from getting a chill.

Bath Safety:

- **Never leave your baby alone in the bath.** If you must leave the room, take your baby with you.
- Do not add warm or hot water to the bath while your baby is in it.
- Always support your baby's head and neck.

When to Bath:

- Every other day is plenty—daily bathing can cause dry skin.
- Wash your baby's face, hands, genitals and bottom every day.
- Bath your baby when it is convenient for you, but not right after a feeding.
- If you have other children this may be a good opportunity to let them help mommy or daddy bath their new baby.

Preparing:

- You will need:
 - Bathtub
 - Mild, non-perfumed soap/baby soap
 - Baby shampoo
 - Washcloth
 - Towels
 - Comb
 - Diaper
 - Clothes
- Turn on your answering machine or take the phone off the hook if you are alone.
- Make sure the room is comfortably warm, with no drafts.
- Remove sharp rings, watch or bracelets.
- Wash your hands.
- Arrange your equipment near the bathtub.
- Spread the towel so it is ready for your baby.
- Fill the bathtub with warm water and test it with the inside of your wrist.

Washing:

To begin, undress your baby, leaving the diaper on. Before putting your baby into the tub, wrap your baby in a clean towel with their head exposed. Hold your baby in the football position (under your arm with their head and neck well-supported in your hand). Begin washing:

- **Eyes**
 - Clean with a cloth and water, no soap.
 - Wipe eye from inside to outside.
 - Use a different part of cloth for each eye (to prevent the spread of any infection).

- **Face**

- Wipe your baby's face with a face cloth and water—no soap.

- **Nose**

- Never stick anything into your baby's nostrils, like cotton tipped swabs.

- **Ears**

- Wash with a face cloth.
- Wash and dry well behind the ears.
- Never use cotton tipped swabs—you may push the wax further into the ear canal (the wax will naturally work its way out).

- **Hair**

- Standing over the bathtub, use the cloth to wet your baby's hair.
- Use a mild soap or shampoo, lather, rinse well.
- Gently towel dry and comb.
- These steps will help prevent cradle cap (cradle cap is a crusty or yellowish, greasy scale often seen on the scalp).

Unwrap your baby and remove the diaper. Slowly lower your baby into the bathtub. Place baby in a reclined position with head and neck well supported. Continue washing:

- **Body**

- Use a mild soap.
- Use your hands or a cloth.
- Start with your baby's neck and chest and work your way down the body.
- Wash all over; pay special attention to creases and folds.
- Wash your baby's genitals:
 - Girls:** gently wash genital area from front to back; then wash anal (rectal) area, also from front to back.
 - Boys:** gently wash penis and scrotum; then wash anal (rectal) area. Do not push back the foreskin. Refer to "Care of the Foreskin" in this booklet. If your son was circumcised, you may give a tub bath, but do not use soap for the first 4 days.
- Rinse baby well.
- Remove from tub and dry thoroughly with a clean towel, paying special attention to creases and folds.

Lotions may be used if your baby has very dry skin. The lotion should be free of perfumes, dyes and preservatives. Your baby's skin has a special pH to help protect him or her; therefore, it is better not to use lotions unnecessarily.

Do not use baby powder as your baby can inhale the dust from the powder and it can cause breathing problems.

- **Nails**

- It is easiest to cut your baby's nails when your baby is asleep. Carefully cut the nails straight across using fine scissors or baby clippers. You may find it easier to file the nails at first, instead of cutting them. Keeping your baby's nails short will help prevent scratches on your baby's face. Little mittens or small socks will also help.

CARE OF THE FORESKIN

In our culture, many adult men are circumcised. This means that many new parents do not know how to care for the uncircumcised or intact penis. Today many couples are deciding not to circumcise their baby boys because of the potential problems and the pain of the procedure.

The foreskin protects the sensitive glans from urine and stool and the two grow as one tissue. It is normal to be unable to retract the foreskin in baby boys. As your son grows, the foreskin begins to separate from the glans. In the majority of boys, the foreskin can be pushed back (retracted) from the glans somewhere between 4 and 8 years of age. Some boys will not be able to retract their foreskin until they are 12 years old, and this is normal too.

The foreskin will gradually loosen over a period of years and should be left alone until it can be easily retracted. **Never force it back.** Forcing the foreskin back may harm the penis and cause pain, bleeding and possible scarring.

The outside of the penis can be washed along with the rest of your baby's bottom with each diaper change. The area underneath the foreskin does not need to be cleaned until the foreskin can be easily retracted. When the foreskin is easily retractable, it should be gently pushed back, allowing the glans to be cleansed with a mild soap and water. **Always bring the foreskin back to its normal position after washing.** When your child is older, you can teach him to cleanse his penis just as you teach him to wash his hands and brush his teeth.

CORD CARE

The umbilical cord is bluish-white in colour after birth. It dries up, darkens and falls off by itself within 1 to 3 weeks. While the cord is getting ready to fall off, it is normal to see a cloudy substance at the base of the cord. You may also notice a small amount of blood when the cord falls off; this will heal. Never try to pull the cord off.

It is recommended that the cord be kept clean and allowed to dry naturally (alcohol is no longer recommended). If the cord becomes soiled with urine or stool, you may clean it and the surrounding skin with water and dry well. It is expected that the cord will get wet during the bath, just be sure to dry it well with a clean towel afterwards. When changing your baby's diaper, fold down the top of the diaper to expose the cord to the air, as this will help with drying.

DIAPERING

With every diaper change, wash your baby's bottom with warm water or unscented, alcohol free baby wipes. If your baby has a bowel movement use a mild soap and warm water, or a baby wipe. Change your baby's diaper when it is wet or soiled. Wash your hands after each diaper change.

You may find it helpful to change your baby's diaper half way through a feeding as many babies have a bowel movement during a feeding. This will also help wake your baby if your baby is sleepy during the feeding and you won't have to wake your baby after the feeding to change the diaper.

ELIMINATION

For Breastfeeding babies:

- Refer to the "Breastfeeding in the First Few Weeks" handout (the Green Sheet) for elimination information.
- Breastfed baby's stools will turn yellow, to yellowish-green, be semi-formed, often loose and curdy, or like a pea soup texture.

For Bottlefeeding babies:

- Your baby should have a minimum of 6 wet diapers in a 24 hours period. Diapers should be heavy. Urine should be pale yellow and not strong smelling.
- Your baby should have:
 - A thick black stool (meconium) in the first days of life, then
 - Brownish or greenish stool, usually by day 2-3 then,
 - Yellow stool, usually by day 4-5 onward.
- Your baby should have at least 1 bowel movement in a 24-hour period.
- A bottlefed baby's stools will turn pale yellow to brownish yellow, be more formed and drier.
- Constipation is determined by the consistency of the stool and not the frequency of the bowel movements. Constipation is hard, dry stool. If your baby becomes constipated, talk to your health care provider.

BURPING

Try burping your baby after each breast or after every ounce if bottlefeeding. Breastfed babies may not always burp after the first breast.

There are 2 positions for burping:

Shoulder Position:

- Put a cloth on your shoulder.
- Put your baby up so your baby's chin rests on your shoulder.
- Gently pat or rub upwards on your baby's back.



Shoulder position

Sitting Position:

- Sit your baby on your lap.
- Using one hand, hold your baby's cheeks with your thumb and index finger and your baby's chin resting between them.
- With your other hand, gently pat or rub upwards on your baby's back.

Sometimes just changing your baby's position will cause a burp. If your baby doesn't burp after a few minutes of trying, don't be concerned. Try again later.



Sitting position

PACIFIER/SOOTHER USE

Babies have a strong urge to suck, even when they are not feeding. They will suck on their fingers, a pacifier or anything that is put in their mouths.

A pacifier should never be used instead of a feeding.

If you are breastfeeding it is recommended to wait to use a soother until breastfeeding is well established, approximately 4 to 8 weeks. This will help to avoid nipple preference and ensure adequate milk supply.

Safe use of pacifiers:

- Pacifiers should be non-toxic.
- Sterilize the pacifier in boiling water for 5 minutes before the first use.
- Keep pacifier clean by scrubbing it with warm, soapy water and rinsing well.
- Check regularly for signs of damage—discard if they are worn or feel sticky. Replace pacifier every 2 months, before damage occurs.
- Any cord attached to the pacifier should be too short to be hung around your baby's neck.
- Never dip pacifier in honey or corn syrup—tooth decay can occur, and honey can cause botulism in babies (a serious form of food poisoning).

COPING WITH CRYING

There are many reasons why a baby will cry. Babies cry to communicate their needs. They may cry if they are:

- Hungry
- Too hot or too cold
- Needing to suck
- Uncomfortable or in pain (i.e. gas pains, injured, need to change positions, have a wet diaper, clothing is uncomfortable etc.).
- Needing to be held/cuddled
- Bored

- Over-stimulated
- Tired

Try to comfort your baby by:

- Responding to their needs (feed, change diaper, burp, etc.).
- Wrapping (swaddling) in a lightweight blanket.
- Walking or rocking your baby snuggled up close to your chest (try using a front infant carrier/sling).
- Putting your baby in a baby swing, bouncy chair or vibrating chair, or taking your baby for a ride in a stroller or car.

Most babies have a “fussy” time when they will be difficult to quiet and comfort. An average 6 week old may cry about 2-3 hours in a 24-hour period.

Remember that babies can sense when you are uneasy or stressed. Try to stay calm when trying to calm your baby. If you are not able to stay calm, give your baby to someone else or put your baby down in a safe place. Sometimes you may feel like the crying will never stop. This can be very frustrating. If you find yourself getting frustrated with the crying, **do not shake your baby**. It is safer for you to leave your crying baby in his/her crib for a short while and take some time to calm down, than to risk hurting him/her.

If the baby continues to cry and you are worried that something is wrong, call your doctor.

JAUNDICE IN YOUR BABY

Many parents become very concerned when they hear someone say, “Your baby looks jaundiced”. This is a normal reaction. We hope the following information will help to decrease any concerns that you have.

What is jaundice?

Many newborn babies become jaundiced or yellow about 2-3 days after birth and this is usually normal. Jaundice is the word used to describe the yellow colouring of the skin and eyes that results from extra bilirubin in the baby’s body. Babies tend to have extra red blood cells before they are born that they do not need after they are born. After birth, the extra red blood cells are broken down, and jaundice is caused by the bilirubin that comes from these broken-down cells. Bilirubin is changed by the liver so it can be passed out in the baby’s bowel movements. Sometimes, the extra bilirubin collects in fatty tissue and this causes the yellow colour of your baby’s skin and eyes.

How can you tell if my baby has jaundice?

If your baby’s skin appears yellow, your nurse may use a light meter to check the level of jaundice. If your baby’s bilirubin appears high, your baby will have a blood test to get a more accurate reading. The blood test is done by your nurse and the blood is sent to the lab. The results are given to the nurse, who will report your baby’s results to the doctor. Because each baby is a little different, your baby’s doctor will decide whether your baby needs treatment.

Treatment for Jaundice:

Breast milk has a laxative effect and helps babies to get rid of bilirubin through their bowels. If you notice that your baby is becoming jaundiced, try to encourage your baby to nurse well at feedings. Feed your baby often—at least every 2–3 hours during the day and 1–2 times overnight. If your baby is sleepy (as many jaundiced babies are), try to keep your baby awake by stroking your baby under the chin, the palm of the hand or the soles of the feet during feeding. If you are breastfeeding, undress your baby so that your baby is right next to your skin during feeding. You can try changing breasts if your baby falls asleep. Also, try massaging your breasts towards your nipple during feedings to increase the amount of milk your baby drinks.

Your doctor may order phototherapy for your jaundiced baby. During phototherapy, your baby will be treated with a special light to help get rid of the jaundice. Ask your nurse for the “Phototherapy for Newborn Jaundice – Patient Information Sheet” for more details.

Taking Your Jaundiced Baby Home:

Your baby may still be a bit jaundiced when you go home. Continue to breastfeed at least every three hours during the day and on demand at night. Massage your breasts during feedings to increase the amount your baby is drinking if your baby is sleepy. If your baby is not feeding well or is not having at least 6 wet diapers a day (after the 4th to 5th day, once your milk supply has increased), or is becoming more jaundiced or sleepy, phone your baby’s doctor.

THE NEWBORN SCREENING TEST

As part of standard newborn care, a test should be done on your baby to find out if he/she has a health condition that could lead, if not treated, to mental retardation. It is recommended that this test be done on all babies in Ontario. The test screens for metabolic, endocrine, and blood disorders. Early detection, leads to early treatment.

A few drops of blood will be taken from your baby through a heel prick or by a needle. The small bruise from the test will heal in a few days. The blood test is sent to the laboratory and the result of the test will be sent to your physician or the hospital where the baby was born.

If you have any questions about this test, please talk to your doctor or nurse at the hospital.

SUCROSE FOR PAIN MANAGEMENT WHILE IN HOSPITAL

While your baby is in the hospital, you will be asked if your baby can have sucrose before any painful procedure. Sucrose has been shown to reduce pain in babies. A small amount of the sucrose solution will be placed on the tip of your baby’s tongue a couple of minutes before the procedure. Most babies seem to enjoy the taste and tend to cry less during the painful procedure when they have sucrose.

TAKING YOUR BABY’S TEMPERATURE

Take your baby’s temperature under the arm (axillary temperature).

- Follow the directions for use for your specific thermometer.
- Place the tip under your baby’s arm, deep in the armpit.

- Hold your baby's arm against his/her body until the reading is obtained.
- Normal axillary temperature is **36.5°C to 37.5°C**.

OTHER IMPORTANT THINGS TO KNOW ABOUT YOUR BABY

- Puffy eyelids are normal and will disappear.
- A slight white discharge from your baby's eyes should disappear—if it persists or turns yellowish; call your baby's doctor.
- You may see tiny, white spots (milia) on your baby's nose and cheeks—they will disappear on their own.
- Some weight loss in the first week is normal. Once breastfeeding is well established and your milk is in, your baby should start to gain weight.
 - Your baby should return to birth weight by 2 weeks of age.
 - **If you have any concerns about your baby's weight, or if your baby is not feeding well, call your baby's doctor.**
- Your baby's face and head may be red or bruised. This is caused by the birth and will take a few days to heal.
- Your baby may have some moulding on its head and may appear elongated or cone-shaped. This is normal; it allows the baby's head to fit through the birth canal. The head will return to its normal shape after a few days.
- Sneezing and hiccups are normal.
- Your baby's breathing may be noisy, fast, or shallow and sometimes irregular.
- When your baby startles, this is a normal reflex that will disappear in 2-3 months.
- Swollen scrotum and breasts in baby boys, and swollen labia and breasts in baby girls, is normal and caused by mom's hormones during pregnancy—it usually disappears within several weeks.
- Newborn girls may have slight bleeding from their vagina in the first few days—this is normal and will disappear.



GOING HOME

You will be discharged 3 days after your baby's birth. If possible, arrange to have some help with housework and with childcare for a few weeks.

DISCHARGE PROCESS

- Before leaving the hospital with your baby, you will need to sign a form indicating that you and your baby's bracelets have matching I.D. numbers.
- You will need to return the top portion of your baby's Health Card form to your nurse before leaving the hospital. Keep the bottom portion with you—you will need this for your baby's first appointment with the doctor.
- Your comments regarding your hospital stay are important to us. Please take the time to fill out the Comment Card before you go home. If you are not able to complete it in hospital, you can mail it from home to the address on the bottom of the sheet.
- Your baby will have a blood test (Newborn Screening) done before you leave.
- You need to make an appointment for your postpartum follow-up appointment with your doctor for 6 weeks after birth.
- You need to take your baby to see his/her Health Care Provider within two days of leaving the hospital.

Remember to bring the Baby Passport to the appointment.

- If you sign the "Authorization for Release of Maternal/Child Information to the City of Ottawa, Healthy Babies, Healthy Children Program" form, a nurse from the Public Health Unit will contact you by telephone within a few days of going home. You will be offered a home visit and an information package.
- There are many resources available in the community:
 - There are phone numbers on the "*Breastfeeding In The First Few Weeks*" green sheet, and also the "*Congratulations New Parents*" card lists some helpful phone numbers.

If you have questions or concerns once you are home, call:

- Your doctor or your baby's doctor or,
- Telehealth Ontario line (24hrs a day) at 1-866-797-0000 or,
- City of Ottawa-Public Health Information Line at 613-580-OPHI (6744) (Monday-Friday 9 a.m.- 4 p.m.)

PAIN MANAGEMENT

Most often pain at home can be controlled with over the counter medications. If you have any concerns about your pain or discomfort, discuss this with your doctor.

WHEN TO CALL THE DOCTOR

Call YOUR doctor if you have:

- Increasing redness, swelling, pain, or discharge along or near your incision.
- A fever—temperature above 38°C (100.4°F).
- Increase in vaginal bleeding—heavy, bright red, soaking one pad an hour (Note: vaginal bleeding may increase during breastfeeding).
- Vaginal discharge that is foul smelling.
- Increased vaginal tenderness.
- Passed a large clot (bigger than a plum).
- Painful breast(s)—hot, tender, red with a fever and flu-like symptoms.
- Sore nipples that are not improving.
- Diarrhea which is bothersome, severe, or bloody.

Some women have high blood pressure during pregnancy; this usually gets better after the baby is born. **Whether or not you had high blood pressure**, you should call your doctor if you have any of the following symptoms:

- A headache that does not go away (often in the front of the head).
- Blurred vision or seeing “flashing lights”.
- “Heartburn” or pain in your upper abdomen, below your breastbone that doesn’t go away.
- Unexpected nausea/vomiting.
- If you have had high blood pressure and you feel it is worsening, it is very important to seek help immediately. Call the Obstetrical Assessment Unit of the campus that you gave birth at: Civic Campus 613-761-5112 or General Campus 613-737-8012. If you were a patient of the High Risk Unit or Maternal Fetal Medicine, call that clinic for help.

Because you have received antibiotics, you may be prone to:

- **Diarrhea:** Antibiotics can cause diarrhea in up to 1/3 of people who take them. Most often, this diarrhea is mild (loose or frequent stools). Sometimes, a more serious type of diarrhea associated with taking antibiotics is caused by the *Clostridium difficile* bacterium. Symptoms of *Clostridium difficile* may be more severe and may include:
 - Watery diarrhea that may contain mucus and/or blood.
 - Abdominal pain or tenderness.
 - Loss of appetite
 - Nausea
 - Fever

If you experience mild diarrhea and it is not bothersome, continue to take the antibiotic as prescribed. The diarrhea should go away after the antibiotic is finished. Call your doctor if:

- You have any symptoms of *Clostridium difficile* (listed above).
- Diarrhea continues after the antibiotic is finished.

- Diarrhea starts after you have finished taking the antibiotics.

If you have diarrhea:

- Do not take any anti-diarrhea medications without first checking with your doctor.
 - Wash your hands frequently, especially after using the bathroom.
 - Be sure to drink plenty of fluids to keep hydrated.
- **Thrush:** Thrush is a yeast infection in the mouth that many babies get, and it can cause symptoms in the breastfeeding mother's breasts and/or nipples. Thrush is more common if the mother has had antibiotics. Thrush may not appear until 2-3 weeks or more after birth. Symptoms of thrush include:
- White coating on the baby's tongue.
 - White patches inside the baby's cheeks or lips.
 - Diaper rash that is quite red and sometimes peels.
 - Nipple or breast pain in the mother that:
 - Is burning, itching, or shooting pain and goes into armpit, shoulder or back.
 - Occurs when milk starts to flow.
 - Occurs after a period of pain-free breastfeeding.
 - Occurs in one or both nipples/breasts.
 - Lasts during and between feeds.
 - Mother's nipples that are pink, red, or shiny and sometimes have small red bumps around the base.

If you think you or your baby may have thrush, call your doctor.

Call YOUR BABY'S doctor if your baby has:

- A fever—temperature of 38.5°C (101.4° F) or higher (taken in the armpit).
- A temperature that stays above 37.5°C or stays below 36.5°C.
- Difficulty breathing or fast breathing.
- Eyes that do not look interested, pale-coloured skin, or if your baby looks ill.
- Jaundice and:
 - Your baby's skin turns more yellow
 - Your baby's abdomen, arms or legs are yellow
 - The whites of your baby's eyes are yellow
 - Your baby is hard to wake, fussy, or not nursing or taking formula well.
- Diarrhea or watery green stools.
- Vomiting (more than just spitting up).
- Persistent rash.
- Less than the normal number of wet diapers or bowel movements (see green sheet).
- Dark-coloured and/or strong smelling urine.
- Long periods of sleepiness or fussing.

- Redness, drainage or a foul smelling odour from the umbilical cord or circumcision.
- A high pitched cry, with other symptoms.

If you were **Group B Streptococcus (GBS) positive** during your pregnancy, it is important to know that your baby is at risk of a GBS infection for the first 3 months of life. Watch for signs of infection that can include:

- Fever—temperature of 38.5°C (101.4° F) or higher (taken in the armpit)
- Irritability
- Drowsiness
- Feeding poorly
- Difficulty breathing or fast breathing
- Stiff joints (hip, knee, or ankle)
- Swollen, reddened area on face or neck

If your baby has any of these symptoms, contact your baby's doctor to discuss your baby's condition. If you are not able to contact your baby's doctor, take your baby to the emergency department at your local Children's hospital.

*W*e wish you well as you leave our care. Whether this is your first child or you already have children at home, the next 6–8 weeks will be filled with many emotions and new experiences as you adapt to parenthood. Remember this is all part of the process of becoming parents. Being a mom or a dad is a combination of hard work and great rewards. Have a sense of humour! Be patient and understanding with yourselves. Believe in yourselves and trust your instincts as parents. Ask for help when you need it. Above all, remember to have fun with your baby!

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