Childbirth Centre

New Mother and Family

Patient Information Booklet

Please bring this book to your admission to the Hospital and to all of your appointments

For Information Call

613-721-2000 extension 2920

Between 8:00 a.m. and 4:00 p.m.

Monday to Friday

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Congratulations

Thank you for choosing the Queensway Carleton Hospital Childbirth Centre for the birth of your baby. We provide family-centered care that is respectful of individual choices, culture and customs. We recognize that birth is a natural process and a special life event. Whether this is your first baby or you are an experienced mother, we are sure you will have many questions about your care and your baby’s care. Our goal is to create a setting that provides physical and emotional comfort, and to promote learning during this important time.

In the Childbirth Centre, mothers and babies are cared for together at the mother’s bedside. This gives you the opportunity to get to know your baby, and for your nurse to teach and assist you with baby care. The experience with your baby in hospital helps you gain the confidence you need to care for your baby at home. We encourage you to have your partner stay overnight with you, or if this is not possible, please arrange for an alternate support person to be with you.

This booklet was developed to help prepare you for the immediate and on-going care of yourself and your baby. There is a lot to learn! The earlier you begin to prepare for your new arrival, the better. Be assured, we are here to assist you and to answer your questions.

How Long Will I Stay in Hospital?

If you had a vaginal birth, you can expect to stay in the hospital 24 – 36 hours. This will, of course, depend on how you and your baby are doing. If you had a caesarean birth, you can expect a slightly longer stay of approximately 48 - 60 hours.

**Visitors**

We strongly encourage new mothers to have their partners stay overnight in the room with them. There is a chair that pulls out into a bed available at each bedside for this purpose. Bring a sleeping bag and pillow for your partner, as well as snacks and drinks, as food and linen is provided for patients only. Having your partner (or other support person) stay overnight assists you in learning about and caring for your baby so that you feel prepared and confident when you go home.

Visiting hours:

Grandparents and siblings of the baby: 10 a.m. – 8 p.m.

Extended family and friends: 3 p.m. – 8 p.m.

Recovery after birth

After you give birth, your body undergoes a number of normal changes. It will take time for your body to return to its normal state. It is important to be patient and have realistic expectations of what your body will look like and what it will do after giving birth. Whether you had a vaginal or caesarean birth, you can expect the following changes:

* Your uterus contracts and returns to its almost pre-pregnant size and shape
* The lining of your uterus is shed as a bloody discharge called lochia. This will lighten in colour and decrease in amount over the next six weeks.
* Breastmilk production will gradually increase as it changes from colostrum to mature breastmilk.
* If you had a vaginal birth, your perineum (the area between the vagina and anus) gradually becomes less swollen and tender. If you had stitches, the area heals, and the stitches dissolve.
* If you had a caesarean birth, the incision heals and the stitches inside dissolve. If your skin was closed with staples, they will be removed by your health care provider. If your skin was closed with stitches, the stitches will dissolve. Avoid carrying anything heavier than your baby for the first 2 weeks. You should avoid driving for the first two weeks after the surgery.

You may experience some discomforts or concerns as your body recovers from the birth. These include:

* **Breast tenderness** as your milk comes in.
* **Abdominal cramps** as your uterus returns to its normal shape and size. It is safe to take the medications in your self-medication package (Acetaminophen and Ibuprofen) to relieve pain caused by uterine cramps. Remember that cramping is only temporary and helps to prevent excessive post-delivery bleeding.
* **Lochia** (bloody vaginal discharge) which can last up to six weeks. The bleeding will slow down over the first week to ten days, after which you should only have light-coloured pink or brown discharge. By six weeks, any bleeding or spotting should subside. If bleeding increases, you should try resting.
* **Swollen, bruised, or tender perineum**, especially if you had a tear or an episiotomy (a cut or incision between the vagina and anus at the time of birth). You can use ice packs or cold compresses, or try freezing a water soaked maxi-pad to place in your underwear. Rest as much as possible and let the perineum air-dry while resting. You can also try soaking the perineal area in warm water or a sitz bath several times a day. Pain medications (Acetaminophen and Ibuprofen) can also be taken.
* **Trouble urinating**. After birth, and for the first few days, you may find it hard to pee, especially if you have had a catheter, episiotomy, or a small tear in your vagina. Use a peri-bottle with warm water to rinse over your perineum or try passing urine in the shower.
* Having your first **bowel movement**. Eat foods high in fiber such as bran, fresh fruit and vegetables, and drink plenty of water to help make the first bowel movement less uncomfortable.
* **Hemorrhoids-** some things you can do to reduce the discomfort: avoid standing for long periods of time, dietary measures, ice packs or dampened, frozen maxi-pads placed in your underwear, use hemorrhoid cream or apply Tucks medicated pads.
* **Fluctuating emotions** due to fatigue and changing hormone levels. Postpartum blues (baby blues) are experienced by four out of five women and should not last beyond 2 weeks. Preventing postpartum depression is not always possible, but some coping strategies to try include eating a well balanced diet, avoiding alcohol, getting regular exercise, getting enough sleep and relaxation techniques such as yoga.
* **Gas pains** can occur after a caesarean section. To help avoid gas pain, you can walk as much as possible, avoid carbonated drinks, lie on your left side when in bed, drink lots of water, increase the fiber in your diet, ask your nurse or husband to make you anise seed tea, and take the pain medication recommended by your doctor.

You should plan to see your health care provider for a full check-up at 4-6 weeks postpartum.

Contact your health care provider if:

* You pass blood clots larger than the size of a golf ball, soak a pad in one hour, or you think you are bleeding more than normal
* The caesarean incision or the stitches in your perineum start to open
* You have yellow or greenish discharge from your stitches or vagina
* You have foul-smelling vaginal discharge
* You have a fever greater than 38 degrees Celsius
* You have flu-like symptoms
* You have pain that is not relieved by your pain medication
* You have a severe headache that does not improve after taking medication
* You have spots or stars before your eyes, dizziness, and/or sharp upper abdominal pain
* One or both of your legs becomes very painful and swollen
* You cannot urinate or have burning when you pass urine
* You cannot have a bowel movement
* You have a red, hot, or swollen breast, or a sore, hard, red or painful area on the breast
* You have postpartum blues lasting longer than two weeks
* You have trouble breathing, shortness of breath, chest pain or a racing or irregular heart rate, call 911.

Baby

Skin-to-skin

Place your baby skin-to-skin right after birth for at least one hour or until your baby has finished breastfeeding for the first time. There is no need to rush to weigh your baby.

Skin-to-skin is highly encouraged for parents/partners/supports because it has many benefits, including:

* helps stabilize baby’s temperature, heart rate, respirations and blood sugar
* promotes bonding and attachment
* calms your baby and you
* increases milk production
* helps with learning your baby’s cues and behaviours

Breastfeeding

Breastfeeding is a learning experience for both mothers and babies. Be patient throughout this process. It is worth it in the end.

Breastfeeding is the normal, unequalled way to feed your baby. Babies need just your breastmilk for the first six months. Breastfeeding for up to two years or longer is healthy for babies and is encouraged. The longer you breastfeed, the greater the health benefits for you and your baby.

Breastfeeding:

* Protects your baby from many infections and illnesses
* Promotes healthy brain development for your baby
* Is convenient, since breastmilk is the right temperature and available anytime
* Is cost-effective and environmentally friendly
* Protects you from breast cancer, ovarian cancer, and diabetes
* Helps your body return to normal

**Getting Ready To Feed**

It is important to be relaxed and comfortable to feed your baby. Make sure you have gone to the washroom, changed your pads, taken your pain medication if needed, and are positioned comfortably.

Visitors are wonderful, but your baby’s feedings come first. If you do not feel comfortable breastfeeding in front of your visitors, have them wait in the lounge or ask them to visit at another time.

**Promoting Breastfeeding Success in the Early Days**

* Keep your baby close to you during the early days and weeks. This helps you learn about and respond to your baby’s cues. It also promotes milk production and helps your baby adjust to life outside the womb.
* Breastfeed your baby as often and for as long as your baby wants. Your baby will give you cues to tell you when he/she is ready to feed. Cluster feeding –frequent short feeds- is common in the first few weeks. Babies usually breastfeed 8 – 12 times or more in 24 hours.
* Breastfeed your baby “on cue” before he/she reaches the crying state. Infant feeding cues include:
* Sucking, rooting, licking, hand to mouth motions
* Waking, stirring, stretching, soft cooing
* Rapid eye movements
* Having your baby with you in your room while in hospital will help you become familiar with your baby’s cues
* Position your baby skin-to-skin at your breast with only his/her diaper on. Good position and latch are essential for your milk production, for baby’s growth, and the prevention of sore nipples, engorgement and breast infections.
* Feed your baby from each breast for as long as he/she wants. When he/she finishes one side, offer the other. He/she may not take the second side. Watch your baby, not the clock!
* Alternate the breast you start with at each feeding. This allows each breast to produce lots of milk.
* If your baby is sleepy, gently wake the baby by undressing him/her, and by stroking and/or rubbing the back. Encourage him/her to breastfeed at least every 3 hours until he/she has re-gained their birth weight.
* Give your baby only breastmilk. No extra fluids or foods are needed for most breastfed babies in the first 6 months of life. Giving extra fluids can interfere with milk supply.
* If your baby’s health care provider determines there is a medical reason for supplementation, this will be discussed with you. Reasons your baby may need a supplement include:
* jaundice requiring phototherapy
* hypoglycemia (low blood sugar) that does not improve after breastfeeding
* a weight loss of more than 10% of birthweight
* you have a severe illness
* you are taking medication that is contraindicated with breastfeeding
* If your baby is not able to breastfeed, or is not actively stimulating your breasts, your nurse or the lactation consultant can show you how to use the double electric breast pump or to hand express to encourage your milk supply.
* \*Note: Nipple shields should only be used upon special recommendation
* Although breastfeeding is natural, it is a learned skill and may take a few weeks for you to become comfortable. The Queensway Carleton Hospital Childbirth Program offers out-patient breastfeeding follow-up support for up to three weeks post-discharge (if you delivered at QCH). The breastfeeding clinic is staffed by certified lactation consultants and is open seven days a week. No appointment or referral is necessary. Speak to your nurse for more information.

It is also important that you keep your baby’s follow-up appointments so your baby can be weighed and the overall condition monitored.

**Baby’s Second Night**

The second night can be more difficult and exhausting for parents. Your baby will be awake a lot more, starting around the 24 hour mark. Your baby will be more alert and hungry. For breastfed babies, your baby may start cluster feeding. This is where your baby wants to feed more frequently and for shorter periods of time. This type of feeding is normal and helps to bring in your milk.

**Cluster Feedings & Growth Spurts**

Babies may have cluster feeding periods again in the coming months. It often occurs in the evening hours. This may mean your baby is going through a growth spurt. Growth spurts usually happen around 3 weeks, 6 weeks, 3 months and 6 months of age.

**Pacifiers and Soothers**

If you have made an informed decision to use a soother, it is best to wait until your baby is breastfeeding well (usually 4 – 6 weeks of age). Using a soother instead of watching your baby’s feeding cues may cause you to make less milk. Carrying, rocking, skin-to-skin cuddling are other comforting ways to calm your baby instead of using a soother.

Babies have an intense need to suck and some seem to need this more than others. Some will suck their thumbs or fingers even before birth. Suckling can soothe and comfort a baby when he/she is distressed. Pacifiers can be used for short periods of time to calm a fussy baby, but not in place of feeding, comforting, or cuddling. If using a soother:

* NEVER attach it to any string or ribbon long enough to go around your baby’s neck.
* NEVER dip it in sugar or honey.
* NEVER use a homemade pacifier.
* ALWAYS check it for cracks or tears.
* STERILIZE it by boiling for 5 minutes and then cool before giving to baby.
* DO NOT attempt to clean it by suckling the pacifier yourself. This may spread germs to your baby.

**Vitamin D**

Vitamin D supplement (10ug/d or 400 IU/d) is recommended for all full term infants who are breastfed. Supplements should continue until the baby’s diet provides a source of vitamin D.

For infants receiving formula, vitamin D is already added in the preparation and no supplement is needed.

**Bottle Feeding**

If you have made the decision to formula feed your baby, use a store-bought iron-fortified infant formula until your baby is 9-12 months of age. The formula should be cow’s milk-based, unless your baby’s care provider has told you otherwise. Your nurse will provide you with information on how to sterilize, prepare and store your baby’s bottles, as well as how much they should take each feeding.

**Breast Care 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 or 3 days after your baby’s birth. This is called engorgement. It can take several weeks for the breasts to stop producing milk.

For comfort, you may try the following:

* Wear a supportive bra, even at night. Apply ice packs (wrapped in a towel) whenever needed to reduce swelling and pain in your breasts.
* Apply cotton breast pads if your breasts leak milk.
* Warm shower
* Avoid breast stimulation
* Take pain medication as ordered by your care provider.

**Waking A Sleepy Baby**

Babies feed best when they are alert or awake but drowsy. Most babies will be very alert and eager to feed during the first few hours after birth, but may become sleepier after that and remain sleepy until they are about 24 hours old. Even though your baby is sleepy, the nurse will encourage you to attempt to wake and feed your baby every 3 hours, if they do not cue to feed on their own. Here are some ways you may wake a sleeping baby:

* Undressing the baby.
* Changing the diaper.
* Putting the baby skin to skin with you.
* Gently stroking the baby’s back, arms, and legs.
* Talking to the baby.
* Sitting the baby up and attempting to burp.

Safety

Your baby’s safety depends completely on you and the rest of the family, since babies are unable to recognize danger themselves. They must be protected from anything that can harm them. Parents constantly have to be aware of potentially dangerous situations and create a safe environment.

In Hospital:

* You, your baby and one support person will be given matching identification bracelets. For security reasons, do not remove your identification bracelet, your support person’s bracelet or the baby’s bracelet.
* Your baby will be given a security bracelet just after birth. This bracelet will be equipped with an alarm that will notify security if your baby is out of the permitted zone.
* Never leave your baby unattended in your room.
* You are permitted to walk around the Mother-Baby unit with your baby, however, babies should always be transported in their bassinets in the hallway. For safety and security reasons, we ask that you not leave the Childbirth Centre.
* When a staff member requests to take your baby:
* Always check their nametag.
* Ensure that they verify the identification numbers on your bracelet and the baby’s bracelet upon return.

In the Car:

* It is the law in all provinces that infants are secured properly in Transport Canada approved infant car seats.
* Read the directions to ensure you are using your seat properly (i.e. rear facing).
* Keep your infant rear-facing for at least one year and until at least 20 lbs (some car seats may allow your infant to ride rear facing for up to 35 lbs, refer to car seat instructions).
* Do not use a car seat that has been damaged in an accident.
* Car seats should not be placed in the front seat of a car equipped with air bags.
* The middle position in the back seat is considered to be the safest place for your baby.
* Call the Public Health Information line for further car seat information.

At Home:

* There should be no smoking in the house with a newborn or other small children.
* Never leave your baby unattended on a bed, counter, change table, couch or high place. A baby left unattended, even for a moment, can fall.
* Never leave your baby unsupervised with pets
* **Safe Sleep Environment:** It is recommended that your baby be placed on his/her back to sleep. Always avoid soft mattresses, pillows, comforters, toys, and bumper pads in the baby’s crib. These items can reduce proper air circulation around the baby’s face and may contribute to Sudden Infant Death Syndrome (SIDS)
* **Sleeping position:** Sleeping on the tummy is no longer recommended for your baby. There is evidence to suggest that babies who sleep on their tummies are at greater risk for SIDS. Babies who sleep on their back are not more likely to choke. When your baby is awake and being watched, some “tummy time” is necessary to strengthen your baby’s head and neck and promote infant development.
* **Plagiocephaly (flat head):** When babies are placed on their back to sleep, it is important to vary their head position during the first six months. Alternate the position each time your baby is put to sleep (ie. turn the head one time to the left, the next time to the right).
* **Temperature:** Babies need to be warm, but they should not be hot for sleeping. If the room temperature is right for you, it is right for your baby too. Check your baby by placing your hand on the back of his/her neck. Your baby should not be sweating. Use light weight blankets that you can add or take away according to the room temperature.

Bathing

Bathing your baby should be an enjoyable and relaxing time for you and your baby. The baby’s bath provides an excellent time for you to socialize with your baby and to take a closer look at your baby’s body. Your baby may not enjoy having a bath at first, but will come to enjoy it. As your baby grows, bath time also becomes a time for play and exercise. Tub bathing and sponge bathing are both acceptable ways to bath your newborn baby.

**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. Hold the two heaviest parts, the head and the hips.
* Keep the baby’s towel and washcloth for his/her use only.

**When to Bath**

* Every other day is plenty. Daily bathing can cause dry skin. Wash your baby’s face, hands, genitalia and bottom every day.
* Bathe your baby when it is convenient for you, but not right after a feeding. This may cause your baby to spit up.

**Preparing for a bath**

* You will need:
* Basin
* Mild, non-perfumed soap/baby soap or baby wash. We do not recommend any perfumed lotions, powders or cornstarch, as these are unnecessary and may irritate your baby’s delicate skin.
* Baby shampoo or baby wash for the hair. Only use a small amount because it can be drying.
* Washcloth and towels.
* Comb and a hairbrush with soft bristles.
* A change of clothes and a fresh diaper.
* Make sure the room is warm, with no drafts.
* Remove sharp rings, watches, or bracelets.
* Wash your hands.
* Arrange your equipment near the basin. Spread out the towel so it is ready for your baby.
* Fill the basin with warm water and test it with the inside of your wrist or elbow.

**Sponge Bath**

The best way to bathe your baby is to start at the top and work your way down. Your baby should be bathed quickly to prevent chilling. Only one part of the baby’s body is washed at a time, taking care to keep the other parts of the body covered.

* **Eyes-** Clean with a cloth and water, no soap. Wipe from inside to outside corner of the eye. Use a different part of cloth for each eye. This will prevent spreading an infection from one eye to the other.
* **Face-** Wipe your baby’s face with a face cloth and water, no soap.
* **Nose-** Wipe the outside of the nose with a face cloth. Never stick anything into your baby’s nostrils.
* **Ears-** Wash with a face cloth. Wash and dry well behind the ears. Never use cotton tipped swabs in baby’s ears. You may push the wax further into the ear canal potentially causing damage. (The wax will naturally work its way out.)
* **Hair-** Wash your baby’s hair once or twice a week. Wrap your baby in a towel and hold your baby under your arm (football hold) with your baby’s head and back well supported and his or her face upward. Standing over the basin, use the cloth to wet your baby’s hair. Use a mild soap or shampoo. Lather, rinse well, and gently towel dry. Comb or brush gently.
* **Body-** Use your hands or a cloth. Use a mild soap. Start with your baby’s neck and chest and work your way down the body. Make sure your wash, rinse and dry all creases. Pay special attention to the creases at the neck, armpit and groin areas. Supporting the head and neck, turn your baby onto his/her tummy and wash the back. Rinse well and dry. Keep your baby covered after you’ve bathed each section. Continue on and wash your baby’s legs and feet. Dry well.
* **Cord-** Refer to Cord Care information below. Keep the cord as dry as possible.
* **Genitalia-** Female: Gently wash and dry from front to back. Then wash and dry anal (rectal) area, also from front to back. Male: Gently wash and dry the penis and scrotum, then wash and dry anal (rectal) area. Do not push back the foreskin. Refer to “Care of the Foreskin” or “Circumcision” in this booklet.
* **Nails-** It is easiest to cut your baby’s finger nails when your baby is asleep. Using fine scissors or baby clippers, carefully cut the nails straight across. A nail file can also be helpful. Keeping your baby’s nails short will help prevent scratches on your baby’s face. Little mittens or small socks will also help.

**Tub Bath**

For safety reasons, it is best to use a baby bathtub. Fill the baby’s bathtub with warm water to about eight centimeters (three inches) deep and check water temperature. Slowly lower the baby into the tub supporting him/her with your arm and keeping a firm grip with one hand. There are many bath aids on the market to make this easier.

Wash your baby as you would for a sponge bath, paying special attention to the creases. Rinse well, then lift the baby out of the tub and dry immediately with a large towel. Check the skin folds for any sign of irritation and dry these areas carefully. Dress the baby quickly (for warmth).

If you would like to practice bathing your baby while in hospital, your nurse would be happy to help you.

**Skin Care**

Most babies have sensitive skin. Almost every baby gets a pink or red rash now and then. This is especially true when the skin is irritated. This can happen when your baby rubs against the bedclothes or sheets, or when the baby is very warm. Almost all of these skin rashes disappear quickly.

Heavily scented products may cause irritation and drying of the baby’s sensitive skin and should be avoided. If your baby has a rash or skin condition that persists, see your baby’s care provider.

**Cord Care**

Immediately after birth, your baby’s umbilical cord is blue-white in colour. The plastic clamp put on the cord right after birth should remain in place until the cord dries up, darkens and falls off on its own between the first and third week. Never pull on the cord. Let it fall off by itself. When it falls off, it will leave a small raw area. It may have a small amount of bleeding, but will heal quickly. Keep the cord as dry as possible. No special cleaning of the cord is required. You may hear information telling you to use alcohol on the cord. Current research shows the cord dries and heals faster if no alcohol is used. If you choose to tub bath your baby instead of sponge bath, be sure to dry the cord thoroughly using a cotton tipped swab. Fold down the front of the diaper to expose the cord, allowing it to dry more easily. If the cord appears to be red, smells funny, or has discharge, call your baby’s care provider.

**Diapering**

This is a perfect time for sharing special moments with your baby. You can sing or talk to him/ her while you change the diaper. Choose a flat comfortable surface that has no drafts. If you use a table, ALWAYS KEEP ONE HAND ON YOUR BABY. It only takes a second for a baby to fall.

With every diaper change, wash your baby’s bottom with warm water or baby wipes. If the baby has had a bowel movement, clean with soap and water. After drying the baby’s bottom, apply a thin layer of Vaseline to protect the baby’s skin. Wash your hands after every diaper change.

**Signs and Symptoms of Dehydration**

Signs and symptoms of dehydration vary greatly in newborns. Some of the warning signs may include a dry mouth and lips, abnormal drowsiness or tiredness and/or diaper patterns less than normal (See Wet & Dirty Diaper Chart). Call your baby’s doctor or visit your emergency department if you are concerned about your baby.

**Urine**

Initially, your baby should have a wet diaper in the first 24 hours. Gradually, the number of wet diapers will increase as your baby feeds more. A newborn’s urine is usually light yellow, with almost no smell. If your baby is having too few diapers (see chart below), or if the urine is very dark and concentrated, call your baby’s care provider.

**Stools**

Your baby’s stools will first be black, thick and sticky (called meconium) and then will change to greenish-yellow and then to yellow or brownish-yellow. Breastfed baby’s stools will turn yellow to yellowish-green, be semi-formed, often loose and curdy or like a pea-soup texture. Bottle fed baby’s stools will turn pale yellow to brownish-yellow, be more formed and drier.

One of the easiest ways for new parents to feel reassured that their baby is receiving enough nutrition is by keeping track of the baby’s wet and dirty diapers. The following is a chart that shows how your baby’s output will change over the first week and beyond. You can record your baby’s output in the chart located at the back of this book.

Wet & Dirty Diapers Chart

| Baby’s Age | Wet Diapers Each Day | Dirty Diapers Each Day |
| --- | --- | --- |
| 1 day old | * At least 1 wet diaper (a wet diaper feels like at least 2 tablespoons of 30 ml of water poured on a dry diaper) | * At least 1-2 sticky dark green/black stools |
| 2 days old | * At least 2 wet diapers | * At least 1-2 sticky dark green/black stools |
| 3 days old | * At least 3 heavy diapers (a heavy diaper feels like at least 4-5 tablespoons or 60-70 ml of water poured on a dry diaper) | * At least 2-3 brown/green/yellow stools |
| 4 days old | * At least 4 heavy diapers | * At least 2-3 brown/green/yellow stools |
| 5 days old | * At least 5 heavy diapers | * At least 2-3 stools, getting more yellow |
| 6 days old and after | * At least 6 heavy diapers * At all ages, urine should be clear to pale yellow with almost no smell | * At least 2-5 large yellow stools * Stools can be soft like toothpaste or seedy and watery * After 6 weeks, some breastfed babies may have 1 very large yellow stool every 1-14 days. This is normal for some breastfed babies to have many stools each day. |

Care of The Foreskin

The outside of the penis can be washed 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. The foreskin will gradually loosen over a period of years and should be left alone until it can be easily pulled back. NEVER FORCE THE FORESKIN BACK. Forcing it back may harm the penis and cause pain, bleeding and possible scarring. When the foreskin is easily retractable (age 3-4 years), it should be gently pulled back to allow the glans to be cleaned with soap and water. Always bring the foreskin back to its normal position after washing.

Circumcision

The Canadian Pediatric Society does not recommend routine circumcision for newborn baby boys. The procedure is no longer covered under OHIP and, if done in hospital, there will be a hospital fee and physician fee for the procedure.

Circumcision is a surgical procedure performed by a physician to remove the layer of skin that covers the head of the penis (called the foreskin). Local anesthetic is provided. The procedure can be done prior to your discharge home from the hospital or at specified clinics in the community. If you choose to have your baby circumcised, speak to your nurse and he/she will help make arrangements. Consent is required for the procedure.

**Care after a circumcision**

With each diaper change, gently wash the penis with a cloth or pour warm water over the penis. Gently pat dry. Apply a generous amount of Vaseline around the tip of the penis. This will prevent the penis from sticking to the diaper. If the circumcised area does stick to the diaper, do not pull the diaper off – soak it off with water. Following the circumcision, a few drops of blood may be seen on the diaper. This is normal. The circumcised area will have a yellow covering within 24 hours. This covering is normal. Do not try to clean it off. It will disappear within 2 or 3 days. It may take up to 7 to 10 days for the penis to completely heal.

Contact your baby’s care provider if any of the following occur:

* Bleeding from the circumcision site
* Persistent redness, swelling or odour
* If your baby develops a fever

**Taking Your Baby’s Temperature**

When you are discharged home, it is not necessary to check your baby’s temperature regularly unless you suspect your baby is ill.

The American Academy of Pediatrics (AAP) and the Canadian Pediatrics Society (CPS) do not recommend the use of glass mercury thermometers due to the risk of exposure to mercury if the thermometer breaks. Digital thermometers are recommended to check your baby’s temperature. (Tympanic or ear probe thermometers are only recommended for older babies.) Refer to the CPS for tips on taking your babies temperature: <http://www.caringforkids.cps.ca/whensick/Fever.htm>

Axillary Temperature (Under the Arm or Armpit):

* Follow the instructions to turn on the digital thermometer.
* Place the tip under your baby’s arm (in the armpit).
* Hold your baby’s arm against your baby’s body until the thermometer beeps. The digital thermometer will display the baby’s temperature automatically.
* Do not hold the tip that was under the baby’s arm.
* Normal axillary temperature is 36.5 to 37.4 degrees Celsius.

\*If the baby’s temperature is greater than 37.5 degrees Celsius, contact your baby’s care provider.

Mouth Care

You should start to clean your baby’s mouth soon after birth to help develop good dental habits, even before your baby’s first teeth appear. Wipe your baby’s gums with a soft, wet, clean cloth every day. Once the first teeth appear, continue to use a wet cloth or a soft tooth brush. Breast milk, formula and juice all contain sugar, which if left in contact with teeth, can cause tooth decay.

**Coughs, Sneezes And Spitting Up**

Your baby will try and get rid of some of the mucous that she/he was born with and was not expelled at the birth. This is done by sneezing, coughing and sometimes spitting up. It usually occurs after a feeding and is normal. Try not to handle your baby too much after feeding and allow a lot of time to burp your baby after the feed.

**Burping**

Try burping your baby after each breast if breastfeeding, or after every ounce (30 mls) of formula if bottle feeding. Breastfed babies do not always burp after the first breast. There are 2 positions for burping:

Shoulder Position

* Put a receiving blanket or burp cloth over your shoulder
* Put your baby up so that your baby’s chin rests on your shoulder
* Gently pat or rub upwards on your baby’s back

Sitting Position

* Sit your baby on your lap
* Hold your baby’s head in one hand with your thumb and index finger on the cheeks in front of their ears, and the chin resting between them.

Ask your nurse to show you the positions. Sometimes just changing your baby’s position will cause a burp. If your baby does not burp after a few minutes of trying, don’t be concerned. Try again later.

**Spitting Up**

Your baby may spit up a small amount of milk when burping after feeds. This is normal. Try not to over-handle your baby after feeding. Frequent burping and smaller feedings may help. If your baby is consistently spitting up, or you are concerned about the amount of milk your baby is spitting up, contact your baby’s care provider.

**Hiccups**

Hiccups are common and are not harmful. For the first few months, they are common following a feeding. If hiccups distress your baby, then try burping him/her in the sitting position. A few sips of breastmilk (if you are breastfeeding) or cooled boiled water (if you are bottle feeding) may help to settle hiccups.

**Sneezing**

Sneezing is common in newborns, but it is rare for newborns to get a cold in the first six weeks of life. Babies are unable to blow their noses and sneezing is how they help to clear their nasal passages.

**Vomiting**

Vomiting is not the same as spitting up or regurgitation. Vomiting may or may not be forceful. Contact your baby’s care provider if your baby is vomiting.

**Crying**

Newborn babies cry a lot during the first few months. Crying is the only way for babies to communicate their needs to those who care for them. Babies cry for many reasons – they may be hungry, tired, bored, hot, cold, ill, need a diaper change, need to be burped, or may be overstimulated. Occasoinally, your baby will cry despite all the things you do to try to help. Try to stay cool, calm and relaxed. A crying baby can make you feel helpless, frustrated and even angry. This is a natural response. You will soon learn to interpret your baby’s crying and how to respond. Remember, you will not spoil your baby if you pick them up to comfort them.

Infant Colic

There is nothing more upsetting than a newborn baby who will not stop crying. A baby who cries inconsolably for hours, even after being fed, changed, burped and cuddled, is said to have colic.

No one really seems to know what causes colic. Colic usually starts about 2 or 3 weeks after birth and finally stops when the baby is about 3 or 4 months of age. For a baby to be called colicky, it is necessary that he/she be gaining weight well and be otherwise healthy. It is important for new parents to visit the baby’s care provider to rule out any other medical problems.

The reason why some babies develop colic is not known, but it may be due to:

* Difficulty burping after feeding
* Overfeeding
* Air swallowing
* Immaturity of the central nervous system
* Overactive milk ejection reflex (let-down)
* Overstimulation

Tips for a Crying Baby

* Your baby may be hungry. Observe for feeding cues, such as sucking noises, and an open mouth.
* Check for wet or dirty diapers.
* Change baby’s position.
* Check the room temperature. Is it too hot or too cold? Perhaps the baby is over or under dressed.
* Give the baby a massage.
* Talk softly or sing to your baby.
* Take the baby for a walk or a car ride.
* Wrap your baby in a receiving blanket or wear your baby against your chest.
* Lower the noise and light levels.

If you have any concerns about your baby, call your baby’s care provider.

Tests Done for Your Baby While In Hospital

While in hospital, your baby will have a few tests done before discharge:

* **Jaundice test-** this test is done at 24-30hrs of age and tests your baby’s bilirubin level
* **Newborn Screening test-** this test is done at 24-30hrs of age, at the same time as the jaundice test. Newborn screening is a test done to look for treatable diseases that usually show no symptoms in the newborn period. Early detection of these diseases through newborn screening prevents serious health problems and can save lives.
* **Critical Congenital Heart Disease (CCHD)-** this test is done before discharge. It is a pulse oximetry screening available for babies in Ontario to assist in the detection of conditions where a baby’s heart or major blood vessels around the heart have not formed properly. They are called critical because they require surgery or intervention in the first year of life to ensure healthy outcomes for the baby. As with the other screening, early detection results in better outcomes.
* **Hearing Screen-** Infant hearing screening is performed in the community after discharge. Your nurse will provide you with the follow-up contact information before discharge. It is your responsibility to ensure your baby is scheduled for a Hearing Screen.

What Is Jaundice?

Jaundice is common in newborns and occurs when there is too much bilirubin in the blood. Bilirubin is a normal pigment made when red blood cells break down. If there is too much bilirubin, or the liver is not getting rid of it quickly enough, the jaundice increases. This can make the baby’s skin and the whites’ of the eyes look yellow, although it is not easy to see in all babies. Jaundice can be present in babies of all races and ethnicities.

**Is Jaundice Harmful?**

Most jaundice is normal and not harmful. It usually develops during the first 3 to 5 days of life. In very few babies, the blood level of bilirubin rises to a dangerous level which can cause harm to the brain. This is a very rare condition called kernicterus.

**Are Some Babies More at Risk for Developing Jaundice?**

All babies are at risk for developing jaundice, but jaundice is more likely to develop in babies:

* born prematurely (before 37 weeks)
* bruised during birth
* with a sibling who had newborn jaundice
* whose mothers are Rh negative and /or have type O blood
* of Middle Eastern, East Asian, African or Mediterranean background
* who have a G6PD gene deficiency

**How can I tell if my baby has jaundice?**

Before your baby is discharged, a blood test for bilirubin will be done by taking a small blood sample and performing a simple test. This is more accurate than observing the baby’s skin colour or other symptoms. Some babies may require more than one blood test if the result is ‘borderline’.

**How Is Jaundice Treated?**

Special blue lights, called phototherapy, are used to lower the bilirubin level quickly and safely. Your baby’s eyes are protected by eye pads, while your baby is under the lights. In order to expose as much skin as possible to the lights, only a diaper is worn. During phototherapy treatment, extra fluids may be necessary, such as more frequent breastfeeding.

Phototherapy is safe, but it is only used when needed. Length of treatment will depend on the baby and the bilirubin levels.

When Your Baby Is Receiving Phototherapy at Your Bedside

While your baby is receiving phototherapy at your bedside, please follow the instructions below:

* Dress your baby only in a diaper.
* Keep the eye shields on your baby while the lights are turned on.
* The lights can be turned off and the eye shields removed during feedings.
* Your baby should be kept away from the lights at each feeding for a maximum of 45 minutes.
* If your baby is having difficulty settling after a feeding, please call your nurse for assistance
* Please do not leave your baby alone in your room while he/she is receiving phototherapy. Call your nurse if you need to leave.

Your nurse will be checking your baby frequently. Do not hesitate to call her if you have questions or concerns.

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. These are normal and 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 about 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 care provider.
* Your baby’s face and head may be red or bruised. This is often caused by the birth process and will take a few days to heal.
* Your baby may have some molding on its head: it may appear elongated. This happens to allow the baby’s head to fit through the birth canal. It will return to its normal shape after a few days.
* Their breathing may be noisy and is also fast, 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 mother’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 from mother’s hormones and will disappear.

Leaving the Hospital

Before leaving the hospital with your baby, you will need to:

* Confirm with your nurse that your bracelet, your partner/support person’s bracelet and your baby’s bracelets have matching I.D. numbers.
* Have the security bracelet cut off.
* Return your baby’s health card form to your nurse, keeping the bottom portion with you – you will need this for your baby’s first appointment with their care provider.

Follow-up after discharge

* For mom: Call your doctor to make a follow-up appointment for 6 weeks.
* For baby: Your baby should see his/her doctor within 2-3 days after discharge from hospital. Please call your doctor to arrange this appointment.

The Public Health Nurse will visit you in the hospital Monday to Friday. A Public Health Nurse will contact moms by telephone within a few days of going home from the hospital, if it is deemed necessary.

There are many resources available in the community. For information about resources in the community and breastfeeding support, please visit our website at: [www.qch.on.ca](http://www.qch.on.ca)

Taking Your Baby Home

Bringing home a baby is a life-altering change, and you should not expect to adapt to it the moment you walk through the door. In fact, it may take anywhere from a few days to a few months to get your bearings. While you are navigating this huge adjustment, remember to cut yourself some slack and let go of your ideas about how things "should" be.

When to Call Your Care Provider

Mom, call your care provider if:

* Your incision becomes red, painful or has any discharge
* You have a fever – temperature above 38 degrees Celsius (100.4ºF)
* You have painful breast(s) – hot, tender, red with a fever and flu-like symptoms
* You have an increase in vaginal bleeding – heavy, bright red, soaking one pad an hour
* You have trouble passing urine
* You pass a large clot (bigger than a plum)
* You have sore nipples that are not improving

Call your baby’s care provider if your baby has:

* Temperature of 37.5 degrees Celsius or higher (axillary)
* Feeding difficulties
* Increased yellow (jaundiced) skin colour
* Excessive sleepiness or irritability
* Diarrhea / watery green stools
* Vomiting (more than just spitting up)
* Persistent rash
* Less than normal number of bowel movements and wet diapers (see wet and dirty diaper chart)
* Redness, drainage or a foul smelling odour from the umbilical cord or circumcision
* A high pitched cry, with other symptoms
* Difficulty breathing
* An issue you are concerned about

Information on the Internet

Are you looking for information on the Internet? Here are some websites with information about breastfeeding, parenting and safety:

* Canadian Paediatric Society: [www.caringforkids.cps.ca](http://www.caringforkids.cps.ca)
* Government of Ontario: [www.gov.on.ca](http://www.gov.on.ca)
* Health Canada: [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)
* Parenting: [www.parentinginottawa.ca](http://www.parentinginottawa.ca)
* Breastfeeding: [www.lalecheleague.org](http://www.lalecheleague.org)
* The Canadian Lung Association (Smoking Cessation): [www.lung.ca](http://www.lung.ca)
* Formula Preparation: <https://www.parentinginottawa.ca/en/babies-and-toddlers/Healthy-Eating.aspx>
* Ontario Early Years Centres: <http://www.edu.gov.on.ca/childcare/#framework>
* Young Parents: [www.ottawayoungparents.com](http://www.ottawayoungparents.com)
* Child Safety: <https://www.safekid.org/en/>
* Postpartum Depression: [www.postpartum.org](http://www.postpartum.org)
* Mothers Offering Mothers Support (MOMS) – Postpartum Depression: [www.momsottawa.com](http://www.momsottawa.com)

Telephone Numbers

* Ottawa Public Health: (613) 580-6744 or 1-866-426-8885
* Telehealth Ontario: 1-866-797-0000
* Poison Control Centre: 1-800-268-9017
* Distress Centre of Ottawa: (613) 722-6914 (24 hours a day)
* Assaulted Women’s Helpline: 1-866-863-0511
* Smokers’ Helpline: 1-877-513-5333
* La Leche League: (613) 238-5919

Keeping Track of Baby’s Intake and Output

* Time: record the time you change each diaper
* Feeding: note how long your baby nursed at each breast. Record amount taken if using a bottle (30cc = 1oz)
* Urine: mark an x for each wet diaper
* Stool: mark an x each time baby has a dirty diaper

First 24 hours after delivery:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Time |  |  |  |  |  |  |  |  |  |  |  |  |
| Feeding |  |  |  |  |  |  |  |  |  |  |  |  |
| Urine |  |  |  |  |  |  |  |  |  |  |  |  |
| Stool |  |  |  |  |  |  |  |  |  |  |  |  |

Second 24 hours after delivery:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Time |  |  |  |  |  |  |  |  |  |  |  |  |
| Feeding |  |  |  |  |  |  |  |  |  |  |  |  |
| Urine |  |  |  |  |  |  |  |  |  |  |  |  |
| Stool |  |  |  |  |  |  |  |  |  |  |  |  |

Third 24 hours after delivery:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Time |  |  |  |  |  |  |  |  |  |  |  |  |
| Feeding |  |  |  |  |  |  |  |  |  |  |  |  |
| Urine |  |  |  |  |  |  |  |  |  |  |  |  |
| Stool |  |  |  |  |  |  |  |  |  |  |  |  |

Postpartum Self Medication Program

This program will allow you to have some routine medications at your bedside so you are able to take them when you need them.

The medications in the self-medication kit are for your use only and will be given to you by your nurse and can be kept at your bedside.

Your self- medication kit includes enough medication for the length of your stay.

NOTE: Good pain control is very important to your healing process. Be sure to let your nurse know if your pain is not under control.

How to Use the Self Medication Program

Your 24 hour medication supply includes each of the following medications:

* Acetaminophen (“Tylenol”; pain pill)
* Ibuprofen (“Advil”; pain and swelling pill)
* Ferrous Sulphate (iron pill)

Self Medication Administration Record: Every time you take your medication, write the TIME and DATE in the box under the appropriate medication column on the Self Medication Administration Record. Remember to keep your package at the bedside for easy access, however it should be kept out of reach of young children.

If you have any questions about your medications, talk to your nurse, pharmacist or physician.

When you leave the hospital, please return your Self Medication Administration Record and unused medications to your nurse.

**ACETAMINOPHEN - 325 mg** (also known as TYLENOL®)

Pain Medication – Acetaminophen is a used to treat pain. It is safe to take while breastfeeding. The pill will usually start to work 10 - 60 minutes after you take it. If the acetaminophen does not seem to help your pain, tell your nurse and she will give you a different pill for pain. You may take 2 acetaminophen 325 mg every 4 hours. No more than 12 tablets daily is recommended because too much acetaminophen can cause serious problems to the liver and kidney.

**IBUPROFEN - 400 mg** (also known as Motrin® and Advil®)

Pain Medication: Ibuprofen is used for pain and swelling. It is safe to take while breastfeeding. The medication will usually start to work 10-60 minutes after you take it. If the Ibuprofen does not seem to help your pain, tell your nurse and she will give you something different for pain. You may take 1 ibuprofen 400 mg every 4 hours. No more than 6 tablets daily is recommended. This medication may cause stomach cramps or heart burn. Taking Ibuprofen with food or milk will reduce these problems.

NOTE: You may take Acetaminophen and Ibuprofen together every 4 hours for better pain control.

If you are allergic or unable to tolerate acetylsalicylic acid (ASA) or drugs known as non-steroidal anti-inflammatory drugs, you will not be given Ibuprofen for pain.

**FERROUS SULPHATE - 300 mg**

Iron Tablets: The average diet supplies the right amount of iron. However, larger amounts are needed during pregnancy. Therefore, iron tablets are given during pregnancy and for 2-3 months after childbirth to store and maintain the right amount of iron in the mother. This drug is safe to take when breastfeeding. It is recommended that you take your tablets with food because sometimes iron tablets cause nausea. Stools commonly become black when iron preparations are taken by mouth. This is caused by unabsorbed iron and is harmless.

References

Canadian Pediatric Society Website

Health Canada Website

Ottawa Public Health Website

SOGC, 2009: Healthy Beginnings. 4th Edition

World Health Organization: Baby Friendly Hospital Initiative

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