

Best Beginning



Healthy Pregnancy
Healthy Baby



Important Telephone Numbers

Labour Support Person	Name:
	Phone:
<hr/>	
Doctor/Midwife	Name:
	Phone:
<hr/>	
Birth Centre/Hospital	Name:
	Phone:
<hr/>	
Childcare	Name:
	Phone:
<hr/>	
Family/Friends	Name:
	Phone:
<hr/>	
Community Health Centre	Name:
	Phone:
<hr/>	
Other Important Numbers	Name:
	Phone:
	Name:
	Phone:
<hr/>	
Health Link	Phone: 811
<hr/>	
This book belongs to	Name:
	My due date:

**You can bring this book to your appointments and to the hospital.
Your doctor or midwife can review it with you.**

Acknowledgements

This book was developed by Public Health, Calgary Zone, Alberta Health Services and community partners. Best Beginning helps pregnant individuals have a healthy pregnancy and a healthy baby.

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Best Beginning Program

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My Thoughts about Being Pregnant

Some hopes I have for my pregnancy....



Some hopes I have for my baby...





Your Pregnancy

Words and What They Mean

Below are some words it helps to know when you are having a baby.

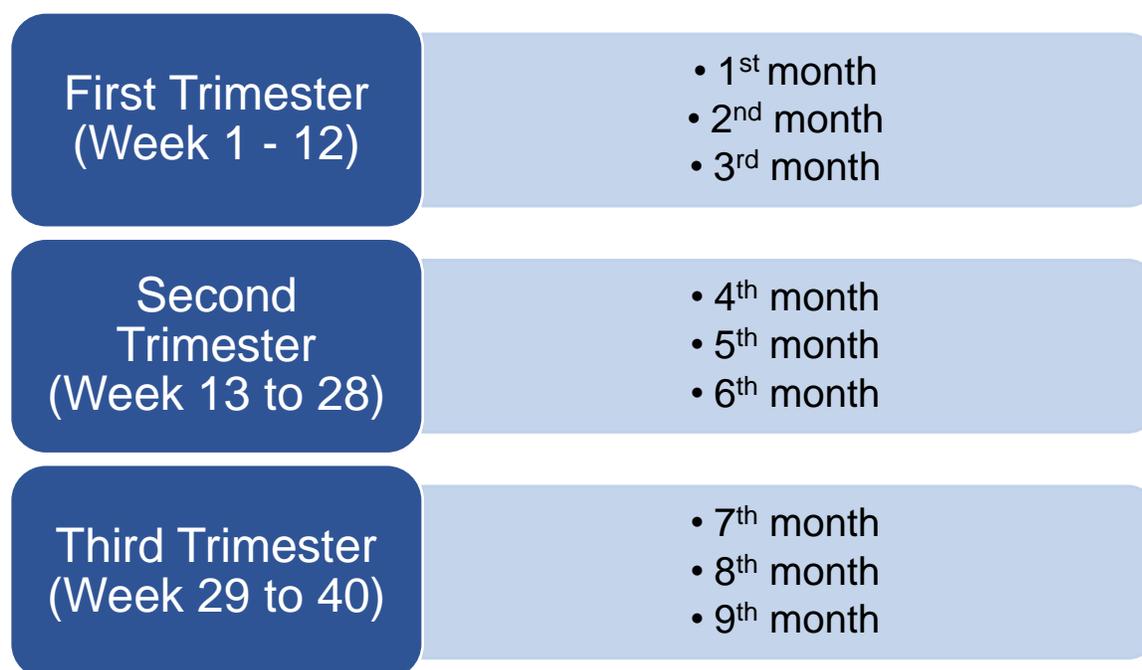
Afterbirth	Another word for the placenta, membranes, and umbilical cord. It comes out “after” your baby is born.
Amniotic sac	Sac or membranes lining the inside of the uterus. The amniotic sac holds your baby and surrounding fluid.
Amniotic fluid	The fluid that surrounds your baby when inside your uterus. It helps “cushion” and protect your baby.
Areola	The darker area around the nipple. A baby’s mouth covers most of the areola during breastfeeding.
Bloody show or pink show	A small amount of blood-stained mucous that comes out of the cervix before labour begins.
Body Mass Index	A way to measure body fat that uses your height and weight.
Braxton-Hicks contractions	Often called pre-labour or false labour. Mild contractions of the uterus that help to get the muscles of the uterus ready for labour.
Cervix	The opening of the uterus.
Cesarean section	A way of giving birth through a surgical cut made into the abdomen and uterus. Also called a C-section.
Circumcision	Surgery that removes the foreskin that covers the top of the penis.
Colostrum	The breastmilk that comes out of your breasts while you are pregnant and for a few days after birth. Colostrum is yellowish and has a lot of nutrients.
Constipation	Hard bowel movements.
Contractions	The tightening and relaxing of the muscles in your uterus during labour.
Dilation	During labour the cervix opens so that your baby can come out of the uterus (womb).
Doula	A person you hire to help support you while you are in labour.
Effacement	Thinning that the cervix does during labour, before the cervix can open.
Embryo	The name given to an unborn baby for the first 8 weeks of pregnancy.
Episiotomy	A small cut that is sometimes made in the opening of the vagina to make it bigger.
Fetal Monitor	A machine used to check your baby’s health before he or she is born.

Fetus	The name given to an unborn baby from 8 weeks of pregnancy until birth.
Formula	Cow's milk-based infant formula that you buy. It is used if a parent is not breastfeeding.
Heartburn	A burning feeling in the chest caused by stomach acids backing up into the swallowing tube (esophagus).
Hormones	Body chemicals that travel in the bloodstream and help with growth, sexual activity, and other body systems.
Labour	The hard work done by your uterus to push your baby out of the womb to be born.
Lochia	The flow of blood from the vagina, similar to menstrual (period) blood. This usually lasts about 6 weeks after birth.
Meconium	A baby's first bowel movement. It is black and sticky.
Mucous plug	A thick, mucous substance that fills the cervix during pregnancy and comes out when the cervix starts to open.
Nursing	Another word for breastfeeding.
Nutrients	Substances in food that help you and your baby to grow and stay healthy.
Pelvic area	The area between your hip bones where the uterus is.
Perineum	The smooth, firm area of skin between your vagina and anus.
Placenta	Also called afterbirth. Nutrients and oxygen pass through it from you to your baby.
Preterm baby	A baby born earlier than 37 weeks.
Preterm labour	Labour that begins before 37 weeks.
Sexually transmitted infections (STIs)	Infections passed from one person to another during sex. They can make your unborn baby very sick.
Umbilical cord	The cord that connects your baby to the placenta.
Uterus (womb)	The muscular organ that holds and supports your baby while you are pregnant. The uterus is in the pelvis, behind the bladder.
Vagina	The opening in your body that your baby comes through to be born.

How Long Does a Pregnancy Last?

The average length of a pregnancy is 40 weeks (about 9 months). It takes this much time for a baby to fully develop.

Pregnancy is divided into 3 parts called trimesters. Each trimester is about 3 months long.



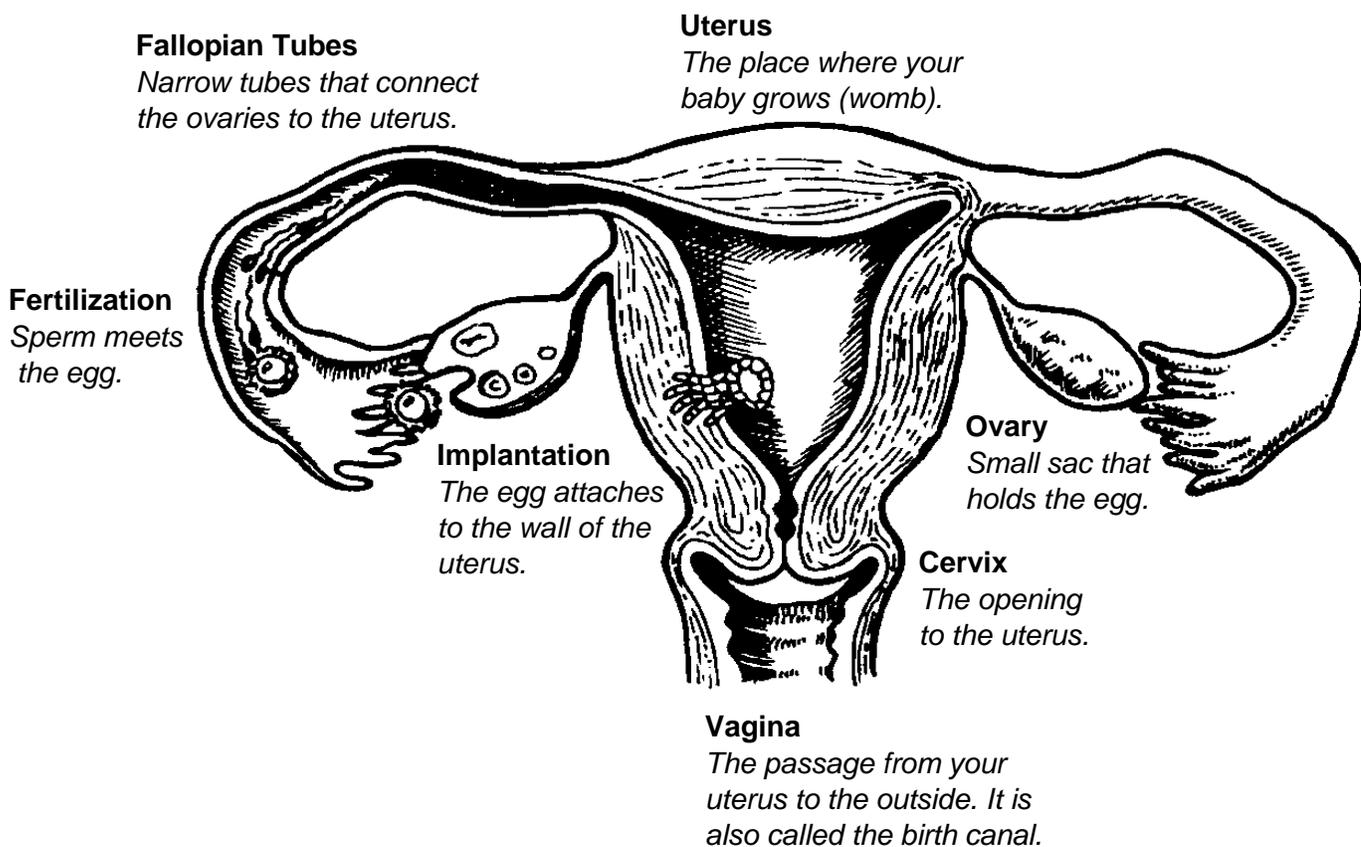
During the 1st trimester a baby is called an embryo. By the end of the 1st trimester, the embryo begins to look like a human baby.

During the 2nd trimester your growing baby is called a fetus. He is usually called a fetus until he is born. By the end of the 2nd trimester your baby sucks his thumb, opens and closes his eyes, and hears sounds outside the uterus (womb).

During the 3rd trimester your baby is fully developed. He needs to strengthen his lungs and put on weight (body fat).

How Does a Pregnancy Begin?

This picture shows how fertilization happens. An egg is released from the ovary and is fertilized by a sperm. The fertilized egg travels down the fallopian tube and implants into the wall of the uterus.



Healthy Weight Gain

Weight gain is an important part of pregnancy. Eating well and gaining weight when you are pregnant is good for you and your baby.

Healthy weight gain:

- Helps you have a healthy weight baby.
- Helps you have a healthy pregnancy.

Not enough weight gain:

- Your baby may be small.
- Small babies have more health problems.

Too much weight gain:

- May cause health problems in pregnancy.
- Your baby may be big.
- There may be a higher risk for Cesarean section or early delivery.
- It might be harder to lose the extra weight. This may cause long-term health problems like diabetes.

You may sometimes worry about gaining too much or too little weight.

Remember: you are not getting “fat”, you are pregnant! Your baby needs healthy food to grow.



How much weight should I gain?

Most people need to gain 11.5 to 16 kg (25 – 35 lbs) during pregnancy. Some need to gain a little more, some a little less.

- The weight gain to help you have a healthy baby depends on your age and your weight before you were pregnant.
- Talk to your doctor or midwife about the weight gain that is best for you.

Total weight gain and a steady pattern of weight gain are both important to having a healthy baby.

**You do not need to gain much in the first trimester.
Most of the weight gain should happen in the 2nd and 3rd trimester.**

What if I am gaining more weight than I should?

It is healthy to keep gaining weight slowly throughout your pregnancy. Losing weight or dieting is not recommended during pregnancy. Talk to your doctor or midwife.

What if I am gaining less weight than I should?

It is healthy to start to gain more weight throughout your pregnancy. Talk to your doctor or midwife.

Guidelines for Weight Gain During Pregnancy	
Pre-Pregnancy BMI	Recommended Weight Gain
Less than 18.5	12.5 – 18 kg (28 – 40 lbs)
18.5-24.9	11.5 – 16 kg (25 – 35 lbs)
25-29.9	7 – 11.5 kg (15-25 lbs)
30 and over	5-9 kg (11-20 lbs)

Where does the weight go?

Blood: 1.8 kg (4 lbs)

Body fluids: 0.9 – 1.36 kg (2 – 3 lbs)

Protein and fat storage: 2.27 – 3.6 kg (5 – 8 lbs)

Baby: 2.7 – 3.6 kg (6 – 8 lbs)

Breasts: 0.9 – 1.36 kg (2 -3 lbs)

Uterus: 0.9 – 1.36 kg (2 – 3 lbs)

Placenta: 0.9 – 1.36 kg (2 – 3 lbs)

Amniotic fluid: 0.9 – 1.36 kg (2 – 3 lbs)



Discomforts of Pregnancy

Nausea and vomiting (morning sickness)

Morning sickness means feeling sick, and/or vomiting (throwing up). It can happen any time during the day or night. The smell or taste of some foods may make you feel sick. This is different for everyone. This usually happens during the first 3 months but can last longer.

Try these tips if you feel sick:

- Eat dry toast, crackers, or plain cookies a few minutes before getting out of bed.
- Get up slowly.
- Eat small meals or snacks every 2 hours. Having an empty stomach can make you feel sick.
- Drink fluids between meals, not with meals.
- Don't eat foods that bother you like spicy, fatty, or fried foods.
- Eat cold food. The smell may not bother you as much as hot food. You can ask someone to cook for you.

You can also:

- Take your prenatal vitamin with food or before bedtime.
- Try ginger to help settle your stomach.
- Get lots of fresh air.
- Stay away from warm places, as they can make you feel sick.
- Get lots of rest, as being tired can make you feel sick.

Eat foods you like. These foods help many pregnant women feel better:

- Fruit juice popsicles
- Plain cookies
- Crackers
- Noodles
- Rice
- Bread
- Soup
- Cereal

If you throw up, rinsing your mouth after will help wash away the acid in vomit that can cause dental cavities.

Call Health Link (811) or your doctor or midwife if you can't keep fluids down.

Heartburn

Heartburn is a burning feeling in the chest and throat. It can be caused by the pressure the baby puts on your stomach. Hormones in pregnancy may slow the time it takes for food to pass through your stomach, which can also cause heartburn.

If you have heartburn:

- Eat smaller meals more often
- Wait for 2 hours before you lie down after eating
- Eat slowly and chew foods well
- Don't eat foods that make you feel uncomfortable
- Sleep with your head raised
- Walk after eating
- Don't eat or drink spicy, fried, or greasy foods or caffeine (coffee, tea, cola, chocolate)
- Drink fluids between meals, not with meals

Talk to your doctor or midwife if your heartburn does not go away.

Constipation

Constipation may happen because the muscles in the bowel are more relaxed when you are pregnant. Your growing baby may also put pressure on the bowel. Iron supplements may also cause constipation.

If you are constipated:

- Drink plenty of fluids throughout the day to satisfy your thirst. Good choices include water, milk, and soup. Your urine should be light yellow or clear.
- Include foods that are high in fibre in your diet. Foods high in fibre include vegetables, fruits, nuts, seeds, legumes, and whole grain foods like 100% whole wheat bread, barley, brown rice, or whole grain couscous.
- Talk with your doctor or midwife before taking fibre supplements or medicine for constipation.
- Exercise every day.

Talk to your doctor or midwife if constipation is a problem.

Leg cramps

Leg cramps are painful or tense muscles in your lower leg. You can get cramps in your legs if you stand for too long or point your toes. They often happen at night. They are more common in the second and third trimester.

If you get cramps:

- stretch the cramping area – gently push your foot against a firm surface or have someone gently push against your foot
- reset with your feet up on a stool or pillow several times during the day
- don't massage the muscle
- try not to stand for too long without moving or sitting down

If the leg cramps are a problem for you, speak to your doctor or midwife.

If you notice red streaking line(s) on your leg, call your doctor right away.



Taking care of yourself during pregnancy can help you feel better.

Get lots of rest, eat well, and include physical activity such as walking.

Dental care

See a dentist when you are pregnant to keep your teeth and gums healthy.

- Brush and floss your teeth every day.
- Your gums may become sensitive and may bleed easily when you are pregnant. A softer toothbrush may help.
- Ask your doctor or midwife about low-cost dental care.

Warning Signs to Report Right Away

Warning signs might mean that something is wrong.

Call your doctor, midwife or Health Link (811) right away if you have any of the following:

- Your baby stops moving or moves less often
- You are less than 37 weeks pregnant and have pain in your stomach or back that comes and goes
- Your bag of waters breaks, either with a sudden gush or leaking fluid from your vagina
- You have a temperature of 38°C for any reason
- You hurt yourself (for example, you fell)
- It burns when you pass urine
- You have a bad smell coming from your vagina
- You are throwing up often
- You feel dizzy or have fainted
- Your face, hands, and/or feet suddenly become swollen or puffy
- You have a very bad headache that does not go away
- You suddenly gain a lot of weight in less than a week
- You have blurred vision or see spots before your eyes
- You have bad feelings about your pregnancy that do not go away
- You feel worried or anxious

Call 911 now if you have any of the following:

- you have severe, bright red vaginal bleeding
- you have sudden, severe pain in your abdomen that does not go away
- you see or feel the umbilical cord in the vagina

**You know your body and your baby best.
Health advice is available 24/7 by calling Health Link.**

Miscarriage

What is a miscarriage?

While most pregnancies are normal, a few will end in a miscarriage. A miscarriage is the unplanned ending of a pregnancy before 20 weeks, or before the growing baby can live outside of the mother. A miscarriage may happen suddenly, or it may happen over hours, days, or weeks.

What are the warning signs?



2 cm

Phone your doctor, midwife, or Health Link if you have any of the following:

- Chills or fever (temperature over 38°C)
- Discharge from your vagina that smells bad
- Bleeding from your vagina that soaks 1 thick pad or more in 1 hour
- Passing blood clot larger than 2 cm (3/4 inch) from your vagina
- Pain in your stomach that does not go away or is not helped by pain medicine

Go to the emergency department if:

- Bleeding from your vagina that soaks 1 thick pad or more in 1 hour, for 2 hours
- The pain in your stomach is getting stronger or sharper
- You feel weak and dizzy
- You have a temperature of 38°C or more that lasts more than 4 hours after taking acetaminophen

What can I expect at the emergency department?

If the emergency department is very busy, you may have to wait for a doctor to see you, as the sickest people are seen first. This can be a stressful time for you and your family. You will be asked if you want to meet with a social worker. The social worker can give you more support and information. The staff in the emergency department will try to find a private area where you can wait until the doctor sees you.

Unfortunately, if a miscarriage is going to happen, there is nothing that you or the doctor can do to stop it. Tests may be done to find out if you are having a miscarriage or not. If you are having a miscarriage, you may be sent home to wait for it to happen. The staff will explain what you can expect over the next few hours and days, how you can take care of yourself, and when you need to see a doctor again.

Preterm Labour

What is it?

Preterm (premature) labour is labour that begins before 37 weeks, which means that your baby could be born too early. Babies who are born early or are very small may have trouble breathing and feeding. They often stay longer in the hospital. A baby who is born early may need special care in the Neonatal Intensive Care Unit (NICU).

What are the signs of preterm labour?

You may get a feeling that something is not right.

You may have one or more physical signs:

- Cramps like the kind you get with your periods, or like gas pains
- Change in or more discharge from the vagina
- Contractions (don't have to hurt)
- A low, dull backache that may come and go
- Fluid leaking or a gush from the vagina
- Pressure that feels like the baby is pushing down into the pelvis (pressure may come and go)
- Bleeding from the vagina

How do I reduce my risk?

Preterm labour can happen in any pregnancy. Many people with no known risks have preterm babies. Some things you can do to decrease your risk are:

- Stop smoking and/or stay away from second-hand smoke
- Don't use alcohol, cannabis, and drugs
- Try to avoid injuries (for example, wear a seatbelt)
- Get help for family violence
- Use coping strategies to reduce stress
- Get prenatal care early in your pregnancy, including dental care

What should I do?

If you have any symptoms of preterm labour, call your doctor, midwife or Health Link right away or have someone take you to the hospital. It can make a big difference to your baby's health.

Your Prenatal Visits

Good healthcare is important to give you and your baby a healthy start.

See a doctor or midwife for prenatal care. When you start prenatal care soon after you become pregnant and during your whole pregnancy, you are more likely to have fewer problems and healthier babies. Your doctor or midwife will look for health problems you may not know you have.

When should I see my doctor or midwife?

See your doctor or midwife after you have missed your second period, then once a month until 32 weeks, then every 2 weeks until 36 weeks. See your doctor or midwife every week for the last 4 weeks of your pregnancy.



What happens at my visit?

Your doctor or midwife may:

- Ask you questions about your health now and in the past
- Do a physical exam that may include:
 - An internal (pelvic) exam
 - A breast exam
 - Checking your heart and lungs
 - Measuring your weight and height
- Test your blood, urine, and take your blood pressure
- Take a swab of your cervix and do Pap smear
- Listen to your baby's heartbeat
- Talk with you about healthy eating, exercise, vitamin and mineral supplements, and other things you can do to have a healthier baby

What tests might your doctor or midwife do?

There are many tests your doctor or midwife might do to make sure your baby is well. Ask your doctor or midwife why these tests are important for you. Early testing will help you get the treatment you need to have a healthy baby.

Pap smear	A screening test to check for cancer and to look for problems with your cervix.
Internal pelvic exam	To check your cervix and uterus.
Swab or sample from the cervix	To check for sexually transmitted infections (STIs) such as gonorrhea.
Blood tests	<p>To see if you have an infection or other conditions that might affect your pregnancy or baby.</p> <ul style="list-style-type: none"> • CBC – a blood test to check for conditions like low iron (anemia) • Blood Group and Type Screening – to check your blood type and to find out if you are Rh negative • Hepatitis B – to check for a viral infection of the liver • Rubella (German Measles) testing – to see if you have protection against rubella • Syphilis – to check for this sexually transmitted infection • HIV testing – to look for the virus that causes AIDS • Varicella (chicken pox) testing – is done on all pregnant women who have not had chicken pox or had the chicken pox needle
Urine tests	To check for diabetes, infections, or problems with your kidneys or blood pressure.
Blood pressure	To check for high blood pressure as it can cause problems in pregnancy.

What other tests may be done?

There are many tests that can tell if an unborn baby is well. Your doctor or midwife will talk with you if you need any of these tests.

Amniocentesis	A test to find out more about your baby. Ultrasound is used to help guide a fine needle through your abdomen (belly) and into the uterus. A small sample of amniotic fluid is taken for testing.
Counting baby movements	Your doctor or midwife may ask you to count your baby's movements. Counting movements each day is an easy way to check your baby's health. An active baby is one sign of a healthy baby.
Fetal monitoring	A machine that records your contractions and your baby's heartbeat on a graph. Monitoring is done when you go to the hospital, or your doctor or midwife may want monitoring done before your baby is born.
Group B Streptococcus	A swab taken from the vagina and sometimes from the rectum to see if you have this germ. This germ can make your baby very sick. If you have this germ you will receive IV antibiotics during labour.
Maternal Serum Prenatal Screen (MSPS) / Triple screen	A blood test done up to 20 weeks of pregnancy. The test measures three substances in the blood to see the chance of your baby having Down syndrome, trisomy 18, or a neural tube defect (like spina bifida).
18-20 week ultrasound	Sound waves are used to make an image of your baby. It is not an x-ray. These waves show up as a picture on a screen and give information like the size and position of your baby.
Glucose screening	A blood test done between 24 and 28 weeks. The test finds if your blood sugar is high. If your blood sugar is high, it may mean you have gestational diabetes (diabetes during pregnancy). It can be controlled by diet while you are pregnant. See page 28 to learn more.

Go to the hospital if your baby is not moving or is moving less than usual.

Your Baby's Growth

3 months

By the end of the first trimester (week 12) your baby:

- Is 7.6 to 10.2 cm long and weighs 30 g.
- Can move their arms and legs now (you can't feel the kicks yet).
- Is starting to look like a real person.

Your baby's:

- Brain is growing very fast
- Heart is beating
- Face is forming
- Eyes are still closed
- Arms, legs, and fingers and toes are forming



- Try to eat well every day and get plenty of rest.
- Feeling tired is normal.

6 to 7 months

*By the end of the second trimester (week 28)
your baby:*

- Is about 35.6 cm long and weighs about 900 g.
- Can open their eyes.
- Has eyebrows and eye lashes.
- Can suck their thumb and hiccup.
- Makes movements that you can feel.
- Hears sounds such as your voice.
- Has a stronger heartbeat that your doctor or midwife can hear.

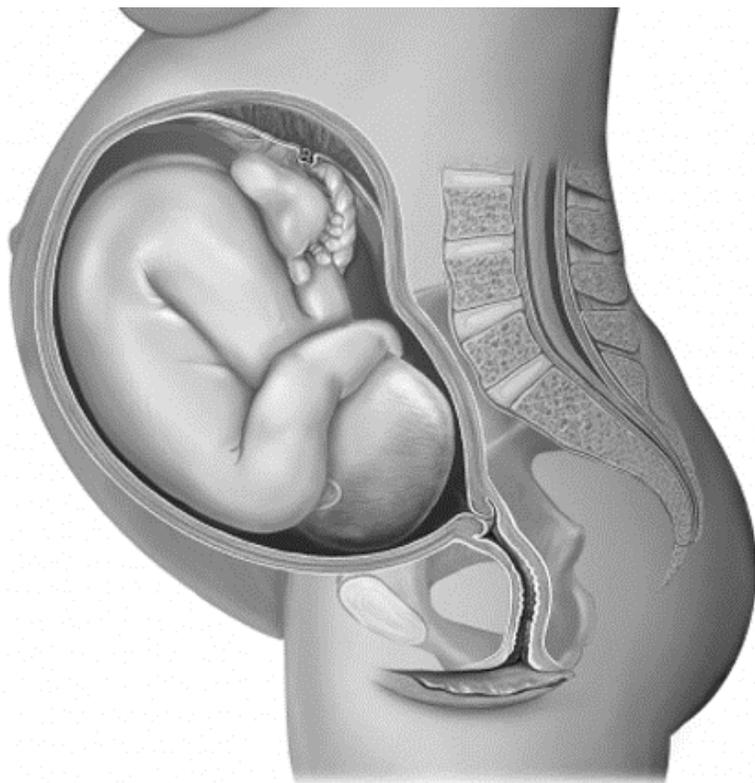


- You may find it harder to breathe now because your baby is getting bigger and pressing on your lungs.
- You may find eating 6 smaller meals each day will be easier than 2 to 3 big meals.
- Extra pillows may help you to sleep more comfortably. Put a small pillow between your knees when you lay on your side.

9 months

*By the end of the third trimester (week 40)
your baby:*

- Is about 48 to 50 cm long and weighs about 3400 g.
- Has less wrinkled skin as they gain weight.
- May not roll fully around anymore, but will still kick and move often (babies do not move less or stop moving before labour).
- May move into a head-down position, getting ready to be born.



- Your baby could be born anytime between 37 and 42 weeks of pregnancy.
- You may feel excited and happy as well as anxious and afraid. These feelings are normal. Talking with a supportive friend may help.
- You may notice irregular tightening of your uterus (Braxton-Hicks contractions). Your uterus is practicing getting ready for labour.

Diabetes and Pregnancy

If you have diabetes, managing your diabetes before and during your pregnancy is important for you and your baby to be healthy.

Talk to your doctor or midwife about a plan to control your diabetes. Your plan will include food choices, being more active, and using insulin to keep your blood sugars normal. Remember to check your blood sugar often.

What is gestational diabetes?

Gestational diabetes means diabetes in pregnancy. This means that a person's blood sugar level becomes high during pregnancy. To check for this, your doctor or midwife should check the amount of sugar in your blood when you are about 24 to 28 weeks pregnant. If your blood sugar is high, your doctor or midwife may do more tests. Some people with diabetes in pregnancy may develop diabetes when they are older.

Ask your doctor or midwife for a referral to a dietitian.

For healthy eating:

- Choose high fiber foods like brown bread, lentils, and nuts
- Have some protein with all your meals and snacks like cheese, egg, peanut butter, milk, or yogurt
- Spread your food over 3 meals and 3 snacks each day
- Have a bedtime snack
- Choose brown rice, converted, or parboiled rice instead of white rice
- Drink water when you are thirsty
- Limit drinks high in added sugar, like pop or juice
- Choose fresh fruit instead of juice
- Limit foods high in added sugar, like candy, jams, and sweet baked goods

Remember:
Healthy eating, getting regular exercise, and regular blood checks are important for you and your baby to be healthy.



Sexuality and Pregnancy

You may have changes in your sexual feelings or desires. This is normal. Having sex will not harm your baby if your pregnancy is normal. You can express your sexuality in many ways. Intimacy and caring for one another includes cuddling, hugging, kissing, and showing tenderness towards each other.



Keeping Sex Safe

It is very important to protect yourself and your unborn baby from sexually transmitted infections (STIs).

- STIs are infections that can spread from one person to another during sex.
- STIs include herpes, Chlamydia, syphilis, gonorrhea, hepatitis B, and HIV/AIDS. Any of these can harm your unborn baby.
- Using a condom with water-based lubricants (like K-Y Jelly®) during vaginal, anal, or oral sex reduces the risk of getting or spreading STIs.

**Many people who have an STI
do not know they have one.**

**If you have been with your partner
for less than 6 months,
you should be tested for STIs.**

**Ask your doctor to test you for STIs
(your partner should get checked too).**

HIV Infection and Pregnancy

HIV positive people should have a medical exam as part of their first prenatal visit. Starting antiviral medications early in pregnancy lowers the risk of passing HIV to the baby.

When a person is HIV positive, other factors that increase the risk of HIV infection for the baby are:

- Drug use, such as heroin or crack/cocaine
- If the unborn baby has an infection or the amniotic sac is infected
- When the amniotic sac has been broken for a long time during labour

HIV can be passed to a baby in breastmilk. If you are HIV-positive, you should formula feed your baby.



Medical treatment can lower the risk of passing HIV from parent to child. Talk with your doctor about ways to reduce the risk of passing HIV to your baby.

Substance Use and Pregnancy

Using tobacco, cannabis, alcohol, or other drugs (like cocaine, heroin, or crystal meth) when you are pregnant can harm your unborn baby. There is no known safe amount of these substances for use during pregnancy. You can talk about substance use with your doctor, midwife, Addiction Helpline (1-866-332-2322), or Health Link (811).

The impacts of substance use on a developing baby

Substance	Benefits to Baby	Risks to Baby
Tobacco	None known	<ul style="list-style-type: none"> • Higher chance of having a miscarriage • Baby may be born too early • Baby may be born smaller than average • Baby may get sick more often • Baby is at more risk of sudden infant death syndrome (SIDS)
Cannabis	None known	<ul style="list-style-type: none"> • Baby may be born smaller than average • Baby may be born less alert • May affect baby's brain development • Baby may have higher risk of mental health challenges as they grow
Alcohol	None known	<ul style="list-style-type: none"> • Baby may develop Fetal Alcohol Spectrum Disorder (FASD): <ul style="list-style-type: none"> ○ Permanent brain damage ○ Trouble talking and walking ○ Brain and body grows more slowly ○ Learning challenges
Illegal drugs (like cocaine, heroin, and crystal meth)	None known	<ul style="list-style-type: none"> • Baby may be born too early • Baby may be born smaller than average • Baby may have serious medical problems • Baby may go through withdrawal symptoms • Baby may have physical and/or mental challenges as they grow
Prescription and non-prescription medication	Depends on the medicine	<ul style="list-style-type: none"> • Some medications may hurt your baby. Make sure you talk with your doctor or midwife about all the medications you take. • Do not stop taking prescription medications without speaking to your doctor or midwife.

What should I do if I use tobacco, cannabis, or alcohol?

Tobacco

- If you use tobacco it is best to try and stop. If you can't stop, use less. Help is available. Speak with your doctor, midwife, or Alberta Quits at www.albertaquits.ca or 1-866-710-QUIT (7848).
- Smoke from others can also harm your baby. Ask your friends not to smoke near you or your unborn baby.

Cannabis

- If you use cannabis it is best to try and stop. If you can't stop, use less. Help is available. Speak with your doctor, midwife, Health Link (811) or Addiction Helpline at 1-866-332-2322.
- Cannabis is not recommended for medical use during pregnancy. Ask a health care provider about safer options to feel better during pregnancy.

Alcohol

- No alcohol use is best. There is no known safe level or type of alcohol to use when you are pregnant. Help is available. Speak with your doctor, midwife, Health Link (811), or Addiction Helpline at 1-866-332-2322.
- FASD is preventable. Ask your friends and family to support your choice not to drink alcohol while pregnant.

Babies born too small or too early are more likely to have health issues and may have to stay in hospital longer.

Healthy Eating

Healthy eating is important for you and your baby when you are pregnant. It helps your baby grow and develop. It helps you feel better, look better, have more energy, and deal with stress better.

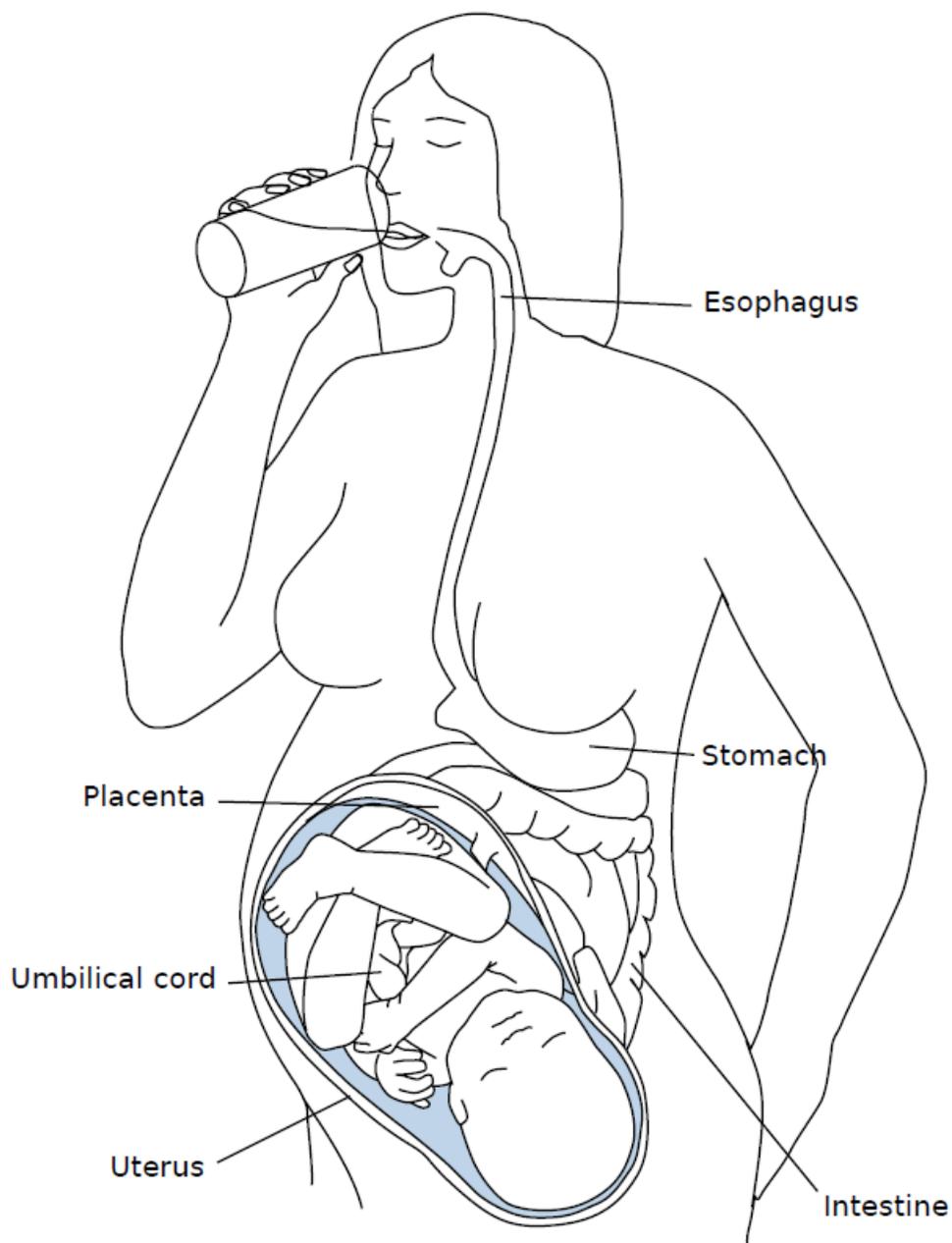
How does my baby get nutrients from food?

Your baby gets all their nutrients from you. Whatever you eat and drink goes into your mouth and down a long tube called the **esophagus**.

The food enters your **stomach** and **intestines** where it is broken down into nutrients. The nutrients go into your blood.

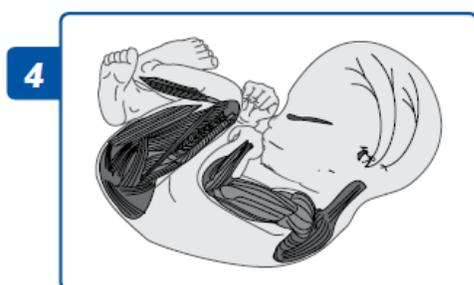
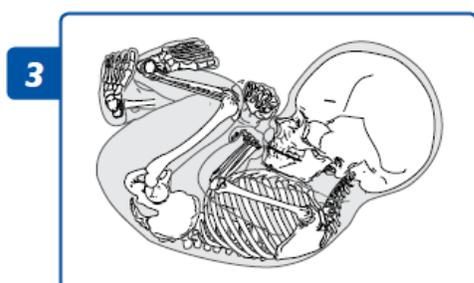
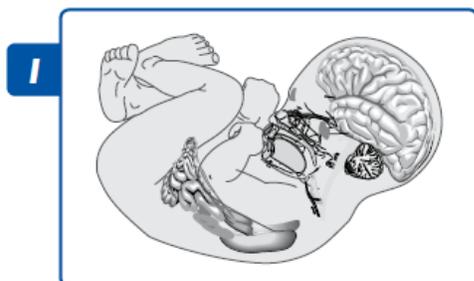
The **placenta** takes the nutrients from your blood and sends it to your baby through the umbilical cord.

Your baby uses these nutrients to grow.



Eating well with Canada's Food Guide

Canada's Food Guide helps you choose the right kinds and amounts of food.



*Pictures used with permission
from Saskatchewan region,
FNIH, Health Canada*

- For meals, try to make $\frac{1}{2}$ of your plate vegetables and fruit, $\frac{1}{4}$ protein, and $\frac{1}{4}$ whole grain foods.
- For snacks, try to have 2 of vegetables or fruit, protein, whole grain foods.
- Eat every 3 to 4 hours when you are awake.
- Have 3 meals and 2-3 snacks each day. This helps your baby get the food he needs.
- Eat many different healthy food choices like vegetables and fruit, protein foods, and whole grain foods
- Eat at least 1 dark green and 1 dark orange vegetable each day. Vegetables and fruits help your baby's brain, spinal cord, skin, and other organs to be healthy (see Figure 1).
- Choose whole grain foods. Breads, cereals, grains, rice, and pasta give you energy. They give your baby energy to grow (see Figure 2).
- Drink at least 500 mL (2 cups) of milk each day to get enough vitamin D. Milk, yogurt, cheese, and fortified soy milk help build strong bones and teeth for you and your baby (see Figure 3).
- Eat at least 2 servings of fish each week. Fish has important fats and other nutrients your baby needs. Fish, meat, chicken, eggs, nuts, seeds, legumes, and tofu help make healthy blood and muscles for you and your baby (see Figure 4).
- Include 30 to 45 mL (2-3 Tbsp.) of unsaturated fat each day. This includes oil used for cooking, non-hydrogenated margarine, salad dressing, and mayonnaise.
- Drink 2.5 L (10 cups) of fluids each day. Good choices are water, milk, and soup.
- Limit sweet, sugary drinks and junk food.

How can I eat safely while I am pregnant?

Coffee, tea, green tea, and cola drinks have caffeine.

Too much caffeine can harm you baby. Drink 500 mL (2 cups) or less of these drinks each day. Do not have energy drinks like Red Bull[®]. They may not be safe for you and your baby.

Herbs and herbal teas can act like drugs in the body.

Only some herbal teas are safe. Drink less than 750mL (3 cups) each day of teas that are safe. These include:

- Ginger
- Orange peel
- Rose hip
- Peppermint leaf

Other herbs, herbal teas, or herbal products may not be safe for you and your baby. Ask your doctor or midwife if you are not sure.

Most sugar substitutes are safe when you are pregnant.

These include aspartame (NutraSweet[®]), sucralose (Splenda[®]), or acesulfame K, saccharin, and stevia. Use only small amounts.

Do not use cyclamate (Sweet n' Low or Sugar Twin).

Fish is very important for building a healthy baby.

Good choices include:

- Salmon
- Char
- Herring
- Mackerel (Atlantic)
- Sardines
- Trout
- Haddock
- Pollock
- Sole
- Cod
- Shrimp
- Canned light tuna

Some types of fish are higher in mercury. Eating too much of these fish can harm your baby. Fish that are higher in mercury include:

- Some lake fish caught in Alberta
- Escolar
- Orange roughy
- Shark
- Swordfish
- Marlin
- Fresh and frozen tuna
- Canned white tuna

Ask your doctor or midwife about safe amounts of fish that are higher in mercury.

The foods below may have bacteria that could make you or your baby very sick.

- Deli meats or hot dogs: Do not eat unless heated to steaming hot (at least 74 °C).
- Do not eat raw or undercooked meat, poultry, fish, and soft eggs.
- Soft cheeses such as Brie, Camembert, or blue-veined cheese should be well-cooked.
- Do not eat sprouts, including alfalfa and radish sprouts. These may be contaminated even when cooked.
- Liver: Limit to one-75 g serving every two weeks. It is high in vitamin A. Too much vitamin A can harm your baby.



What does "best-before" mean?

Best before dates tell us the amount of time that the food will be the freshest. It does not mean that the food is spoiled or unsafe to eat after the date. Best-before is not the same as expiration dates. Infant formulas have an expiration date, and it means that the food is not safe to eat after the date. Infant formula should not be used after the expiration date. If food is unopened and stored properly, it can last a lot longer than the best-before date. But if food is opened and not stored properly, it can spoil.

Are canned and frozen foods healthy?

Canned and frozen foods are good options as they last longer than fresh food, and they are often cheaper. Canned foods are usually included in your food bank hamper. This food is healthy and safe to eat even after the best-before date. Canned food should not be eaten if the can is dented, damaged, leaking, or if the seal has been broken.

Talk to your Best Beginning dietitian if you have food safety concerns.

Foods with Folate

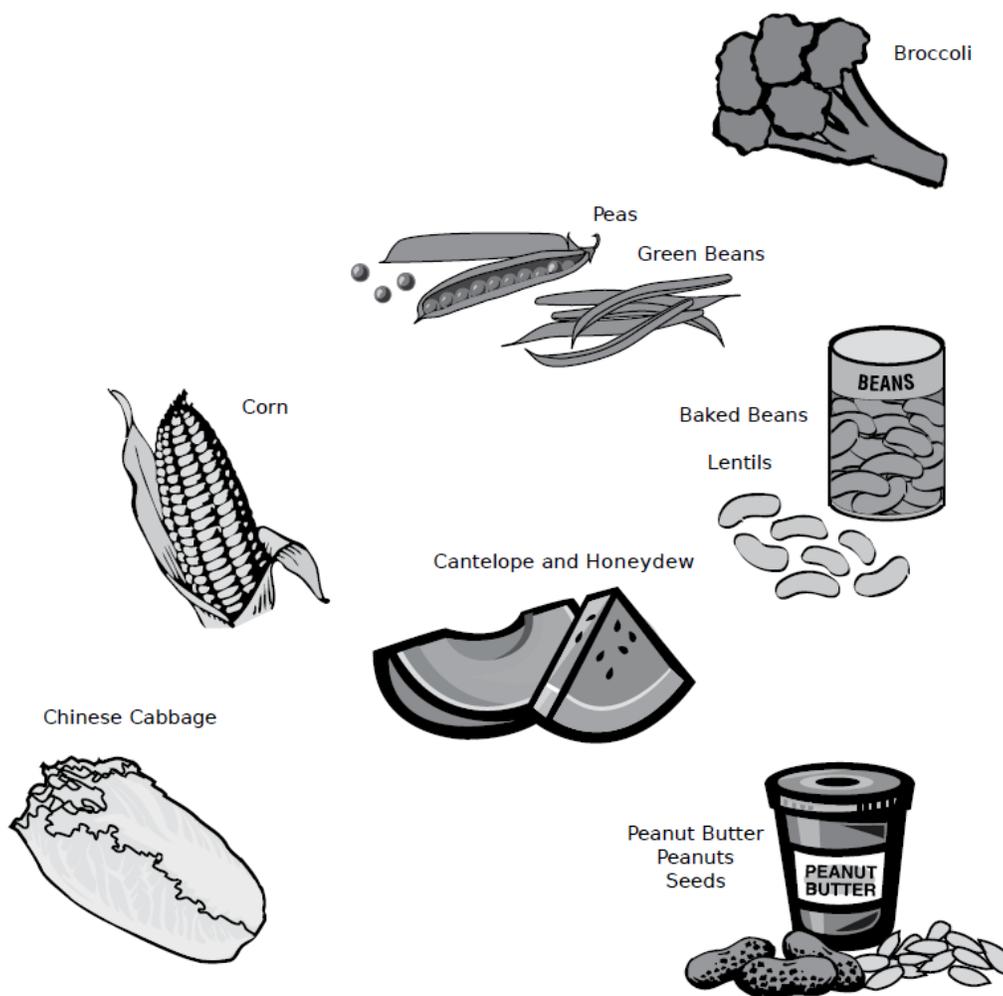
Needed for:

- Cell growth and healthy blood
- The healthy growth of your baby's spine and brain

Found in:

- Spinach
- Green beans
- Peas
- Nuts and seeds
- Okra
- Legumes (beans, chick peas, lentils)
- Grain products
- Egg yolks
- Brussel sprouts
- White flour, enriched pasta, and many cereals have folate added

Also found in:



Foods with Iron

Needed:

- For healthy blood
- To help keep you from feeling tired
- To build up your baby's iron stores

Found in:

- All meats (best absorbed)
- Legumes (lentils, chickpeas, beans-soybeans, white beans)
- Tofu
- Cereals with added iron and whole grains
- Dried fruit

Also found in:



Foods with Vitamin C

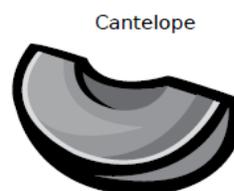
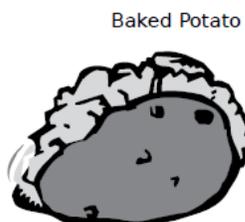
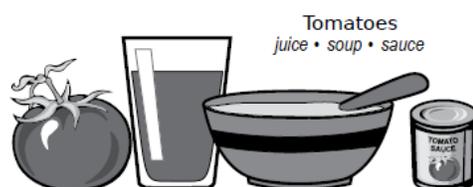
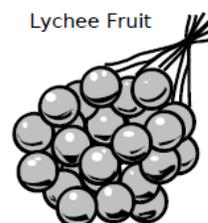
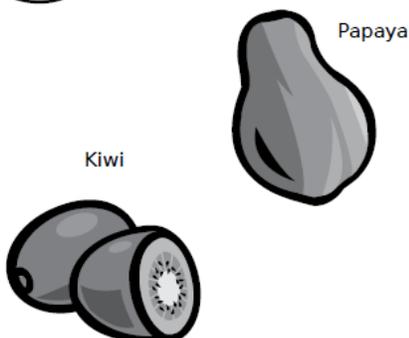
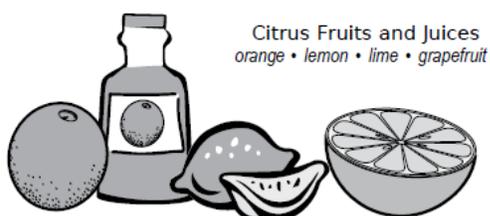
Needed:

- For healthy skin and blood
- To help your body use iron from food
- To help fight infection

Found in:

- Guava
- Strawberries
- Tomatoes (soup, juice, sauce)
- Peppers
- Potatoes

Also found in:



Foods with Calcium

Needed for:

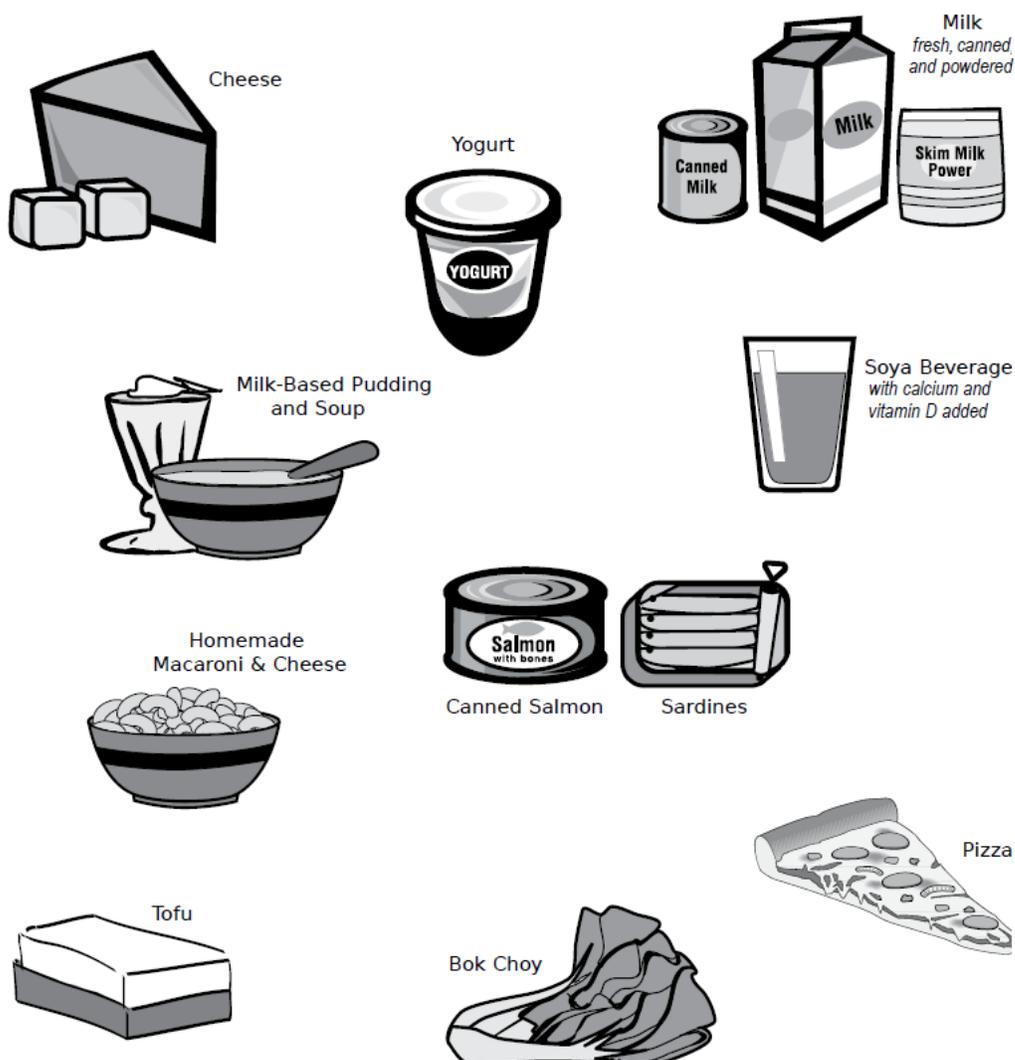
- Healthy bones and teeth
- Healthy muscles, heart, nerves

Have 500 ml (2 cups) or more of milk each day for vitamin D. Vitamin D helps your body use calcium. Drink skim, 1% or 2% milk.

Found in:

- Kefir
- Tofu made with calcium
- Canned salmon and sardines with bones

Also found in:



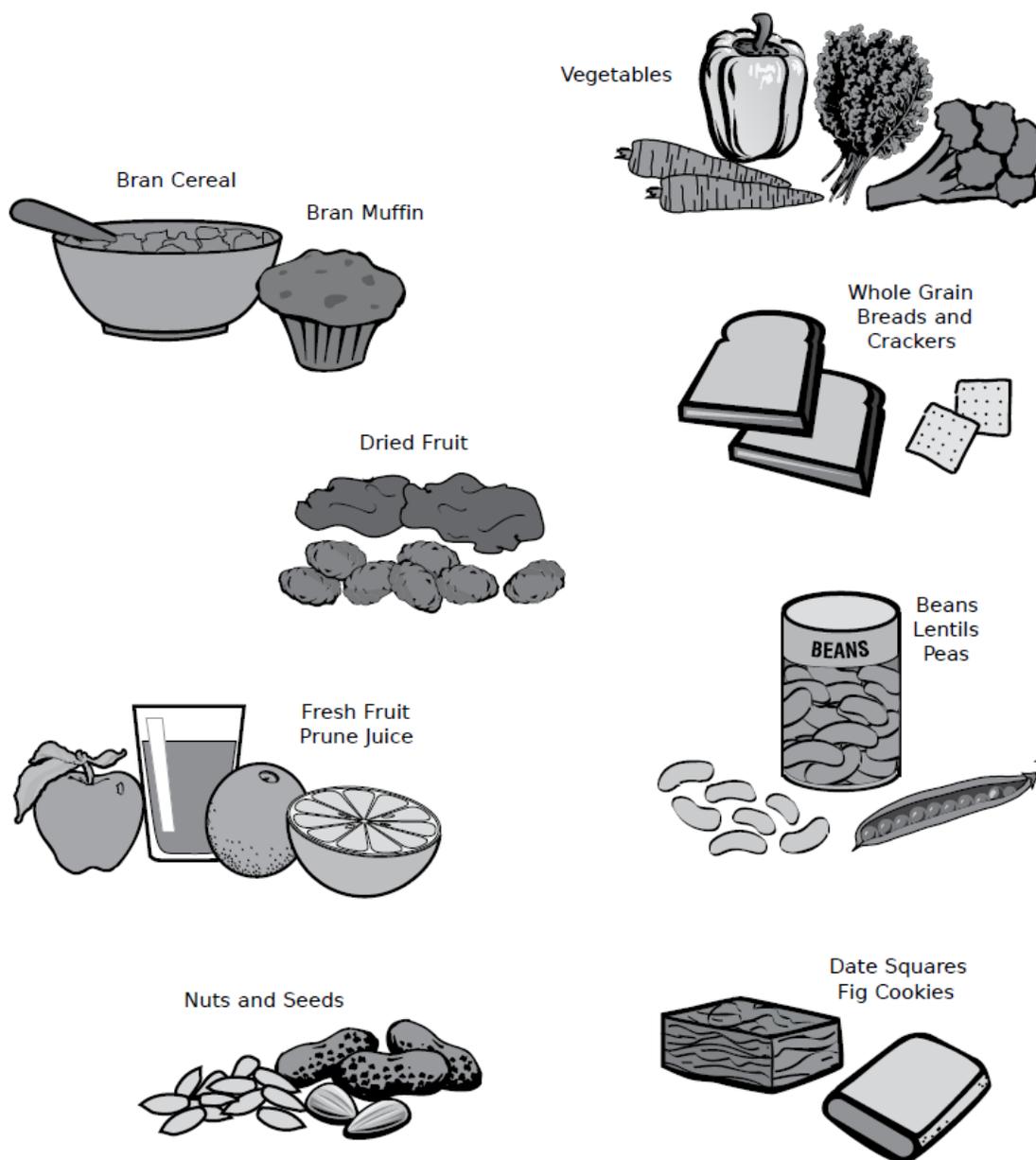
Foods with Fibre

- Helps you have regular bowel movements

Found in:

- Legumes (beans, chickpeas)
- Whole grains
- Oats, oat bran, oatmeal
- Barley, bran cereal, bran muffin
- Fresh fruit (pear, apple, orange)
- Dried fruit (prunes, raisins)
- Vegetables (green peas, baked potato with skin, Brussel sprouts)

Also found in:



Vitamin and mineral supplements

- Everyone who could become pregnant needs to take a multivitamin with folic acid each day.
- Folic acid helps prevent birth defects like spina bifida. Spina bifida is a birth defect of the spine.
- During pregnancy, take a multivitamin with 0.4 mg (400 mcg) folic acid, 16-20 mg iron, vitamin B12, and 400 IU vitamin D each day. After pregnancy, you can keep taking this multivitamin until it runs out. Then, switch to a multivitamin with 0.4 mg (400 mcg) folic acid, vitamin B12, and 400 IU vitamin D.
- Talk to your doctor or midwife about the supplement that is right for you.



You need food and prenatal vitamins.

Follow Canada's Food Guide to get the food you and your baby need.

Physical Activity

Physical activity is a great way to stay healthy and feel good. Unless you have a medical reason, try to be active during your pregnancy.

Ways to be active include:

- Climbing stairs instead of taking the elevator
- Gardening
- Shopping
- Cleaning your home
- Walking
- Swimming

Regular activity, such as walking, has many benefits:

- You will feel less tired and have more energy.
- It helps you sleep.
- It can help you reduce stress.
- It supports healthy weight gain.
- It can help with nausea, swelling, and constipation.



Walking:

- Walking is one of the best activities and it is easy to do. Try walking about 30 minutes every day, more if you want to. You do not need to do it all at once – two 15-minute walks, or even three 10-minute walks will do!
- Find someone to walk with.
- If the weather is bad, walk indoors in a shopping mall.

If you feel uncomfortable, try less intense activities.

Stay cool! Try not to overheat when exercising.

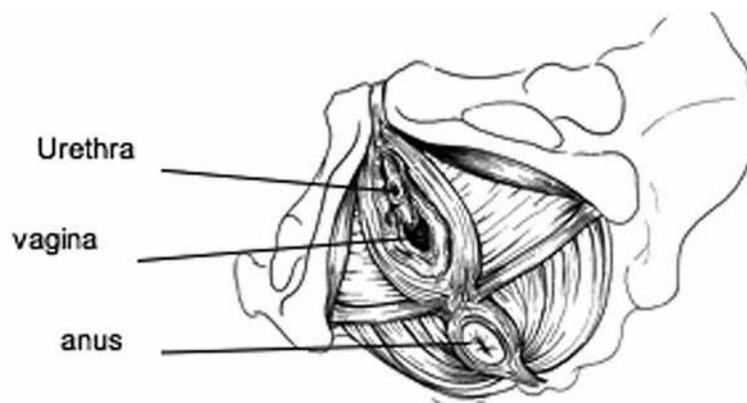
Drink fluid before, during, and after exercise.

Pelvic Floor Muscle Exercises

Where is my pelvic floor?

The pelvic floor is a hammock of muscles and ligaments that extend from back to front and side to side across the bottom of your pelvis. They attach to your pubic bone in the front, your sit bones on each side, and to your tail bone at the back. The three openings that pass through the pelvic floor are the:

- Urethra (the tube that your urine (pee) passes through)
- Vagina
- Anus



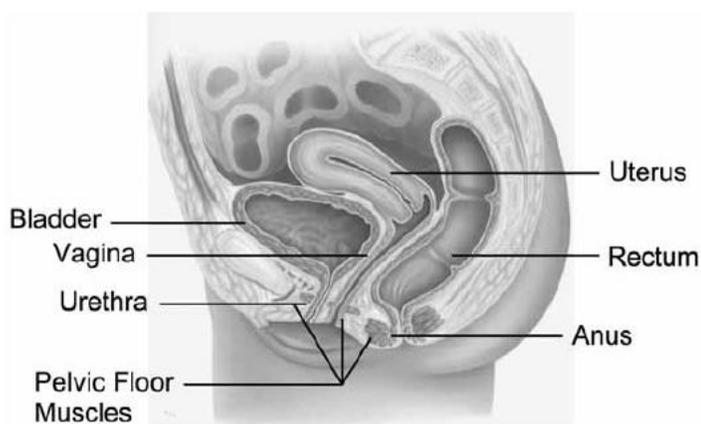
What does my pelvic floor do?

Your pelvic floor:

- supports the uterus, rectum, bladder, and bowel
- helps control the bladder and bowels
- works together with the muscles of the back and abdominal wall to support the back
- has an important role in sexual function and pleasure



*Anatomy pictures courtesy of Blandine Calais-Germain (2006). *The Female Pelvis Anatomy & Exercise*. Seattle: Eastland Press



*Anatomy picture courtesy of Tim Peters and Company, Inc. Peapack, NJ

Side views of pelvis and pelvic floor muscles

How can I feel my pelvic floor muscles?

1. Can you stop or slow the flow of urine halfway through emptying your bladder? (This is just a test to find where the muscles are. Do not use as an ongoing exercise.) These muscles are towards the front of the pelvic floor.
2. When you insert two fingers in your vagina, can you feel your muscles squeeze around your fingers? These muscles are in the centre area of the pelvic floor.
3. Can you tighten the muscles around your anus, as if you are trying to stop passing gas? These muscles are towards the back of the pelvic floor.

If you are not sure if you are using the right muscles, speak with your doctor, nurse, continence advisor, or pelvic health physiotherapist.

How do I do the pelvic floor muscle exercises?

You can practice using the muscles all together or tighten those at the front, centre, or back. As you tighten the pelvic floor muscles, do **not** tighten your legs, bottom, or tummy. Do **not** push down or hold your breath. It is important to focus on the **full relaxation** of the muscles after the contraction. Pelvic floor muscles need to be able to contract and relax.

Use this technique to do the exercises below:

- **Slow and Sustained:** Squeeze then pull up and in slowly. Work up to holding for 10 seconds at a time. Relax completely. Repeat 10 times.
- **Quick and Short:** Squeeze and lift as quickly as possible, holding for 1 second, then release. Repeat up to 10 times.

Practice these exercises regularly three times a day, through all stages of your life. Start doing these exercises in a position that is easy for you to feel your pelvic floor muscles.

Once you can do the exercises easily, you can do them:

- During commercial breaks
- When you are waiting in a line
- As part of a warm up or cool down exercise
- In the shower
- Cleaning your teeth

It can take 6-8 weeks to notice improved pelvic floor function. If you do not notice results after 2 months, speak with your family doctor.

Counting Your Baby's Movements

An active baby is usually a healthy baby. Get to know when your baby moves and is active. Studies show that babies who move less than 6 times in 2 hours may not be getting enough oxygen.

Use the chart on the next page to write down your baby's movements.

How do I count my baby's movements?

1. Write the date and the time that you start counting.
2. Sit comfortably or lie on your left side.
3. Count each time you feel your baby move.
4. Make a mark on the chart each time you feel your baby move.
5. Stop counting once you have counted 6 movements.
6. Write down the time you stopped counting.

What if I don't feel 6 movements in 2 hours?

Go to the hospital birthing unit right away. A nurse will check your baby's heart rate and movements with a fetal monitor. If you live too far from the hospital or birth centre, call your doctor or midwife right away

**Babies don't stop moving when labour is about to start.
Contact your doctor or midwife if your baby is not moving
or is moving less than usual.**

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**Getting Ready for Your
Baby's Birth**

Planning for Your Baby's Birth

Plan to have a support person help you through labour and those first few months of your baby's life.

Think about taking prenatal classes. There are many things you could learn. You may also meet new people and make new friends.

If you want to take a prenatal class, try to find someone to go with you as your birthing partner. You could ask:

- The father of the baby
- Your partner
- Your mother or sister
- An aunt or grandmother
- A friend
- A neighbour

Visit www.birthingandbabies.com or call 403-955-1450 to register for a prenatal class.

Labour is hard work. Your partner, a friend, or family member can support you during labour and birth. A supportive person can be very comforting to have during labour and birth. Your support person can:

- Rub your back
- Wipe your face with a cool cloth
- Give you a drink or ice cubes to suck on to keep your mouth moist
- Help you relax and stay calm and find comfortable positions
- Talk with you and comfort you
- Breathe with you to keep you focused

Start buying some of the baby's things little by little. Look for sales, go to second-hand stores, or ask your friends for baby clothes they do not use any more. Some people choose to wait until after the baby is born to buy things for the baby.

Think about how you will feed your baby. Talk about the options with your doctor or midwife.

Start thinking about how to get to the hospital:

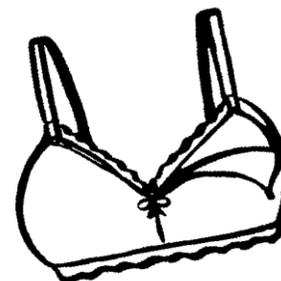
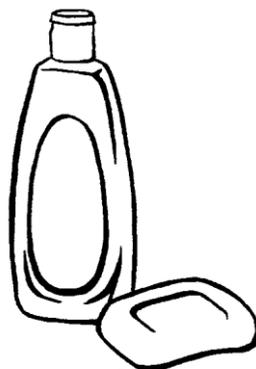
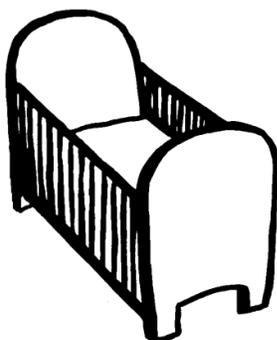
You can find someone ahead of time who can drive you or save money for a taxi.

Find someone who will care for your other children and/or pets while you are in the hospital. Store some food to have when you come home with your baby.

What kinds of things might my baby and I need?

Things you can start to collect for you and your baby	Bathing and body care
<ul style="list-style-type: none"> <input type="checkbox"/> Nursing bras <input type="checkbox"/> Nursing pads <input type="checkbox"/> Bibs (2 to 3) 	<ul style="list-style-type: none"> <input type="checkbox"/> Mild soap <input type="checkbox"/> Mild shampoo (you can use mild soap on your baby's head) <input type="checkbox"/> Towels and washcloths
Clothing	Furniture and Carriers
<ul style="list-style-type: none"> <input type="checkbox"/> Diapers, small size (3 to 4 dozen, cotton or disposable) <input type="checkbox"/> Undershirts (at least 3 to 4) <input type="checkbox"/> Sleepers (3 to 4) <input type="checkbox"/> Sweaters (1 or 2) <input type="checkbox"/> Hat and booties or socks <input type="checkbox"/> Winter clothing (like a snow suit) for going outside when not in a car seat <input type="checkbox"/> Receiving blankets (3 to 4) <input type="checkbox"/> Baby blankets (2) 	<ul style="list-style-type: none"> <input type="checkbox"/> Crib and mattress (safety approved) <input type="checkbox"/> Fitted crib sheets (2) <input type="checkbox"/> Plastic pail with a lid for diapers <input type="checkbox"/> Approved car seat <input type="checkbox"/> Diaper bag <input type="checkbox"/> Stroller <input type="checkbox"/> Thermometer <input type="checkbox"/> Warm blanket <input type="checkbox"/> Landry bag or basket for dirty clothes

Health Canada advises that you should not use soft mattresses, fluffy pillows, comforters, stuffed toys, or bumper pads in the crib as these can interfere with your baby's breathing.



Feeding Your Baby

This is a good time to think about how you will feed your baby. Talk to other parents, your doctor or midwife, and people close to you. There is a lot to think about before you decide the best choice for you and your baby.

Why should I breastfeed my baby?

Breastmilk is the perfect food for your baby. In Canada, we want babies to have only breastmilk until they are 6 months old. Breastfeeding has many benefits for you and your baby. There are no substitutes for breastmilk that can give your baby the same benefits.

Best for Baby	Best for Mom
<ul style="list-style-type: none"> • Easy to digest • May protect your baby from allergies and infections • Always available • Always clean, fresh, and at the right temperature • Changes to meet your growing baby's needs • Provides close contact 	<ul style="list-style-type: none"> • Helps your uterus return to its normal size • May help you to lose weight • Saves you time • Saves you money • Helps you feel close to your baby • Helps cut down your risk for breast and ovarian cancer

While you are pregnant, your body is preparing to breastfeed. For example, your breasts are already making colostrum. Colostrum is the name of the first breastmilk. Colostrum is a yellowish fluid that has a lot of nutrients in it. It helps protect your baby against infections.



Sometimes breastfeeding is not as easy as it looks.

There is support and help so that you can breastfeed for as long as you want.

What if I want to formula feed my baby?

Breastmilk is the best milk for your baby. For medical or personal reasons you may decide to formula feed your baby.

- If you choose to formula feed your baby, the only type of milk you should use is iron-fortified infant formula.
- Use iron-fortified infant formula until your baby is 9 to 12 months old.
- You can buy infant formula at a grocery store or drug store.
- It takes time and work to prepare formula. You need equipment (bottles, bottle liners, nipples, measuring cups, etc.).
- Formula feeding costs more than breastfeeding.
- Talk to your doctor or midwife to learn more.

Talk to your doctor or midwife about feeding your newborn safely if you use drugs or alcohol or are positive for the HIV virus.

ALL babies, whether they are breastfed or given infant formula, need 400 IU of a liquid vitamin D supplement every day.



Packing for the Hospital

For You	For Baby
<ul style="list-style-type: none"> • Alberta Personal Health Care card and other insurance cards (for example, Blue Cross) • Housecoat, slippers, 2 nightgowns, pajamas, or comfortable clothing • 3 pairs of underwear and 2 bras (nursing bra if breastfeeding) • Toiletries including toothpaste, toothbrush, floss, deodorant, shampoo, 1 package of long maxi sanitary pads • Cell phone and charger or coins for the payphone and phone numbers • Loose-fitting clothing to wear home (for example, maternity clothing) • Camera • Black pen • Your Best Beginning book 	<ul style="list-style-type: none"> • 1 to 2 receiving blankets • 1 to 2 undershirts • 1 to 2 sleepers or nighties • 1 package of newborn diapers • Hat or toque • 1 warm blanket • Laundry bag or plastic bag for dirty clothing • Baby clothes for going home • Approved car seat
For Labour	
<ul style="list-style-type: none"> • Drinks, juices, popsicles for mom • Lip balm, mouth spray, mints, or hard candies to suck on • Something to look at (focal point), like a picture • Music 	<ul style="list-style-type: none"> • Massage tools, like tennis balls or frozen rolling pins • Oil or lotion for massage • Warm socks for mom • Extra pillows • Snacks, toiletries, and a change of clothes for partner

Other items you may want to bring:

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Labour and Birth



When Your Body is Getting Ready for Labour



Although every labour is different, there are some signs that labour is beginning.

You may have some of these signs on and off for a few days before labour starts.

Signs that your body is getting ready for labour:

- Your baby “drops” into the pelvis (also called lightening or engagement). This can happen up to 4 weeks before labour starts. When your baby drops, you may be able to breathe easier but you will have more pressure on your bladder. You will feel like you need to pass urine more often.
- Nesting (a burst of energy and a need to have everything ready) may happen a few days before labour starts. Be careful not to do too much. You will need your energy for your labour and birth.
- Diarrhea, nausea, and vomiting sometimes happen before labour starts. If you have these symptoms, be sure to rest. Call your doctor, midwife, or Health Link Alberta if these symptoms last more than 24 hours or if you are worried.
- Pink mucous discharge (called show) from your vagina may happen up to a week before your baby is born. If this looks more like bright red blood than mucous, call your doctor or midwife right away.
- You may have a backache when labour starts. Massage, movement, and heat (such as a shower) will often help you feel better. If your backache comes and goes in a pattern, you are probably having contractions.
- Rupture of the membranes (a gush or trickle of fluid from your vagina) usually means that your bag of waters is leaking or has broken. Sometimes this happens before labour starts. There is a risk of an infection in your uterus when your water breaks. If you are giving birth with a doctor, go to the hospital if your water breaks. If you are giving birth with a midwife, call your midwife if your water breaks.

What is the difference in pre-labour and labour?

In late pregnancy, many women have contractions that are quite strong. They may even wake you up. They may last off and on for a few hours or days and then go away. These contractions help your uterus get ready for birth. The chart below shows differences between pre-labour contractions and labour contractions.

Pre-labour Contractions	Labour Contractions
<ul style="list-style-type: none"> • Are usually irregular (do not come in a pattern) • Do not get stronger as time goes by • Walking does not make them stronger (in fact, walking or lying down may make them go away) 	<ul style="list-style-type: none"> • Become longer and stronger • Get closer together • Walking or changing position makes them stronger

When do I go to the Hospital?

Go to the hospital if:

- you have bright red blood coming from your vagina
- your baby has stopped moving or is not moving as much usual
- you are not able to talk or walk through the contractions
- your bag of water breaks
- *If this is your first birth:* your contractions are 5 minutes apart and last one minute, for at least one hour **OR**
- *If you have given birth before:* your contractions are 7 – 10 minutes apart for at least one hour

When do I call my midwife?

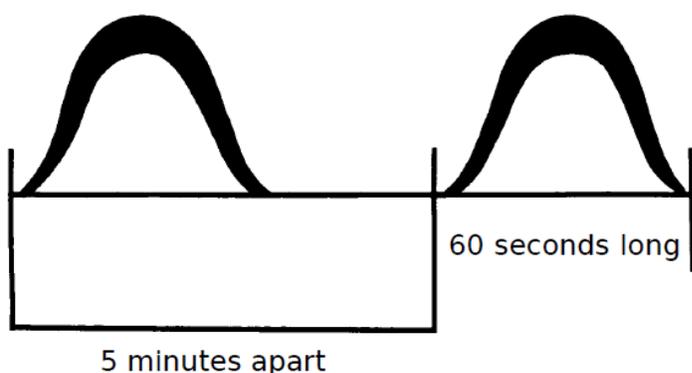
Call your midwife if:

- Your contractions are 3 minutes apart and last 60 seconds, for at least one hour
- Your bag of water breaks
- You are not able to talk or walk through contractions
- Other recommendations from your midwife

Timing Contractions

Keep track of the contractions:

- How far apart are they? Note the time from the start of one contraction to the start of the next.
- How long does each contraction last?
- How strong are they?



What happens when I get to the hospital?

1. Go to the Labour and Birthing unit.
2. The nurse will:
 - Ask you questions about your pregnancy
 - Check your temperature, pulse, breathing, and blood pressure
 - Take a urine sample
 - Feel your tummy (abdomen) and your baby (the nurse might be feeling for your baby's head, feet, hands or bottom. It is okay to ask the nurse to explain).
 - Do a vaginal examination
 - Use a fetal monitor to listen to your baby's heartbeat for 15 to 20 minutes
3. If you are in labour, you will go to a labour room. If you are not in active labour you may be sent back home. The nurse will tell you when to come back.
4. If you are staying in the hospital, your support person will go to the Admitting Desk to pick up your admitting papers.
5. The nurse will tell your doctor or midwife that you are in the hospital. If you are having any problems in labour, a doctor will come before your baby is born.

Stages of Labour and Birth

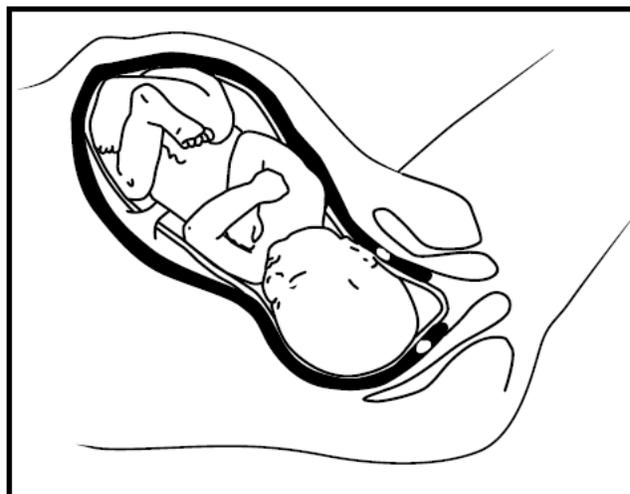
Labour is hard work. It is the work your body does so your baby can pass out of the uterus through the vagina to be born. The uterus contracts (tightens) to help the baby come out. The uterus will tighten, rest, and tighten again over many hours. Contractions can feel different to everyone. They may feel like stretching, cramping, or pressure low in your belly, your thighs, or lower back.

Stage 1: Labour

The contractions of your uterus gradually thin and open your cervix (the neck of the uterus) to 10 cm. This lets your baby move out your uterus and into the birth canal (vagina).

Every labour is different. Labour can last from just a few hours to 36 hours or more. For many people, the early part of labour is the longest.

It can also be the easiest because contractions are short, fairly mild, and there is lots of time between each one. In fact, many people spend the first half of labour not sure they are even in labour!



When you think labour has started, call your partner or support person. Rest if you can, or watch TV, read a magazine, go for a short walk, or keep busy with some other light activity. Eat lightly and drink as much water as you need. You may want to call a babysitter if you have other children, and make any other final plans to go to the hospital.

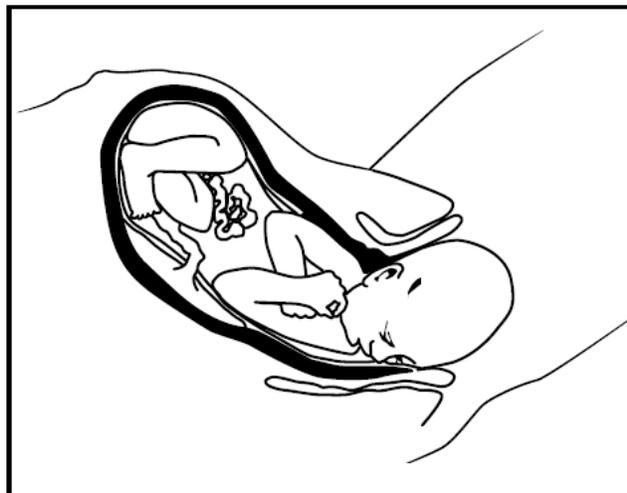
As your labour progresses, your contractions will become longer, stronger, and closer together. You will find it hard to walk or talk during the contractions. Your support person or nurse may need to remind you to keep breathing during your contractions.

By the end of the first stage of labour, your contractions will be very strong and will come quickly, one after the other. You may feel sick to your stomach, have a lot of pressure in your low back, and feel very tired. It may seem like your labour will never end! This can be the hardest part of labour, but it also is the shortest.

Stage 2: Birth

Once the cervix is fully open (10 cm), the contractions of your uterus push your baby through the birth canal. As your baby slowly moves down, your vagina will slowly stretch around your baby. This stage can last for just 3 or 4 pushes, or for several hours.

When your cervix is open, you may feel like you need to push. This is an exciting and scary time—your labour will soon be over. You will feel a lot of pressure in your low back and in your bottom.

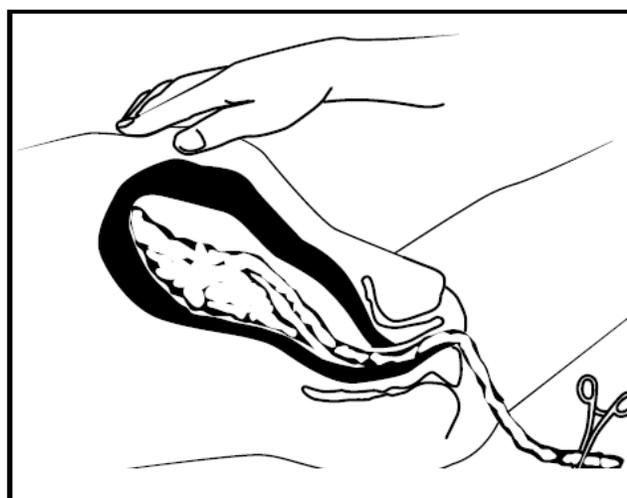


Your nurse will help you as you work with your body to move your baby down the birth canal. Just before your baby is born there will be a moment when the largest part of your baby's head is at the opening of your vagina. This is called "crowning". Many people say they have a very strong burning feeling at this time. Your doctor or midwife will ask you to stop pushing so your baby can ease out slowly. This can be hard for you to do, but it only lasts a few seconds.

After your baby's head is born, you may need to push again gently to help the shoulders be born. After this, your baby's body follows quickly. Once your baby is born, your doctor or midwife will put your baby on your tummy for you to cuddle. It's over—great job!

Stage 3: Delivering the placenta

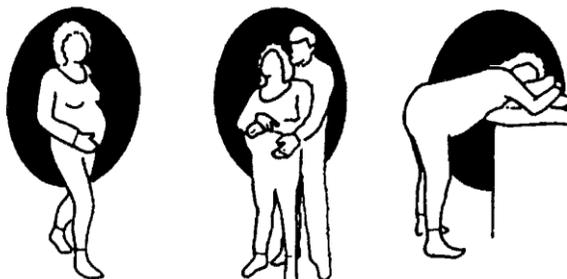
After your baby is born, the uterus keeps on contracting. This helps the placenta come away from the lining of the uterus and out the vagina. Most women do not feel this at all, while some women may have some cramping.



Positions for Labour

Here are some positions you can take to be more comfortable during labour. Change your position every 20 to 30 minutes.

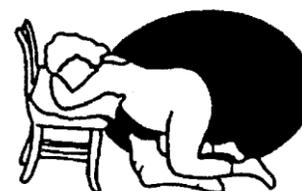
Walking, standing, and leaning keeps your back comfortable and helps your baby move down.



Sitting on a bed, chair, toilet, or birth ball helps your pelvis open. Don't sit too long as it can bother your back or hemorrhoids.



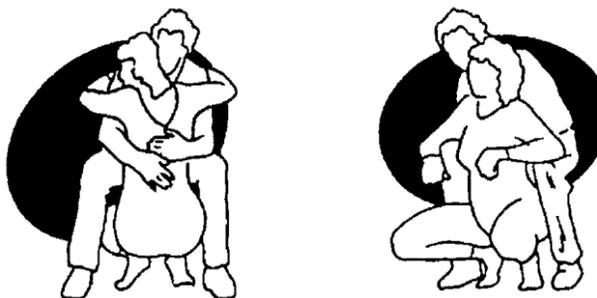
Kneeling on all fours relaxes your back when you rock your pelvis.



Lying on your side gives you a rest. You rest best when your upper leg can relax on a pillow.



Squatting any time in labour widens your pelvis to help your baby move down.



What can I do for comfort when I am in labour?

It is normal for contractions to be painful. Here are some ways to help you feel more comfortable and handle the pains during labour.

Move

- Walk or move around as long as you can. You can also kneel on the bed or squat beside the bed.
 - Change your position often, as least every 30 minutes.
 - Lie on your side to alternate with walking. Stand, rock, and sway.
 - Try to pass urine every hour or so.
-

Massage

- Have your support person rub your back.
 - Gentle touching, massaging, or stroking the abdomen, face, lips, arms, legs, or back may help to decrease the tension and help you feel more relaxed.
 - Anything warm or cold on your skin may also help decrease the pain. Some examples are ice chips or a cold pack to the thighs, perineum, back, feet, or taking a warm shower. A cold cloth on your face or neck may also help.
 - If you have an epidural, do not put hot or cold items on your back, abdomen, or lower part of your body.
-

Relax

- Keep your muscles relaxed. Breathing slowly will help you feel more relaxed.
 - Look at a pretty picture or an object, or think about a happy time or place to help keep your mind busy. Bring along a picture or something to look at.
 - Try to sleep or relax between contractions.
 - Listen to music.
-

Breathe

- Deal with one contraction at a time. At the start and end of each contraction take a deep breath through your nose and blow the breath out through your mouth. During the contraction do relaxed breathing.
- Lip moisturizers, brushing your teeth or sucking on candies can help keep your mouth moist.
- Drink juice, water, and eat light foods like toast, puddings, and fruit to keep your energy up.
- Lots of encouragement from your support person can help you get through strong contractions.

Breathing in Labour

- Breathe in a way that makes you feel comfortable. It is important not to hold your breath as this may cause your baby to get less oxygen.
- When you feel the pain of a contraction starting, take a deep, “cleansing” breath. To do this, take a deep breath through your nose and blow it out through your mouth. Then breathe slowly, just like you would if you were sleeping during the contraction.
- When the contraction ends, blow it away with another cleansing breath—in through your nose and out through your mouth.
- As your contractions become harder, you might breathe faster. This is normal. Breathe the way that is easiest for you.
- You might feel like pushing before your cervix is fully open. Taking quick breaths through your mouth (like panting) will help you not to push until your cervix is fully open. Your nurse will help you with this kind of breathing.
- Just before your baby is born, your health care provider might ask you to pant (take quick breaths). This will help to slow down the baby’s birth so the vaginal opening has time to stretch.



Your Support Person in Labour

Your partner or support person can be a big help when you are in labour. Your support person will help you find comfortable positions, rub your back, remind you to breathe during contractions, and comfort you.

If you are the support person and this will be your first time at a birth, it will help if you go to prenatal classes too. You will learn about and practice different positions and comfort measures, and you can talk about the ones that might work best.

If you will be driving to the hospital for labour and birth, make sure that your car always has some gas in it.

Tips for the support person

- Wear comfortable clothes. Dress in layers so that you can stay at a comfortable temperature.
- Bring water or juice to drink, and some high-energy snacks (cheese, crackers, fruit, nuts, sandwiches).
- Bring your toothbrush and toothpaste. People in labour can become very sensitive to smells!
- Bring a magazine or book. There may be slow times in labour when there is not much for you to do.
- Rest when you can. If you can sit down while offering support, do that.

Things for the support person to remember

- Don't take anything that is said personally during labour. The pain and stress of labour may cause a person to take it out on those closest to them because it feels safe.
- Follow their lead. When they are quiet, then you give quiet support. What helps in early labour may not help as contractions get stronger, so you may need to try different things.
- Provide encouragement with words like "You are doing so well.", "Great job.", or "Breathe with me." You may need to say the same thing more than once because they are focused on their labour and may not really hear you or remember what you have said.
- Between the contractions, remind them to stretch, roll their shoulders, or shake off the tension in some other way. They should also sip some water or juice.
- It's okay to ask for help. Whether the labour is short and strong, or long and drawn-out, at times you may feel a bit helpless. Talk to your nurse. You and the labouring person may both need the reassurance that things are normal and moving along as they should.

Pain Medicine during Labour

Everyone feels labour pain differently. For many people, the comfort tips in this book work well. Sometimes pain medicine is also needed. Here are some pain medicines you could choose:

Entonox

- Also called “laughing gas”.
 - You control how much you get through a mask or mouthpiece.
 - It is used during a contraction. In between contractions, you breathe regular air.
 - Helps lessen the pain in labour, but does not completely take it away.
-

Narcotics

- Includes pain medicine like morphine, or Fentanyl®.
 - Can be given by a needle into your vein or muscle.
 - Reduces the pain of labour contractions.
 - Lasts for 1 to 3 hours.
 - Can make you feel sleepy or sick.
 - Can sometimes make your baby sleepy and slow to feed.
-

Epidural anesthesia

- Medicine that “freezes” your abdomen so you do not feel as much pain but you are still awake and alert.
 - A small tube is put into the space between the bones of your spine. The medicine is given through this tube.
 - You should notice less pain after 2 to 3 contractions.
 - The doctor will talk with you about the risks and possible rare complications before you get an epidural.
-

Medical Procedures in Labour

During labour and birth you may need a medical procedure to help you or your baby. Ask your doctor or midwife to tell you why you need the procedure.

Induction

While many people go into labour on their own, sometimes there are medical reasons for starting labour. Your labour may be induced if:

- you are 1 to 2 weeks past your baby's due date
- your baby is not growing well
- your bag of water has broken but no contractions start within 24 hours
- your baby is having problems
- you have certain health problems like high blood pressure, diabetes, or an infection in your uterus

Labour can be induced by rupturing your membranes or by using medicine that is given through an IV or put into the vagina.

IV (intravenous)

Some people in labour need to have extra fluids. These may be given through an IV. An IV is a very thin tube put into a vein in your hand or lower arm. Medicine (antibiotics or pain medicine) can also be given through the IV.

Episiotomy

An episiotomy is a small cut made in the opening of the vagina to make it bigger. Not everyone has this. It may be done near the end of labour if your baby needs to be born quickly. Medicine is given to freeze the area first.

Forceps

Forceps speed the birth when your baby is having trouble. They help your baby to turn and move down the birth canal. These spoon-like instruments are gently placed on each side of your baby's head.

Vacuum Extraction

A vacuum extractor is a small cup placed on your baby's head. When you push the doctor uses the suction to help with your baby's birth. Vacuum extraction is used to:

- speed up the birth if your baby is having trouble
 - help with the birth if you are not able to push
-

Cesarean Birth

A cesarean birth (also called C-section) is the birth of a baby through a surgical cut made into the abdomen and uterus. Some cesarean births are planned, while others are done as an emergency.

Why would I need to have a cesarean birth?

You may need to have a cesarean birth if:

- Your baby is having problems
- Your baby's position makes it hard to be born vaginally (for example: they are lying with their bottom or feet first instead of their head down)
- There is a problem with the umbilical cord or placenta
- Your baby is very big and it may be very hard to push them through your pelvis
- You have an active herpes virus infection

How do I get ready for a planned cesarean birth?

- Your doctor's office will book your cesarean with the hospital.
- You go to the hospital on the day your surgery is booked.
- The night before surgery, you must not eat or drink anything after midnight.
- Shower before you go to the hospital.

What happens when I get to the hospital?

Nurses will get you ready for surgery by:

- Making sure your blood tests are done
- Taking your blood pressure, pulse, temperature, and your baby's heart rate
- Putting in a catheter (thin, rubber tube) into your bladder
- Stating an IV

In the operating room:

- you will lie down on a table that tilts a bit to the left
- your blood pressure and heart rate will be monitored
- your abdomen and upper legs will be washed and covered with sterile cloths, leaving only a small area on your abdomen uncovered

Two types of anesthesia can be used:

- Epidural or spinal anesthesia (“freezing” your abdomen): you will be awake and alert
- General anesthesia: you will be asleep during your baby’s birth

What happens after my cesarean birth?

At the hospital

- You will have some pain in the area of your surgery. Be sure to ask for pain medicine.
- You can start breastfeeding. Your nurse will help you.
- You may first start a liquid diet and then eat solid food.
- You will have an IV until you can keep fluids down.
- The bladder catheter may stay in for a few hours to help you pass your urine.

At home

- Take care of yourself to help recover faster.
- Eat healthy foods and drink plenty of fluids throughout the day.
- Get plenty of rest. Ask for help from family and friends so that you can rest.
- Some kinds of stitches are absorbed. If your stitches are not this kind or if you have staples, a nurse will take them out either in the hospital or at your home.

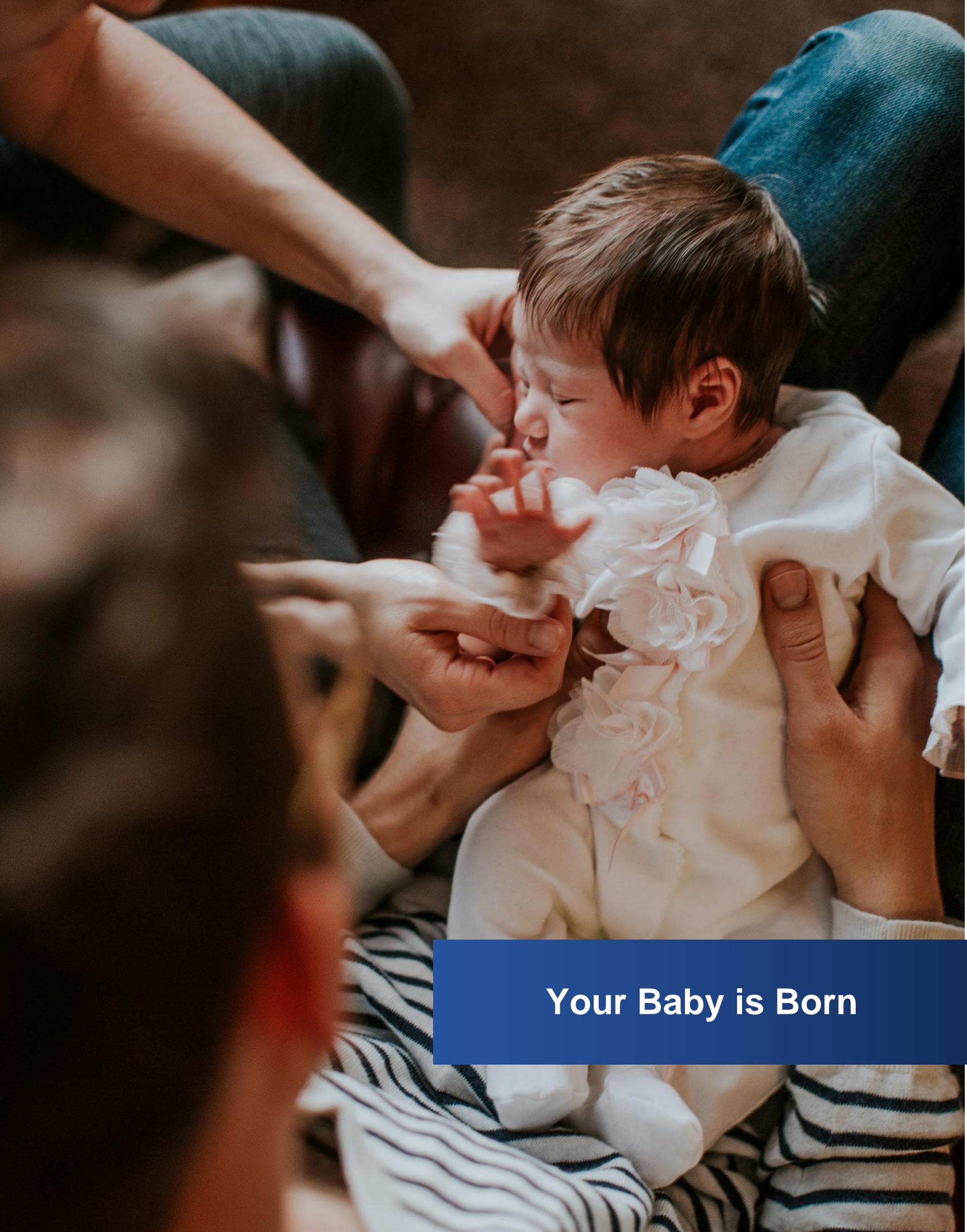
Many people can have a vaginal birth after a cesarean birth in later pregnancies. Talk with your health care provider about this before or during your next pregnancy.

Getting back to feeling normal might take longer if you had a cesarean birth.

You might feel glad that your baby was born but sad that the birth did not go as you had planned.

Talking to someone about your birth experience, whether it was a cesarean or vaginal birth, may help.





Your Baby is Born

Congratulations!

My Baby's Name

My Baby's Birthday

About My Baby

Weight:

Length:

Head Size:

Time Born:

Hospital:

Health care providers
who helped at my baby's birth:

My labour support person(s):

Your Newborn Baby

Weight

The average baby weighs between 2500 – 4500 g (5 lbs 8 oz – 8 lbs 3 oz). Your baby may lose weight right after birth and then should return to their birth weight by 14 days.

Length

The average baby is between 46 and 56 cm (18 to 22 inches) long.



Head

A baby's head is very large compared to the rest of the body. Sometimes the head is shaped like a cone after a vaginal birth. It may take up to 6 weeks before the head becomes round. You will feel a soft spot on the top of your baby's head. This is where the skull bones have not yet grown together. The soft spot will close after several months.

Muscle Control

Your baby will have little control over their head and neck. You will need to support their head and back when holding or carrying them.

Hair

Your baby may be born with lots of hair or may have little or none. Baby's hair may fall out in the early weeks leaving some bald areas. New hair will then grow.

Some babies may have body hair called lanugo. Lanugo is fine downy hair on your baby's forehead, ears, and shoulders. This body hair is usually gone by the time your baby is 2 months old.

Face

Your baby's face may look swollen. This will go away with time.

Eyes

Some babies are born with dark eyes. Some are born with blue eyes. Over time, your baby's eyes will change to their permanent colour.

A baby's eyes may be crossed or seem to wander. This is because babies do not have good muscle control in their eyes. This is normal and will get better over time.

Skin

The skin will look loose and wrinkled.

The skin may be covered with a creamy covering called vernix. The vernix goes away over time.

Newborn rash is very common in the first month.

Some babies have black or blue spots mostly found on a baby's back or bottom. These spots usually fade by the time your child is 5 years old.

Genitals

Your baby's genitals may look large and swollen. Some babies may have whitish vaginal discharge with a tiny bit of blood in it.

The penis may be red for a few days if your baby is circumcised. You will learn how to care for that area.

Do not pull the foreskin back if your baby has not been circumcised. Just wash the area that you see.

Legs and feet

Your baby's legs may be bowed, with the feet turned in. The legs may stay bowed for several months.

Umbilical cord

The cord is clamped and cut after birth. A small amount of cord and clamp is left attached to your baby. The cord and clamp will fall off in about 7 to 21 days.

Let the cord dry after your baby's bath.

A small amount of bleeding is normal when the cord is ready to fall off.

How Your Baby Learns

You are the most important influence in your baby's life. Learn and develop with them.

Seeing

- Your baby can tell the difference between light and dark, and shapes and patterns.
- When quiet and alert they can look at objects 20 to 25 cm away.
- Your baby likes to look at faces and may watch objects for long periods.
- Most of all, your baby will enjoy watching your face as you smile, laugh, and talk.

Hearing

- Your baby enjoys hearing sounds that change in tone, like your voice or soft music. When your voice sounds kind and loving your baby will feel comfortable and loved.
- Talking or reading to your baby is the first step to helping them learn words.

Tasting and Smelling

- Babies have a good sense of smell.
- They prefer sweet fluids like breastmilk.

Touching

- Most babies like being touched, massaged, and comforted. Holding and cuddling will not spoil your baby. Your loving touch will help them grow up to feel secure.



Caring for Your Baby

Crying

Is crying normal?

Crying is normal. All babies cry, starting when they are born.

Babies cry to tell you that they:

- need to sleep
- need a diaper change
- are hungry
- need a cuddle
- don't feel well

It is normal for babies to:

- cry the most when they are about 2 months old
- start to cry less when they are about 3 to 4 months old

What can I do to soothe my baby?

- Feed your baby slowly and burp them often.
- Make your baby as comfortable as possible.
- Provide gentle motion. Walk or rock with your baby.
- Provide some soft music or other relaxing sounds.
- Stay calm and take a break.

Other ways I can soothe my baby:



Remember:

It is more important to stay calm than to stop the crying.

Never shake your baby for any reason.

**Tell everyone who looks after your baby to never
shake your baby for any reason.**

Take a break, do not shake.

It is okay to ask for help

A crying baby can sometimes make you feel helpless or angry. It is more important to stay calm than to stop the crying.

- Put your baby in a safe place like the crib, leave the room, and shut the door.
- Plan ahead — have the phone numbers of people who can help.
- Make sure your baby's caregiver knows how to soothe your baby.
- Call Health Link Alberta to speak with a nurse.

Burping

Your baby might need to be burped. Babies often get gas or air bubbles in their tummies during or after feeding. Support your baby's chest and chin. Gently rub or pat your baby's back.

Sleeping

Your baby may be very sleepy for the first 24 hours after birth. By the second or third day, your baby will be more awake and feed more often (about 8 to 12 times a day).

- Always put your baby on their back to sleep.
- Change your baby's head position during sleep. Babies who lie in one position for too long can end up with a flat area on their heads.
- Change mobile and crib positions often so that your baby does not always look in one direction.
- Place your baby on their tummy or side when they are awake and being watched.

Some babies have fussy times each day. They seem sleepy but will not settle down. This happens most often in the evening. Cuddle, rock, sing, or talk to your baby to show them that you care. See "Safe Sleep and SIDs" on page 108.

Bathing

Your baby does not need a tub bath every day. A gentle daily wash of your baby's face, hands, and bottom is all that is needed.

While some babies love the water, others do not. Talking calmly to your baby will tell them that all is well.

Be safe:

- Have everything you need within easy reach before you start to bath your baby.
- The temperature of the bath water should be warm. Use your wrist to check the temperature.
- Do not use mineral oil in the bath water. It will make your baby too slippery to handle safely. If your baby's skin is dry, put on a small amount of mineral oil after the bath.
- Scented lotions can bother your baby's skin.



Never leave a baby alone at bath time, not even for a second.

Bowel movements

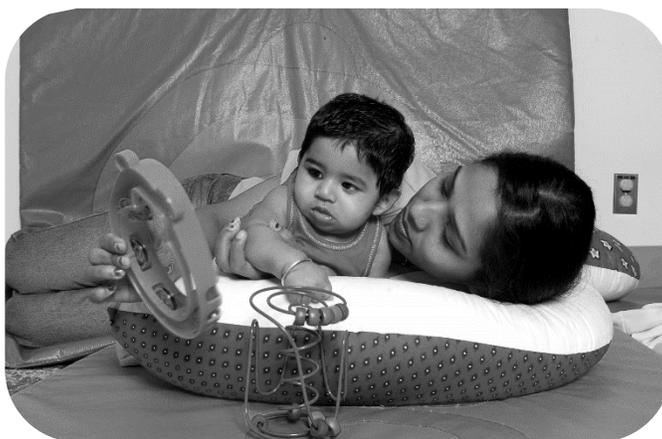
In the first 48 hours, your baby will have black, sticky bowel movements (called meconium). The bowel movements will then change to greenish-brown.

After 48 hours, the colour and texture of your baby's bowel movements will depend on what you are feeding your baby.

- A breastfed baby should have bowel movements that are seedy, yellow, loose, and easy to pass.
- Many breastfed babies have bowel movements at every feeding.
- See the chart "What to Expect When Breastfeeding Your Baby" on page 99.
- A formula-fed baby should have bowel movements that are soft, pasty, usually brown to pale yellow, and easy to pass.
- Some formula-fed babies have bowel movements at every feeding.
- When breastfed and formula-fed babies are 1 to 2 months old, they may not have as many bowel movements. Bowel movements should still be soft and easy to pass.

Your baby's movements

- Most of your baby's movements, like sucking, grasping, and rooting, are reflexes. You can help develop your baby's movement skills during the first few months by playing with your baby.
- Try activities such as playing peek-a-boo, massage, holding, rocking, and carrying your baby in different positions.
- Your baby needs to spend time each day on their tummy to prevent a flattened head and help strengthen their back and neck muscles. Start with a few minutes at a time. You can help by getting down on the floor and face your baby, to play with them.



Clothing

It is easy for your baby to get too hot. Dress your baby in about the same amount of clothing as you are wearing.

Outside in the summer

- Your baby's skin can be damaged by the sun.
- Never put your baby in the direct sunlight, as you can't use sunscreen on your baby for the first 6 months.

Outside in the winter

- Dress your baby with one more layer of clothing than you are wearing.
- Cover your baby's head, hands, and feet for protection.

Laundry

You can prevent skin rashes by:

- washing all new and used baby clothing with a mild detergent
- not using fabric softeners
- rinsing your baby's clothing twice or adding 125 mL of vinegar to the final rinse

What if my Baby is Born with a Problem?

We all hope our babies will be well. However, if your baby is born with a health problem we want them to have the best possible care.

Doctors and nurses in the Neonatal Intensive Care Unit (NICU) are trained to care for your baby.

You might feel worried or upset when you see your baby in a place with strange machines and equipment. Tell a hospital nurse or social worker how you are feeling. Let the nurse know you want to be with your baby. Your baby will feel good if you are there, to hear your voice or to feel your touch. You have a right to be with your baby. Ask a nurse or social worker to help you through this difficult time.





What to Expect in Your First Few Weeks



Your Hospital Stay

You will be in the hospital about 24 to 48 hours after your baby is born. If you had a cesarean birth, you will be in the hospital about 3 days.

Some things to know when you are in the hospital:

- Your baby will be with you in your room. This will help you get to know your baby and to learn how to take care of them.
- Your support person can usually stay with you during birth. There may not be a bed for your support person to stay after the birth. Other friends and family members can have short visits. Check with your doctor or midwife for current visitor guidelines.
- Ask your friends and family to send flowers and gifts to your home. You can enjoy your flowers longer at home.
- Talk and cuddle with your baby skin-to-skin as often as you can while you are awake.
- Feed your baby early and often. It's easier to start breastfeeding when you and your baby are doing skin-to-skin cuddling.
- Stay awake while feeding or cuddling your baby. If you feel sleepy put your baby in their bassinet.

How to do Skin-to-Skin:

Hold your baby on your bare chest with your baby wearing only a diaper.

Cover your baby's back with a blanket for warmth. Keep baby's head above the blanket.

Stay awake while cuddling your baby.

Partners can cuddle baby skin-to-skin too.



The Public Health Nurse

A public health nurse will call you within 24 hours after you leave the hospital. The nurse will answer your questions and make plans to visit you in your home or to see you in the clinic.

The public health nurse will:

- look at your baby and take their blood sample if needed
- look at you and take out your stitches or staples if you have a cesarean birth
- answer any questions about your health or your baby's health



Looking After Yourself

You will need lots of rest for the first few weeks after the birth of your baby. This can be hard as you are getting to know your baby and learning many new things all at once! Taking care of yourself helps you to take care of your baby.

Try to sleep whenever the baby sleeps. This may be hard to do when you have other children to care for and work to be done. Ask your partner or friends and family to help you out.

Changes in Your Body

- Bleeding from the vagina (like your period) can last up to 6 weeks after your baby is born. Use pads not tampons because tampons can cause infection. The bleeding will lessen and slowly stop. If the bleeding is heavy, becomes heavier, or smells bad call your health care provider.
- If you had stitches because of an episiotomy or tear, you may be sore. Sitting in a warm bath may help. Keep the area very clean by pouring warm water over your perineum after passing water (urinating) or having a bowel movement.
- Expect to have a bowel movement within 3 days of your baby's birth. Eating foods high in fibre and drinking lots of water will help to keep your bowel movement soft and easier to push out. Doing gentle exercise like going for a short walk every day can help too. Call your health care provider if you have not had a bowel movement after 5 days.
- Your uterus will go back to near normal size within a few weeks. You may have cramps for the first few days as your uterus is contracting back to its normal size.
- Your moods may change often because your hormones are changing. Feeling sad or angry at times is normal. This should go away soon. If you are worried, call your health care provider or public health nurse.

When will I have a period?

- Everyone is different. Some people will have a period within 2 months after the birth, some will have it later. People who breastfeed may not have a period until they stop breastfeeding, or until they give their babies formula or solid food.
- **You can still get pregnant even if you do not have a period.** Use birth control. Ask your health care provider for information about birth control.

Talk with your friends, family, doctor, or midwife to help you get comfortable with all the changes in your life.

What if I am not Feeling Well?

Call your doctor or midwife or public health nurse if you have questions or problems after your baby is born.



2 cm

If you have any of the problems below, call your doctor or midwife right away:

- Fever over 38°C
- Soaking more than 1 pad in 1 hour in the first 3 days
- Soaking more than 1 pad in 3 hours after the first 3 days
- Vaginal bleeding that has a bad smell
- Painful cramps that do not go away
- Hard, painful lumps in your breast
- Passing blood clot larger than 2 cm (3/4 inch) from your vagina
- You haven't had a bowel movement 3 days after your baby's birth and you're in pain
- Pain and/or trouble passing water (urinating)
- Feelings that you may harm your baby or yourself

Postpartum Mental Health

Many new parents feel sad or cry easily after the birth of a baby. These feelings happen because the body's hormones are changing. It may also be due to feeling tired and to the change in routine at home. This is sometimes called postpartum blues.

Postpartum blues can last for a few hours once in a while, or it can last several weeks. This feeling usually goes away on its own. Talking to a supportive friend or family member can help.

If the blues last longer than 2 weeks and you do not feel better with rest, sleep, or support from others, you may have postpartum depression or anxiety. Any new parent can develop postpartum depression or postpartum anxiety. It can occur any time in the first year after a baby is born.

Call your doctor, midwife, public health nurse, or 811 if you:

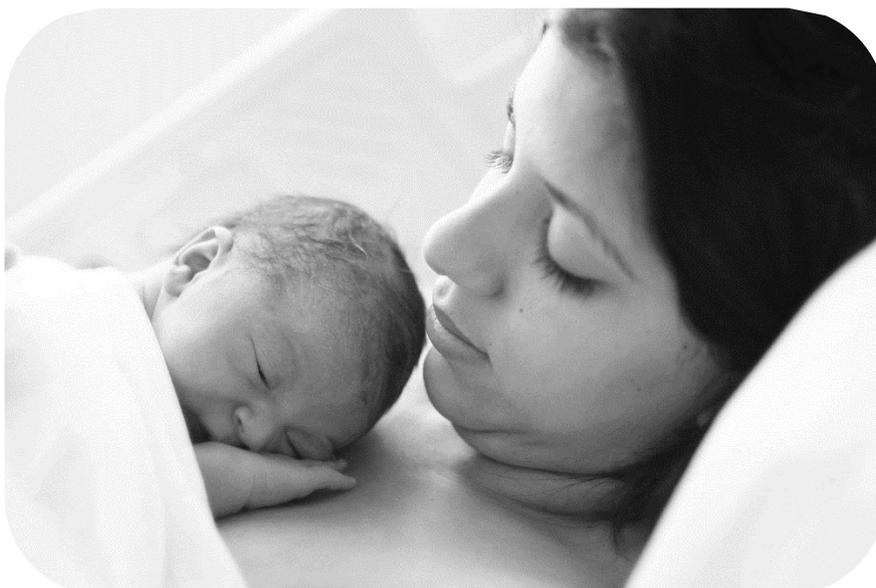
- feel very worried
- feel helpless
- feel very sad
- have no feelings for your baby
- feel like you want to harm yourself or your baby
- want to sleep all the time or you can't sleep at all

Ask for Help

You probably will find that you have very little time for other activities. Your baby needs almost all of your attention in the first months of life. It can be a very hard time for you. Having someone else help with the housework while you take care of your baby can give you a break and help you feel less tired.

Friends, grandparents, or other parents are possible support people. Ask them to come and give you a break. They can help you in many ways, like doing the shopping, cleaning, laundry, cooking a meal, holding the baby, etc.

If there is a time when you cannot cope anymore and might hurt the baby, put your baby in a safe place like the crib or on the floor and leave the room. Then you can calm yourself down, gather your thoughts, and call someone for help if needed. Go back to your baby as soon as you can.



Note to new parents:

This time is very demanding, but it will pass.

**It can take up all your time and energy.
Watching your new baby grow should be an exciting
and challenging experience.**

Look for a supportive group of friends to help you.

Healthy Eating

Whether you are breastfeeding or formula feeding your baby, it is important that you eat a healthy diet to give you the energy you need to care for yourself and your new baby.

If you are breastfeeding

- Still eat a well-balanced diet, in similar amounts to when you were pregnant. Follow Canada's Food Guide.
- You may find you are very thirsty, so drink lots of fluids such as milk, soup, or water. Have a glass close by when you sit down to feed your baby.
- You do not have to avoid any foods when you are breastfeeding. Check with your doctor or midwife if someone in your family has allergies.
- If your baby is fussy, cut down on your caffeine. Caffeine is found in coffee, tea, cola, chocolate, and some medicines.

If you are formula feeding

- Follow Canada's Food Guide.

**Being a new parent can be very demanding.
You may find you are not as hungry because you are so tired.
It is important to eat very well so that you have enough energy
to look after your baby and stay healthy.**

Parenting

Being a parent is a big job and not an easy one. With time and practice, you will learn what your baby needs and you will become more comfortable. Do the best you can.

Having a baby means changes in your life. You may feel frustrated, sad, or angry at times. These feelings are all normal.

Your baby completely depends on you for all their basic needs, such as:

- Food
- Sucking
- Warmth and touch
- Skin-to-skin closeness
- Affection and love
- Safety
- Comfort to sleep



Attachment

- When your baby trusts you to meet their needs, they feel loved and secure. This is called secure attachment.
- Showing your love by doing things like touching, rocking, talking, and smiling helps your baby's brain to develop.
- Early loving relationships help shape later learning and behaviour.

Sexuality

After childbirth, you will go through many physical and emotional changes. You are a new parent. You are busy and often tired. These may all affect your sexual desire.

Your body needs time to recover from the changes during pregnancy and birth. When you are physically comfortable and feel ready, you can start having sexual relations again. Some couples are not interested in sex for the first few months. It is important to talk to your partner or someone you are close to about your feelings.

Some ways to begin talking:

“I’ve been feeling lately that...”

“Some things I’m wondering about...”

“What do you think about...”



There are some normal physical changes that may happen:

- Your vagina may be dry. You can use a water-soluble lubricant (like K-Y Jelly®) during sex.
- You may have some soreness or discomfort due to the birth. Take your time or try different positions. Sex should not be painful. If you have pain during sex, talk with your health care provider.
- Focus on holding and touching if you do not feel like having sex.
- If you are breastfeeding, your breasts may be sensitive. Your breasts might leak milk during sex and/or orgasm.

Family Violence

Pregnancy and having a new baby brings big changes in your life. For some people, these changes may cause conflict. Conflict sometimes leads to abuse.

Abuse is any behaviour used to control another person's actions, such as:

- Pushing, shoving, slapping, punching
- Threatening to hurt/kill you, your children, or the family pets
- Damaging things that belong to you
- Forcing you to have sex
- Not giving you money
- Cheating or stealing
- Giving you the “silent treatment”, constant criticism
- Limiting your contact with friends and/or family

Abusive behaviour often happens in a cycle:

1. Tension-building stage
 - verbal attacks
2. Second stage
 - physical abuse
3. Honeymoon stage
 - The abuser becomes loving, kind, and promises the violence will never happen again

As the tension builds, the cycle happens again—and again, and again.

Safety plan for you and your children:

- Keep emergency numbers with you
- Be ready to leave quickly:
 - Make a copy of your key, leave a key with a friend
 - Keep some clothes and a suitcase at a friend's house
- Make a plan for your children's safety
- Change travel routes and routines
- Let people know you are not feeling safe
- Call a shelter for more safety advice
- Make copies of important documents and leave them with a friend (such as immigration papers, passport, and custody papers)

**You do not deserve to be abused — it is not your fault.
All types of abuse are against the law.**

Birth Control

It is a good idea to think about birth control before your baby is born. It is important to know:

- you can get pregnant before your first period
- breastfeeding alone may not prevent pregnancy
- birth control can help space out the time between having children (85% of people who do not use birth control will get pregnant within 1 year)
- some types of birth control should not be used if you are breastfeeding
- your next baby may be born small or early if they are born less than 18 months after his brother or sister

The chart below has some general information about birth control. Please speak to your nurse or doctor for more information.

Type	Description	Use	Things to Consider
<p>Condom</p> <p>Condom 85% - 98% effective</p> <p>Vaginal condom 79% - 95% effective</p>	<p>Condom</p> <ul style="list-style-type: none"> • A thin cover that fits over a stiff penis. • It stops sperm from going into a body. <p>Vaginal Condom</p> <ul style="list-style-type: none"> • A thin, plastic “sleeve” that is put inside a vagina. • It prevents sperm from entering the vagina. 	<ul style="list-style-type: none"> • Can use it right after your baby is born. • Can use it when breastfeeding. • Can buy it at the drug store. • Does not need a prescription. 	<ul style="list-style-type: none"> • Should use it every time you have sex. • Condoms are free or low-cost from a family planning or sexual health clinic. • A water-based lubricant can help if you have vaginal dryness. • It must be stored properly, away from heat and friction as these might cause the condom to break. • Never use a condom and a vaginal condom at the same time.
<p>Spermicides (foam or film)</p> <p>71% - 82% effective</p>	<ul style="list-style-type: none"> • Spermicides kill sperm. They come as a contraceptive foam or a vaginal contraceptive film (VCF). • A spermicide must be inserted into the vagina before each act of sex. 	<ul style="list-style-type: none"> • Can buy them at a drug store. • Neither partner can feel it. • Can use it when breastfeeding. 	<ul style="list-style-type: none"> • May irritate your vagina. This may increase your risk of developing an STI or HIV. • Works best to stop a pregnancy if used with another birth control method, such as condoms. • Does not protect against STIs.

Type	Description	Use	Things to Consider
<p>Lactation Amenorrhea Method (LAM)</p> <p>If used correctly, gives 98% protection for up to the first 6 months after birth.</p>	<ul style="list-style-type: none"> LAM is a way that breastfeeding can be used to stop pregnancy. Lactation means your body is making breastmilk. Amenorrhea means no monthly periods. You have to do this method totally correctly to prevent getting pregnant while you are breastfeeding. 	<ul style="list-style-type: none"> Free. Does not interrupt sex. No hormones. 	<ul style="list-style-type: none"> Works only when: <ol style="list-style-type: none"> Your baby is fully breastfed (no other liquids or solids except vitamins, vaccines, or medicine) and Your baby does not go more than 4 hours between Breastfeeding during the day or 6 hours at night and Your baby is less than 6 months old and Your period has not returned (a period is any spotting or bleeding after 2 months has passed since giving birth) You need to use another form of birth control if you do not do all 4 things above. Does not protect against STIs.
<p>Emergency Contraception Pills (ECPs)</p> <p>Most effective if taken within 3 – 5 days after unprotected sex, depending on type of pill.</p> <p>Copper IUD can also be used as emergency contraception.</p>	<ul style="list-style-type: none"> These pills work best when taken soon after unprotected sex. Can take ECP up to 120 hours (5 days) after you have unprotected sex or a broken condom. ECP does not stop a pregnancy that has already happened. 	<ul style="list-style-type: none"> Does not need a prescription. Can buy it at the drug store. Can get it at sexual health clinic. Not all ECPs are safe for breastfeeding. May not work as well for people with a BMI of 25 or higher 	<ul style="list-style-type: none"> Does not protect against pregnancy. It should not be used as an ongoing method of birth control. Think about using EC if you have unprotected sex any time after your baby is born. Does not protect against STIs. Speak with a care provider about safe use.

Type	Description	Use	Things to Consider
<p>Depo Provera © ("the shot")</p> <p>97%-99.9% effective</p>	<ul style="list-style-type: none"> • A needle (shot) of progesterone. • It is given into the arm or hip every 12 weeks. • It stops the egg from being released. • It makes the mucous of the cervix thick so that sperm cannot get into the uterus. • If breastfeeding, it is usually started 6 or more weeks after you give birth. • It can be started right away if you are not breastfeeding. 	<ul style="list-style-type: none"> • Does not interrupt sex. • Can be used by people who need to use estrogen-free birth control. • Can use it when breastfeeding. 	<ul style="list-style-type: none"> • The shot may cause irregular or unexpected bleeding. You may bleed more often or stop having periods. • Almost half of people will stop having periods after 1 year. This is not bad for your body. • After stopping the shot, it may take up to 1 year for your periods to go back to normal. • It may take you longer to become pregnant. • It may increase your risk of thinning bones. • Need a prescription. • Does not protect against STIs.
<p>Combined Hormonal Contraception (CHC):</p> <p>birth control pill birth control patch birth control ring</p> <p>92%-99.7% effective</p>	<ul style="list-style-type: none"> • There are two hormones in these contraceptives: estrogen and progesterone. • The hormones stop your eggs from being released so you cannot get pregnant. • CHC can lower your breastmilk supply. • If you are breastfeeding, they should not be used until 6 months after you had your baby. • If you are not breastfeeding, you can start them about 1 month after you have your baby. Speak with your doctor about when the best time is for you. 	<ul style="list-style-type: none"> • Comes in different forms. • The pills are taken by mouth every day. • The patch is put onto your skin every week. • The ring is put into your vagina once a month. • Does not interrupt sex. • Lowers the chance of some types of cancer. 	<ul style="list-style-type: none"> • You must use the method as directed. • You should not use CHCs if you have: <ul style="list-style-type: none"> • high blood pressure • a history of migraine headaches with vision problems • history of blood clots • are over 35 years old and smoke • Need a prescription. • Does not protect against STIs.

Type	Description	Use	Things to Consider
<p>Permanent Methods of Birth Control (Sterilization)</p> <p>Tubal Ligation 99.5% effective</p> <p>Vasectomy 99.9% effective</p>	<p>Tubal Ligation</p> <ul style="list-style-type: none"> An operation that closes the fallopian tubes. This stops the egg and sperm from meeting. <p>Vasectomy</p> <ul style="list-style-type: none"> A surgery that closes the tubes that carry sperm to the penis. 	<ul style="list-style-type: none"> Does not interrupt sex or affect the sex drive. Both are covered by Alberta Health Care. 	<ul style="list-style-type: none"> All surgery has some risk such as bleeding or infection. Vasectomy does not work right away. Use another form of birth control until a sperm test makes sure the procedure has worked. These are permanent methods of birth control. You must be sure you do not want any more children. Does not protect against STIs.
<p>Intrauterine Contraceptives (IUC):</p> <p>Hormonal Intrauterine System (i.e. Mirena®) 99.8% effective</p> <p>Intrauterine Device (copper IUD) 99.1% effective</p>	<ul style="list-style-type: none"> An IUC is a small soft piece of plastic shaped like a “T” with a nylon string on it. It is placed in the uterus by your doctor 6 weeks or more after your baby is born. It stops egg and sperm from meeting (fertilization). It may also stop a fertilized egg from growing inside the womb. There are 2 types of IUCs. IUD has a thin copper wire wrapped around it. Hormonal IUS releases a small amount of progesterone. Talk to your doctor about to have an IUC inserted. 	<ul style="list-style-type: none"> Does not interrupt sex. Can stay in place for 3 to 5 years. A healthcare provider can take it out at any time. Can use it when breastfeeding. 	<ul style="list-style-type: none"> IUC might be available for a lower cost at a family planning or sexual and reproductive health clinic. Does not protect against STIs.



Your Baby's Health

Breastfeeding Your Baby

Breastfeeding is healthy for you and your baby. Breastfeed your baby as soon after birth as your baby wants. The more your baby breastfeeds, the more milk you will make.

Ask your doctor or midwife about breastfeeding your baby if you are positive for the HIV virus, are using alcohol, cannabis or drugs, or taking medicines.

Signs your baby is hungry:

- Moves their hands to his mouth.
- Makes smacking noises with their mouth.
- Crying is the last hunger sign.
- Try to feed before hunger (crying) begins.

**It is important to breastfeed often.
The more your baby feeds, the more milk you will make.
Your milk supply will decrease if you replace breastfeeding with bottle
feeding.**



Positioning Your Baby



Side-lying position



Cross-cradle position



Cradle position



Football or clutch position

- Calm your baby if they are crying. Babies feed best when they are quiet and alert.
- Unwrap your baby.
- Your comfort is important. Sit up as straight and tall as possible. Lengthen your spine. Support your back, arms, and feet by using pillows and a stool.
- Support your baby at the level of your breasts. Bring your baby to your breast, not your breast to your baby. Use pillows, towels, or a rolled blanket.
- Make sure your baby is facing you, tummy-to-tummy, or face-to-breast.
- Hold your baby so they are lying on one side, facing your breast, and tucked in close to your body.
- Your arm supports your baby's body. Your hand supports your baby across the shoulders and at the base of the head (behind the ears).
- The cross-cradle position and football holds often work best for correct latching in the first few weeks.
- The pictures on the left show different ways to position your baby while breastfeeding.

Latching Your Baby

Support your breast with your hand by sliding your fingers under your breast and placing your thumb parallel to your baby's mouth, well away from your areola (the dark area around your nipple). You may need to keep supporting your breast during feeding.



Figure 1

Figure 1

Start with your baby's nose opposite to your nipple.



Figure 2

Figure 2

Gently stroke your nipple against your baby's lips. Wait until your baby's mouth is open wide, like when yawning.



Figure 3

Figure 3

Tip your baby's head back slightly so that the chin touches the breast first.

Bring your baby to your breast by gently pushing on the shoulders, not the head. It may take many tries before your baby latches properly.



Figure 4

Figure 4

Press your baby's chin in close to your breast. Your baby's nose will be just touching your breast and they will be able to breathe. Do not press on your breast.

You will hear and see swallowing. Let your baby decide how long to breastfeed

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Breastfeeding Your Baby

	Breastfeeds per day	Wet diapers per day	Dirty Diapers per day	Breast Changes
First 24 hours after birth	Varies. Maintain skin-to-skin contact. Offer every 3 hours if your baby is not cueing to feed.	At least one.	At least one. Will be dark and sticky.	Usually soft.
Day 2	Increasing number of feeds. Continue to wake your baby if not cueing to feed.	At least two.	At least one to three. Will start changing to dark green.	Usually still soft, but may feel fuller.
Day 3	8 to 12 or more times in 24 hours.	At least three heavy, wet diapers.	At least one to three. Changing from green to yellow.	Noticeably fuller and heavier.
Day 4	8 to 12 or more times in 24 hours.	At least four to five heavy, wet diapers.	Four or more. Changing to loose, yellow, seedy, and easily passed.	Fuller. Softer after feeds. May leak milk.
After 4 days	8 to 12 or more times in 24 hours.	Six or more heavy, wet diapers.	Varies: at least four to five. Stools are loose, seedy, and easily passed.	Milk flows. The breasts soften after feeds.

When should I get help?

If your baby:

- Will not go to the breast
- Will only take a few sucks then falls asleep
- Has less than 6 heavy wet diapers in 24 hours (day 4 onwards)
- Has less than four yellow, seedy stools in 24 hours (day 4 onwards)
- Has hard stools that are not easily passed
- Feeds less than 8 times in 24 hours (day 3 onwards)
- Won't wake up to feed
- Is not back to their birth weight by 2 weeks of age

If you:

- Don't feel breast fullness (day 4 onwards)
- Don't hear swallowing when baby feeds (day 3 onwards)
- Have hard painful breasts that your baby can't latch on to
- Have painful nipples that are not getting better
- Have cracked or bleeding nipples
- Have nipples that are pinched or "squished" after feedings



What if I am formula feeding my baby?

Breastmilk is the best type of milk for your baby. Infant formulas are made from cow's milk that has been changed to give the nutrition your baby needs. Some types of formula are made from soybeans. Talk to your doctor or midwife about the formula that is safest and best for your baby.

If you decide to use formula:

Use a commercial infant formula. There are many brands you can buy. Choose a formula with the words "with iron" on the label.

Buying infant formula over the internet or from stores outside of Canada is not recommended. The formulas may not be safe or have the right nutrients for your baby.

Make sure you read the formula labels carefully.

The labels will tell you:

- the type of formula it is
- if iron has been added
- how to make the formula

Most brands of formula come in three forms:

1. Powdered formula:
 - Is not sterile
 - Follow the formula directions exactly
 - Use the scoops of powder and mix it with boiled, cooled water
2. Liquid concentrate:
 - Use equal amounts of boiled, cooled water and concentrate formula
3. Ready-to-Feed or Ready-to-Use:
 - Use right from the can. Do not add water.
 - Follow the directions on the label exactly. They will tell you how to mix, use, and store the formula. Your baby can get sick if the formula is not made correctly.
 - Use a glass bottle or a bottle that is BPA-free (does not have bisphenol-A). BPA is a chemical in some plastics that may hurt babies and young children.

**Remember to
cuddle and hold
your baby when
you use a bottle to
feed your baby.
Your baby will feel
your love.**

If your baby is less than 4 months old:

- 1. Sterilize all equipment used to make and store formula before you use it.**
- 2. Boil water for 2 minutes then let it cool.**
- 3. Mix it with the powder or liquid concentrate formula.**

Questions You May Have About Feeding Your Baby

1. How long should I feed my baby breastmilk or formula?

Breastfeed your baby for as long as you both want. If you are not breastfeeding, you should give formula to your baby until they are at least 9 months old.

2. What if I breastfeed my baby and decide to stop?

If you stop breastfeeding (wean) your baby before 9 months, use an infant formula with added iron.

3. Can I make homemade formula?

This type of formula is not recommended. It does not have all the nutrients your baby needs to grow and develop properly.

4. What about regular cow's milk like homo or 2%?

Whole cow's milk (homo) should not be used until your baby is at least 9 months old. Babies need the extra fat from homo milk to stay healthy. Lower fat milks should not be given before your child is 2 years old.

5. When will my baby need other food?

Your baby will need solid foods with iron around 6 months of age. Giving cereal or baby foods too early will not help your baby sleep through the night. Breastmilk or formula is all your baby will need for the first 6 months. If your baby was born early (preterm) or has health problems, talk to your doctor for more information.

6. What about vitamins?

All babies should be given a 400 IU vitamin D supplement. Talk to your doctor for more information.

7. Is it good to feed the baby all the formula I put in the bottle?

Making your baby drink everything in the bottle is "force feeding". This can upset your baby. Let your baby decide when they are full. Throw out any milk left in the bottle after feeding.

8. How will I know if my baby is getting enough food?

You can tell if your baby is getting enough food if they have 6 to 8 wet diapers per day (after day 4). Your baby should be gaining weight and return to their birth weight by 14

days.

9. Can I leave my baby alone with a bottle if I am too busy to hold him?

No. Your baby may choke if not watched carefully when feeding. Propping a bottle will take away from time spent between you and your baby. It may also cause baby bottle tooth decay. Never put your baby to bed with a bottle.

10. How do I prevent baby bottle tooth decay?

Feed your baby milk in a bottle before they go to sleep. Never prop baby bottles at sleep time. Do not dip soothers in honey or other sweet foods.

11. What type of formula should I use?

Formula with added iron is recommended to help prevent anemia (low blood iron).

12. What brand of formula should I use?

There are many brands of formula. Some brands cost less than others. Your doctor can help you choose a formula.

13. Do I need to give a special formula to my baby?

Special formulas are used if your baby has medical problems, such as allergies. Only use it if your doctor tells you to.

14. Is it okay to switch from one kind of formula to another?

No. Always check with your doctor first. Switching formulas can upset your baby's stomach.

15. Will my baby need extra water?

Breastmilk or formula is all your baby needs for the first 6 months to be healthy.

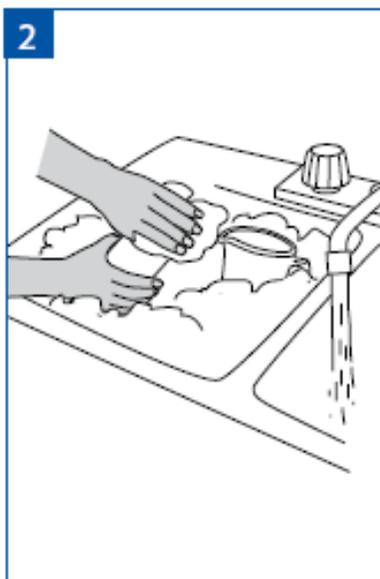
16. Can I add more or less water to formula than the directions say?

No. Follow the directions on the formula can exactly. Your baby may get sick if the formula is not made correctly.

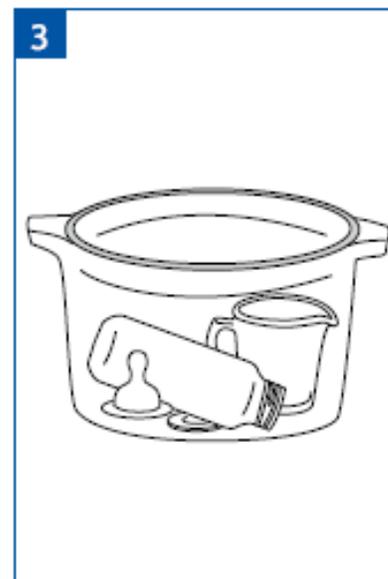
How to clean and sterilize feeding equipment



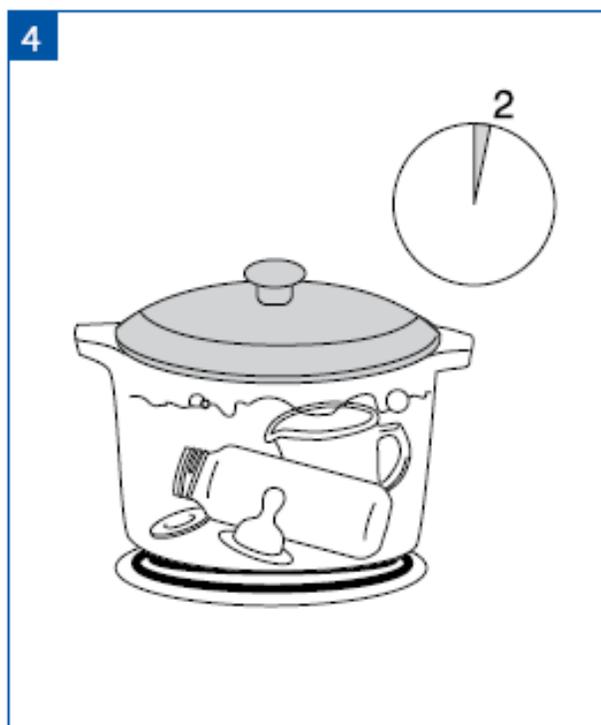
1 Wash your hands with soap.



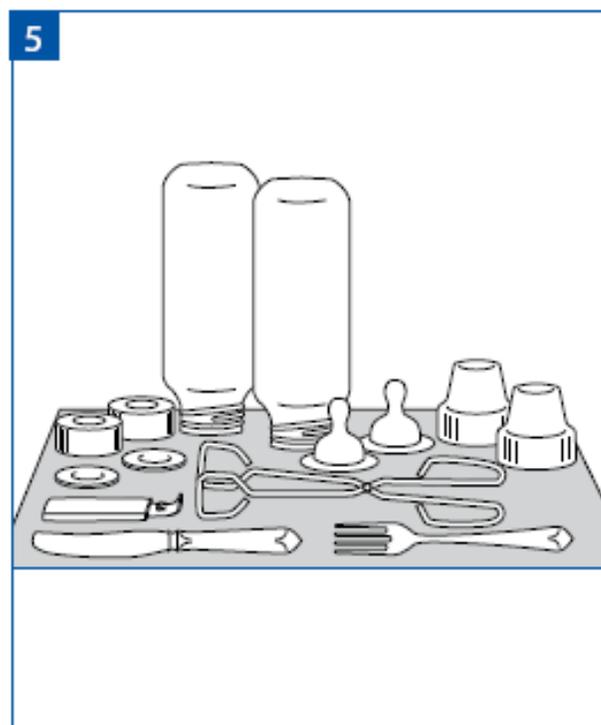
2 Wash all items in warm soapy water. Rinse everything well.



3 Put all items in a large pot. Cover items with water.



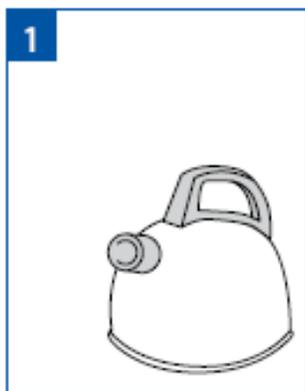
4 Put lid on pot. Boil for 2 minutes.



5 Remove items with tongs. Put items on a clean paper towel. Let cool.

The formula illustrations were adapted with permission from City of Toronto, Department of Public Health.

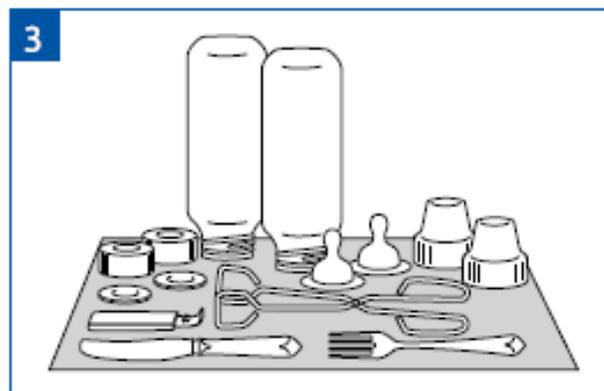
How to make powdered formula



1
Boil water for 2 minutes.
Cool.



2
Wash your hands with
soap.



3
Use sterilized items.



4
Read directions on can to
find out the correct amount
of powder and water needed.



5
Pour water into
sterilized measuring
cup.



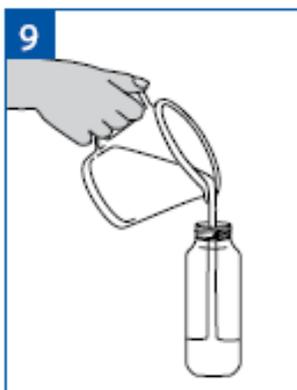
6
Fill scoop with
powder. Level with
knife.



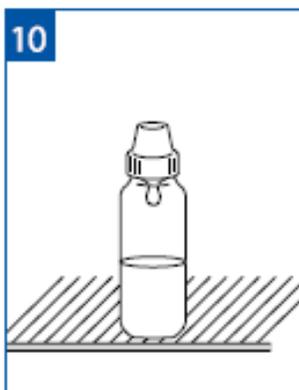
7
Add the correct
number of scoops of
powder as directed.



8
Mix well.



9
Pour formula into bottles.

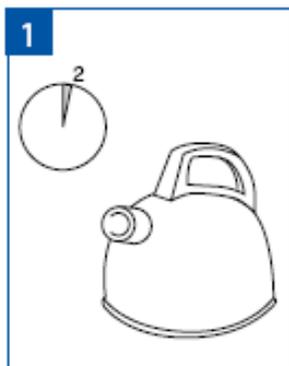


10
Use the instructions on
label for storing
prepared formula. Do
not leave prepared
bottles at room
temperature.



11
Cover can with plastic
top. Store according
to instructions on
label.

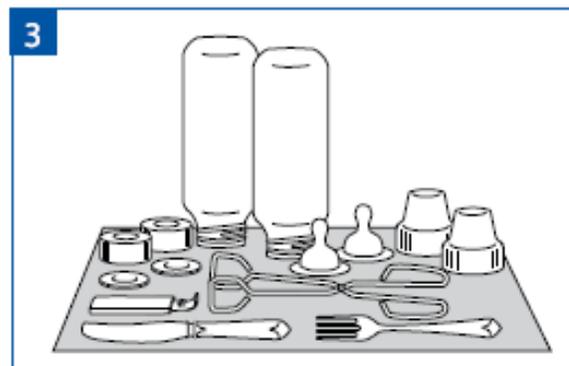
How to make liquid concentrate formula



1 Boil water for 2 minutes.
Cool.



2 Wash your hands with
soap.



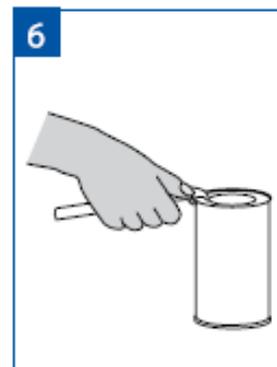
3 Use sterilized items.



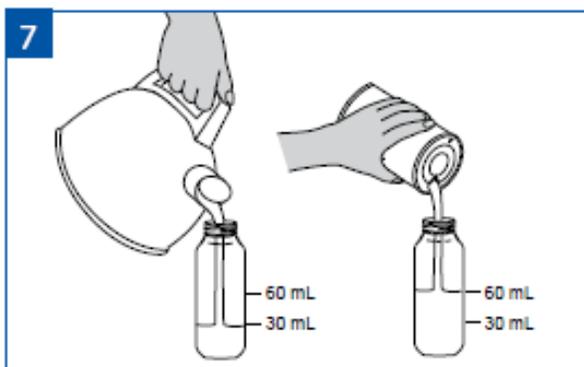
4 Rinse top of can with water.



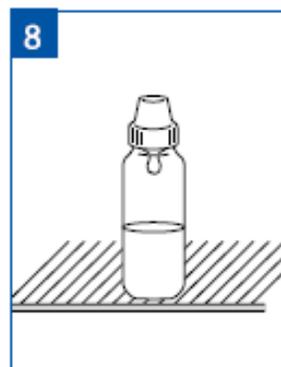
5 Shake can.



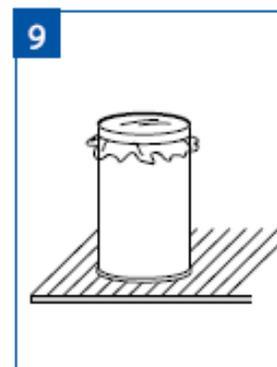
6 Open with sterile can
opener.



7 Pour equal amounts of cooled water and formula
into each bottle.



8 Use formula right away or
refrigerate bottles. Follow
instructions on the label
for storing prepared
formula. Do not leave
prepared bottles at room
temperature.

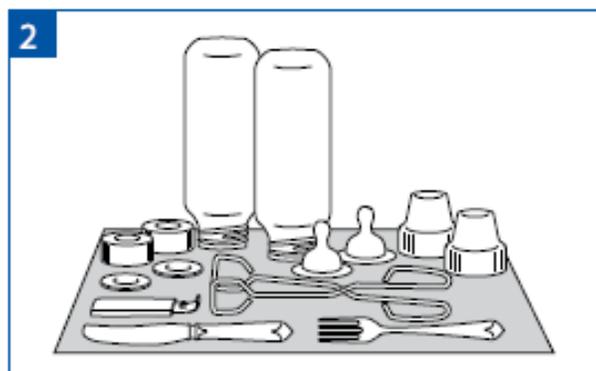


9 Tightly cover open can
and refrigerate. Use
within the time
recommended by the
manufacturer.

How to make ready-to-feed formula



1 Wash your hands with soap.



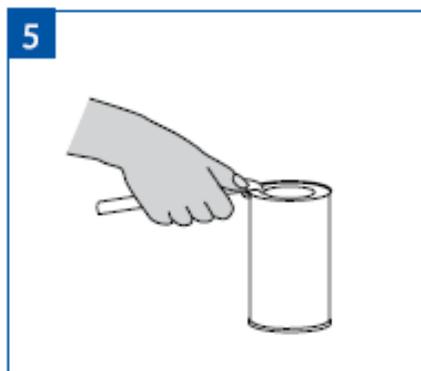
2 Use sterilized items.



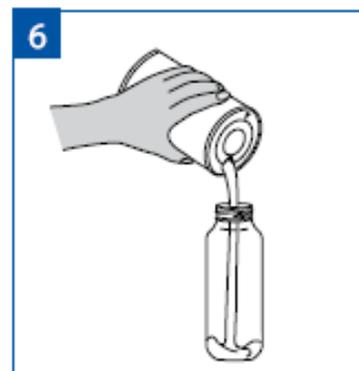
3 Rinse top of can with water.



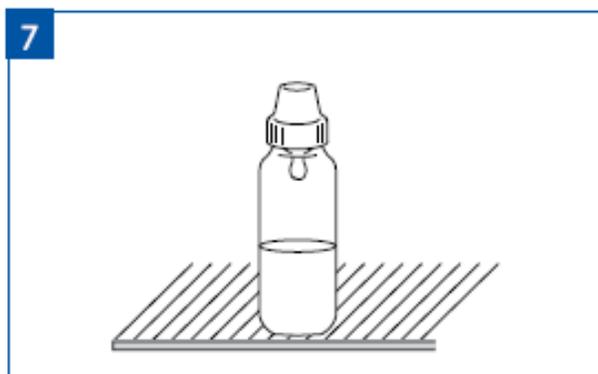
4 Shake can.



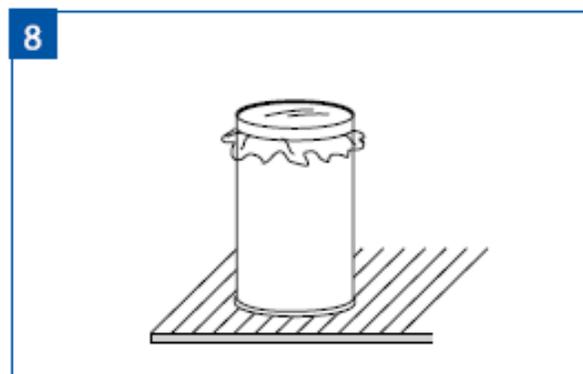
5 Open with sterile can opener.



6 Pour amount of formula for one feeding into each bottle. **DO NOT ADD WATER.**

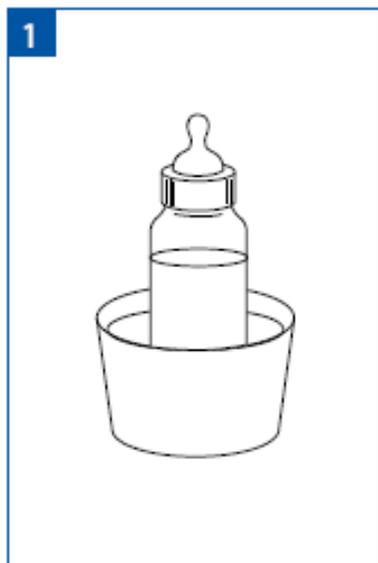


7 Based on manufacturer's instructions, use formula immediately or refrigerate bottles. For refrigerated formula, store according to the time recommended by the manufacturer. Do not leave prepared bottles standing at room temperature.



8 Tightly cover open can and refrigerate. Use within the time recommended by the manufacturer.

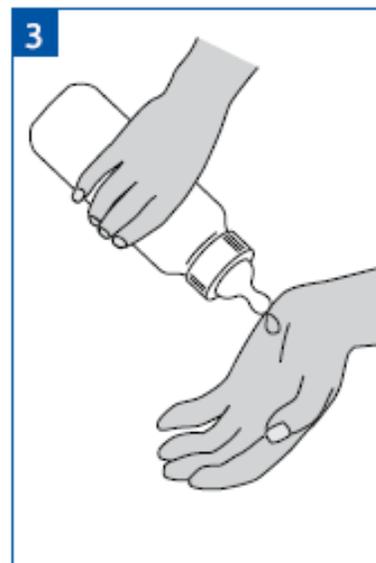
How to feed formula to a baby



1 Warm bottle of formula in bowl of warm water.



2 Shake bottle.



3 Test temperature on your wrist to make sure it is not too warm.



4 Keep bottle tilted upward so nipple is full. Burp baby as needed.



5 Throw out any milk that your baby does not drink in 2 hours.

Common Concerns You May Have About Your Baby

Jaundice

After birth, babies have extra red blood cells they do not need. As these cells break down, they release a substance called bilirubin. Bilirubin may make your baby's skin, and sometimes the white part of your baby's eyes, look yellow (jaundiced).

About half of all babies develop this type of jaundice at 2 to 3 days of age. A few babies may need treatment under special lights (phototherapy) to help reduce the bilirubin level.

Sometimes a baby becomes jaundiced in the first 24 hours. This type of jaundice is usually due to a difference between your blood group and your baby's blood group. Your baby may need phototherapy.

Jaundiced babies may be sleepy and may not feed well.

You can help reduce jaundice by:

- feeding your baby often for as long as they want, offering both breasts at each feeding
- waking and feeding your baby every 3 hours for about 2 weeks after birth

Even with good feedings, about half of all babies become jaundiced.

**If you are concerned that your baby may be jaundiced,
or if your baby is very sleepy or not feeding well,
contact your public health nurse or doctor right away.**

Temperature

Taking your baby's temperature with a thermometer is the best way to tell if your baby's temperature is normal (not too high or too low).

For babies 0 to 28 days old a normal temperature (under the arm) is 36.5 °C to 37.5 °C.

Fever means that your baby's body is reacting to something such as an illness. Fever itself will not harm your baby. In fact, fever is one way your baby's body fights an infection.

Take your baby's temperature with a thermometer if your baby:

- feels hot to the touch or is flushed
- feels cool to the touch when fully dressed
- is fussier than usual
- seems to be sick
- is not feeding well
- is sleeping shorter or longer than usual

Temperature conversion chart – Fahrenheit to Centigrade

Fahrenheit	Centigrade	Fahrenheit	Centigrade
96.8 °F	36.0 °C	102.2 °F	39.0 °C
97.7 °F	36.5 °C	103.1 °F	39.5 °C
98.6 °F	37.0 °C	104.0 °F	40.0 °C
99.0 °F	37.2 °C	104.9 °F	40.5 °C
99.5 °F	37.5 °C	105.8 °F	41.0 °C
100.4 °F	38.0 °C	106.7 °F	41.5 °C
101.3 °F	38.5 °C	107.6 °F	42.0 °C

Go to the emergency department of the closest hospital right away if:

- Your baby has trouble breathing
- Your baby is less than 3 months old and has a fever of 37.6°C or higher
- Your baby is less than 3 months old and has a temperature of 36.4°C or lower
- Your baby seems sick
- Your baby has a fever and a rash
- You are worried about your baby

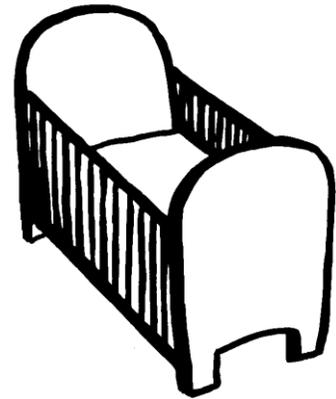
If you are not sure what to do if your baby's temperature is lower or higher than normal, call Health Link Alberta (811) anytime.

Infant Safety

Below are important safety tips for the first few weeks your baby is home. Ask your public health nurse for more information as your baby grows.

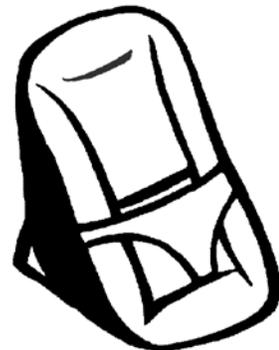
Cribs and playpens

- Cribs made before September 1986 are not safe. Don't use a crib that has no date on it.
- Don't use a crib with a side that moves up and down because they are not safe.
- Follow all instructions for setting up the crib. You can find instructions in the manual or on the company website.
- The mattress should be firm and fit snugly. If two fingers fit between the mattress and the side of crib, the mattress is too small.
- Never put pillows, positioning devices, bumper pads, quilts, duvets, or toys in the crib.
- Place the crib and playpen away from long mobiles or blind/curtain cords that a baby could get tangled in.
- Never put a baby wearing a bib in a crib or playpen.
- Playpens are designed for supervised play. They are not designed for unsupervised sleep.



Baby lounger

- It should have a wide and sturdy non-slip base.
- It must have safety straps.
- Do not put it on a table—use it only on the floor.
- Never use in a car, truck, or van.



Pacifiers (soothers)

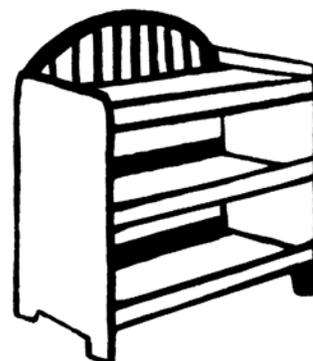
Pacifiers are not recommended when breastfeeding is just getting started. Using pacifiers at this time can reduce milk supply and cause problems learning to breastfeed.

- Never tie a pacifier around a baby's neck or on their clothing.
- Replace the pacifier every 2 months, sooner if the rubber shows signs of wear.
- Make sure the nipple and base of the pacifier cannot come apart.
- Never coat the pacifier with honey, other foods, or sweeteners.
- Do not put the pacifier in your mouth.



Falls

- Never leave your baby alone on a change table, sofa, bed, or shopping cart. Even young babies can roll over, move quickly, and fall off.
- If you must leave, even for a minute, put your baby safely in the crib or take them with you.
- Do not use baby walkers for any reason.
- Use approved safety gates at the top and bottom of all stairs.
- Mount gates that are at the top of stairs to the wall.



Car seats

- It is the law that a child less than 6 years old and weighing less than 40 pounds (18 kg) must use a Canadian Motor Vehicle Safety Standard (CMVSS) approved car seat when travelling in a car or truck. You must have a car seat to take your baby home from the hospital.
- See pages 109 and 110 to learn more about safety seats.



Safe Sleep and SIDS (Sudden Infant Death Syndrome)

SIDS is the sudden, unexpected death of a healthy baby less than 1 year old, usually when sleeping. There are simple things that you can do to help your baby sleep safely.

- The Canadian Pediatric Society and Alberta Health Services recommend that babies in their first year of life sleep in their own crib, and on their backs.
- Put your baby to sleep on a firm Canadian Standards Association (CSA) approved mattress in their crib, not a soft surface like a sofa, waterbed, bean bag, or down comforter.
- Keep your baby's crib in your room (room-share) until they are 6 months old.
- There is no way to make a 100% safe sleep environment in an adult bed.
- A light blanket and a warm sleeper are all you need to keep your baby warm at night.
- Don't use soft materials like pillows, quilts, comforters, sheepskins, stuffed toys, or bumper pads in your baby's sleeping space.
- Make sure no one smokes in your home.
- Car seats are for keeping babies safe during travel. Take your baby out of the car seat for sleep when you arrive.



Take the Child Safety Seat YES Test: Rear Facing



Rear-facing

Take the Car Seat YES Test

A rear-facing seat provides the best protection for a child's head, neck and back in a sudden stop or crash. Using a car seat properly is required by law in Alberta. Use the YES test to help you properly install the car seat in your vehicle and buckle up your child correctly every time.

Push, pull and adjust the seat until you can check each item that applies to your child's car seat.

Who should be in a rear-facing car seat?

- A child is safest in a rear-facing car seat until they are at least 2 years old or reach the maximum weight or height limit for the rear-facing seat (as stated by the manufacturer).
- Rear-facing car seats that have higher weight and height limits are preferred and will keep your child in the safer, rear-facing position beyond age 2.



Getting ready

- I've read the instruction booklet that came with the car seat.
- I've read my vehicle owner's manual on how to install a car seat.
- I've checked the labels on the seat to find the maximum rear-facing weight and height limits. My child's weight and height are under the limits.
- My child's car seat is in the back seat.
- I never place the car seat in front of an airbag.
- My child's car seat is approved to be used in Canada and has a CMVSS label.

Securing the car seat

There are 2 ways to secure the car seat.

Either

- I'm using the **Universal Anchorage System (UAS)** to secure the car seat.
 - I've checked my vehicle owner's manual for the correct UAS anchor locations.
 - The UAS belt goes through the **rear-facing belt path** on the car seat or base and is attached to the UAS anchors.



Or

- I'm using the **seat belt** to secure the car seat.
 - I've checked my vehicle owner's manual for how to lock the seat belt for use with a car seat.
 - The seat belt goes through the **rear-facing belt path** on the car seat or base and is buckled up.
 - If the seat belt doesn't lock, I've used a belt lock or locking clip.

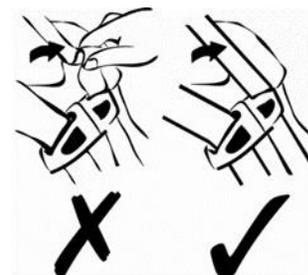


For either UAS or seat belt installation:

- I've pushed down on the car seat or base and pulled the UAS belt or seat belt tight.
- The car seat moves less than 2.5 cm (1 inch) in any direction.**

Buckling your child in the car seat:

- The slots the harness straps go through are at or just below my child's shoulders.
- The chest clip is at the level of my child's armpits.
- The shoulder harness lies flat with no twists.
- The harness is snug—I can't pinch a fold in the harness strap.



Being safe:

- My child rides in the car seat every trip.
- If the car seat has a carry handle, I put it in the travel position.
- I've sent in the registration card and checked for recalls on my child's car seat. Recall information is available from Transport Canada at 1-800-333-0510 or at www.tc.gc.ca/roadsafety (search for child safety).
- If needed, I'll get a larger car seat, with higher rear-facing weight and height limits, so I can keep my child rear-facing as long as possible.
- When my child outgrows the rear-facing seat, I'll move them to a forward-facing car seat.



Q: My child's knees are bent, is it still safe to use a rear-facing car seat?

A: Yes, injuries to the legs are very rare when children ride in rear-facing seats.



If you answered “YES” to all of the statements, you're ready for travel! If not, check the instruction booklet for your car seat as well as your vehicle's owners manual for the exact installation instructions.

For more information:

- Go to www.healthyparentshealthychildren.ca (search for car seats)
- Go to www.myhealth.ab.ca (search for car seats)
- Call Health Link at 811



Best Beginning 2021 Edition

