

Going Home With Baby



Congratulations on the birth of your baby! This booklet contains important information that will help you return home safely. It includes topics that most mothers and partners have questions about after the birth of their baby.

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Information provided by this document is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute for medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.

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**Office d'éducation des patients
Patient Education Office**

This material is also available on the site of the
MUHC Patient Education Office
muhcpatienteducation.ca





Going Home With Baby

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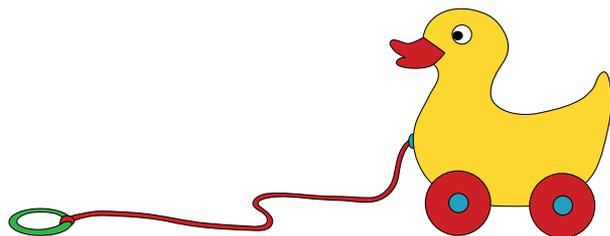
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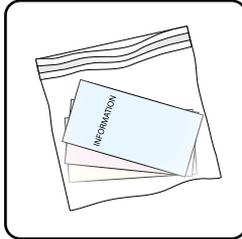
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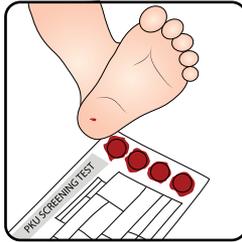
Before you go home, make sure that:



You watch the postpartum videos about:
-Mother care
-Infant care (includes a baby bath demonstration)
-Breastfeeding



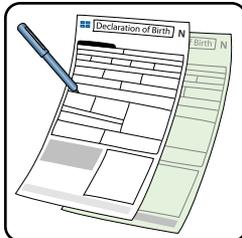
You have your Postpartum Package
- If not, ask your nurse about this.



The Newborn Screening blood test has been done when your baby was at least 24 hours old. You received the slip to do the urine screening test at home and it was explained to you (see page 44).



The hearing test for your baby was done around 24 hours old.



You received your Declaration of Birth form. Be sure to keep the green parent's copy when you mail the forms. If you have any questions, you may go see the admission's clerk Monday to Friday from 7 am to 4 pm in room C06.1250.



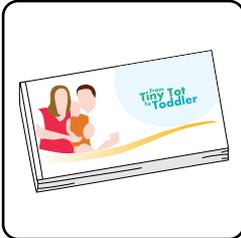
If you're breastfeeding, a Vitamin D prescription has been given to you for your baby.



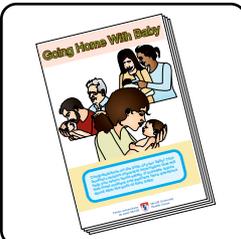
Your baby's vaccination booklet has been given to you (your baby's birth weight, measurements and discharge weight will be recorded in it). Keep it safe because all your child's vaccinations will be recorded in it. Bring it with you to all visits with a health care provider.



You have received the teaching on shaken baby syndrome and your 3 cards.



You ask for a copy of the Tiny Tots to Toddler book if you have not already received it early on in your pregnancy.



This booklet has been reviewed with you and your questions have been answered.



Have a car seat. It is the law!

Please read the information guide that came with your car seat. This will help you to put your baby safely in the seat.

Mother

When should I visit my doctor after having my baby?

Once you have gone home, you will need to call your doctor (obstetrician) to make an appointment in 4

to 6 weeks. If there were difficulties when you gave birth, or if your doctor has any concerns, they may want to see you sooner.



Taking care of yourself after having your baby

Once you have your baby, your body continues to go through changes after birth. The time after the birth of your baby is called the postpartum period. The next few pages describe some of the main changes that you will see.

What will normal postpartum bleeding (called lochia) look like?

After giving birth by cesarean or vaginally, it is normal to continue to have some bleeding. The information below will help you to know what is normal.

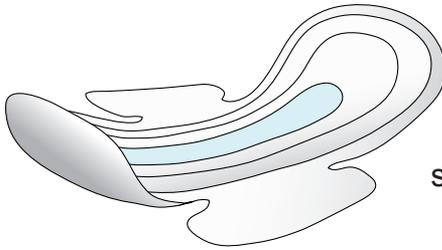
Days 1 to 3: The bleeding in the first couple of days will appear bright red and will be more than what you might expect during your normal period.

Days 3 to 10: At this time, it is normal for your bleeding to change to a pinkish brown colour. It might look like the kind of bleeding you see at the end of your period.

Days 10-21 or longer: You will notice a yellowish-white discharge rather than bleeding. This is normal and may last up to 21 days postpartum or longer (up to 6 weeks postpartum).

Small clots at times are normal (smaller than the size of an egg), as long as your bleeding lessens after passing the clot.

There should be no bad smell at anytime. Your bleeding should smell about the same as your regular period. Do not use tampons or douche during this time, use sanitary pads.



sanitary pad

Seek medical attention right away if you:

- **soak 1 regular sanitary pad in 1 hour, two times in a row**
- **have bad smelling vaginal bleeding or discharge (lochia)**
- **have abdominal pain that does not go away**
- **pass several blood clots bigger than the size of an egg**
- **you get a fever of 38° C (100.4° F) or higher**

Sore perineum (area between vagina and anus)

Your perineum may be sensitive for about 2 weeks after you give birth. To care for your perineum:

- Use your peri-bottle (the bottle given to you by the nurse in the hospital) to rinse each time you go to the bathroom.
- Do not use tampons or douches until vaginal bleeding has stopped. Use sanitary pads for the bloody flow (lochia) or heavy discharge (usually about 4-6 weeks).
- Change your sanitary pad each time you go to the bathroom or at least every 4 hours.
- You can safely take baths as soon as you get home after giving birth, unless your doctor has told you not to. Take a shower or bath every day. Do not use oil or bubble bath.
- Continue to use any creams for pain that were provided to you in the hospital as needed.
- Always wipe from front to back.
- Wash your hands before and after using the toilet.
- If you have a burning feeling when you urinate because of urine going over your stitches, try spraying warm water with your peri-bottle as you urinate. (Note that if you have a burning feeling when you urinate, need to urinate very often (frequently) and you are having a hard time holding in your urine (urgency) – you may have a urinary tract infection. Call your doctor or the birthing center triage (extension 34770)).

You may also take acetaminophen (e.g. Atasol™, Tylenol™) for comfort. You can also ask your doctor if you can take ibuprofen (e.g. Advil™, Motrin™). These medications will help decrease pain and are not dangerous for your baby when breastfeeding.



Kegels

You can exercise your perineum to strengthen the muscles. Doing these exercises can help you have better control over your urine and prevent leakage. These muscles also support your uterus and the inside of your belly. Several times a day, squeeze those muscles (as if you were holding in urine) for 5 seconds, and then relax for 5 seconds (**Note: do not make a habit of starting and stopping your urine flow as this can cause a urinary tract infection**). Work up to squeezing your muscles for 10 seconds and then relaxing for 10 seconds. Try doing this 10 times in a row, 3 times a day. You can begin Kegel exercises the day after you have your baby.

Swollen breasts (having your milk come in)

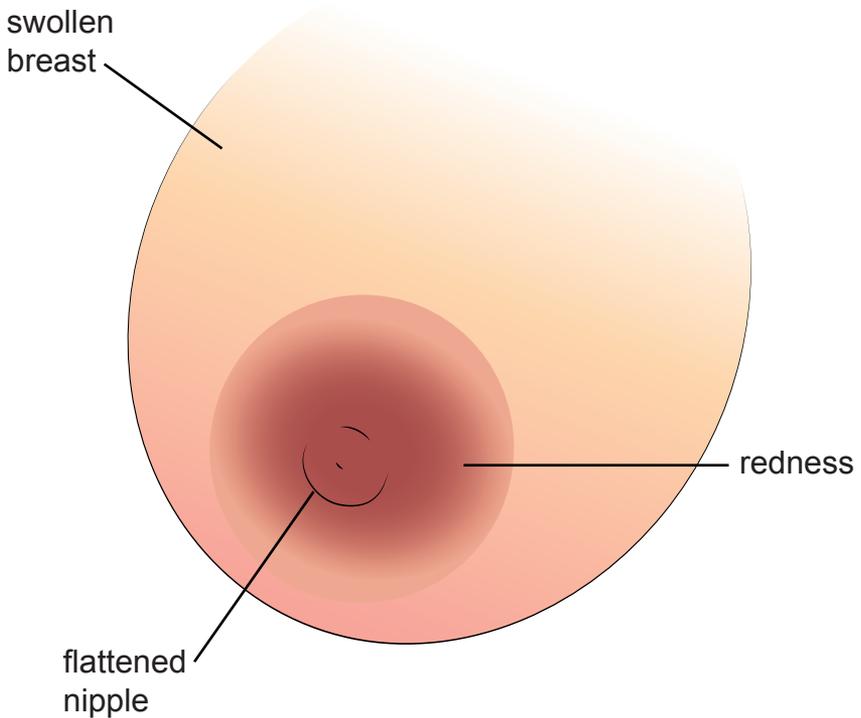
You will likely experience some swelling of your breasts when your milk first comes in. This usually happens the 3rd to 5th day after you had your baby. You will notice that your milk looks different and that you make a lot more milk. Your breasts may also feel warmer and you may find that your breasts get larger. It does not mean that your breasts are full of only milk because there is also normal swelling that happens as your breasts get ready to make more milk.

Most women have some discomfort at this time but some do not. It can get especially uncomfortable if your breasts become engorged. If your breasts become **engorged**, your breasts will feel hard, warm, be more swollen and may be sensitive, uncomfortable and even painful. Your breasts may also be red and you may feel throbbing in your breasts and your nipple might look more flat. Engorgement should not last longer than 24 to 48 hours. If engorgement lasts longer, it can lead to blocked milk ducts or a breast infection (called mastitis). A breast infection is usually associated with a fever.

What can I do to prevent breast engorgement or ease the discomfort?

- Breastfeed your baby more often, especially when your milk is first coming in (3rd to 5th day after birth), do not skip any breastfeeding.
- If your baby has trouble to latch on, express some milk with your hand. Only express enough milk to soften the dark area around your nipple (the areola) to make your breasts feel more comfortable. When you are expressing milk with your hand to soften your areola, be sure not to empty your breasts as this may increase the engorgement. Of course any time your baby feeds, let baby feed until baby comes off on his/her own.

- Do not give baby bottles or pacifiers.
- Apply cold compresses for 10-15 minutes every 1 to 2 hours between feeds, to help reduce swelling and discomfort.
- You may take acetaminophen (e.g. Atasol™, Tylenol™) for comfort. You can also ask your doctor if you can take ibuprofen (e.g. Advil™, Motrin™). This will help decrease pain and is not dangerous for your baby.



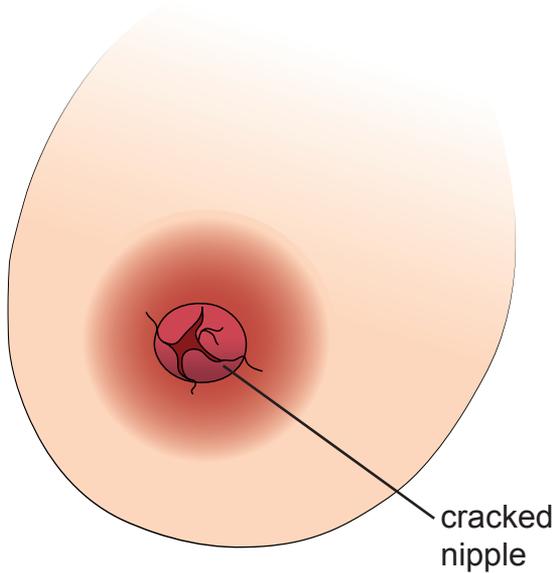
What can I do if I have sore or cracked nipples?

A good latch will help prevent painful or cracked nipples. Pain may be a sign that the baby is not latched well, so ask your health care professional for help. If your baby is well latched (not just on the nipple) then baby will get more milk.

What you can do:

- Improve the latch (seek help if needed from your CLSC nurse or a lactation consultant).
- Start breastfeeding with the less sensitive breast.
- After breastfeeding, take out a few drops of your milk with your hand and gently rub onto your nipples (breast milk has natural healing features).
- Use different breastfeeding positions (that way the pressure on the nipple changes and is not always in the same spot).
- Allow your nipples to air-dry after feeding, and/or wear a soft-cotton shirt.
- Avoid wearing bras or clothes that are too tight and put pressure on your nipples.
- Change breastfeeding pads often to keep away moisture. Only use cotton pads.
- Avoid using soap or other chemicals on your nipples. Washing with water is all you need to keep your nipples and breasts clean.

- You may also take acetaminophen (e.g. Atasol™, Tylenol™) for comfort. These medications will help decrease pain and is not dangerous for your baby.
- Special ointments or creams may also provide relief, but won't solve the problem.



Waiting too long to feed your baby because of pain can cause your breasts to become too full. This may lead to engorgement, blocked milk ducts, or even a breast infection. Make sure that your baby has a good latch; this is the most common cause of nipple pain and cracks.

If your nipples do not get better after fixing the latch, see your health care provider. You may require more care.

What should I eat? Nutrition and food

You should eat a mix of food every day from the 4 food groups:

- **fruits & vegetables**
- **grain products**
- **dairy products and dairy substitutes**
- **meat and meat substitutes**



For more information on healthy eating with a baby, find the MUHC Maternal Cardiovascular Clinic's **Health Hearty Habits after Pregnancy** booklet at: muhcpatienteducation.ca

When you're breastfeeding:

Breastfeeding uses up more calories so eat regularly and eat enough. Snack if you are hungry. You should increase your intake by 350-400 calories per day (that is equal to about 2-3 more servings of any food from Canada's Food Guide) as you need extra energy to produce breast milk. Drink at least 8 glasses (2 litres) of non-caffeinated fluid per day.



Multivitamin

Continue to take your prenatal vitamins while breastfeeding to meet your needs for nutrients like folic acid and Vitamin D. Take your prenatal vitamins until your postpartum check-up or until your health care provider tells you to stop.

Caffeine

Most breastfeeding women can eat or drink less than 300 mg of caffeine per day, without it affecting their baby. Examples of sources of caffeine are:



Coffee
(approximately
100 mg per cup)



Tea
(approximately
50 mg per cup)



Cola
(approximately
25-75 mg per cup)



Chocolate
(60-80 mg
per 100 g portion)



Energy drinks

Energy drinks are not recommended during breastfeeding because they contain other ingredients that may be harmful to your baby.

Alcohol

When you drink alcohol, it passes to your baby through your milk. Drinking alcohol can also bring down your milk production. One regular drink of alcohol takes 2 to 3 hours to leave your body. By waiting 2 to 3 hours after you have had a drink before you next breastfeed, you can lessen the alcohol going to your baby. *See your *From Tiny Tot to Toddler* book for more information on this topic.



How do I know if I'm constipated?

You may find it hard to pass stool (constipation) after having your baby because of hormones, medications, lack of activity and dehydration. You might not have a bowel movement for 2 or 3 days after a vaginal birth and up to 5 days after a caesarean birth. You may be constipated if you have not had a bowel movement after this time.

What can I do if I am constipated?

- Eat a lot of fibre-rich foods (whole grains, fruits, vegetables, nuts, bran cereal, etc.).
- Drink a lot of fluid (at least 6 to 8 glasses of non-caffeinated fluids per day).
- Go to the toilet as soon as you feel you have to go (holding it in can make it worse).
- Drink prune juice or eat prunes (high in fibre).



Relax when you are having a bowel movement. Your stitches (if you have any) will not open.

If the above tips do not help, over-the-counter medicines and stool softeners can be used as directed by your health care provider. Use a fibre-based product like Metamucil™ (please remember to drink enough fluids).

After birth, when do we need to start using birth control?

Whether or not you are breastfeeding, you should think about birth control early on. If you are breastfeeding, you should not rely on breastfeeding alone to prevent pregnancy.

The following are birth control options you may consider whether or not you are breastfeeding:

- Condoms
- Intrauterine device (IUD)
- Progestin-only pill (also called the mini pill)
- Contraceptive injection (Depo-Provera™)
- Diaphragm or cervical cap (to be used only after six weeks to let all the pregnancy-related changes finish so that your doctor can find the right size for you).
- Combined hormonal contraceptives (the pill). Other examples include patches or vaginal rings containing estrogen and progestin). It is recommended to wait at least 6 weeks after delivery before using this method.

If you're using hormonal contraceptives (the pill, progestin-only pill, contraceptive injection, levonorgestrel IUD), pay attention to how much milk you are making and how your baby is growing. If you notice any problems, contact a health care provider.

If you're breastfeeding and want to use the Lactation Amenorrhea Method (LAM method), a birth control method that requires only breastfeeding and other conditions to be met during the first 6 weeks postpartum- get specific help from your health care provider.

When can we start having sex?

Whether you had a vaginal or caesarean birth, your body will need time to heal. Most health care providers recommend waiting 4 to 6 weeks after having a baby before having vaginal intercourse. This allows time for the cervix to close, the bleeding after having a baby to stop, tears to heal, and lessens the chance of infection. The other important factor is your own personal comfort and how you are feeling. Some women feel ready to start having sex within a few weeks after giving birth; others need a few months — or even longer. Factors such as fatigue, stress and fear of pain may also affect your desire for sex.

Rest and sleep

Be patient with yourself as you are recovering from the birth of your baby. Use the first few days after the birth to rest and recover. You should take the time between your baby's feedings to rest. Ask for help from family members or friends, this will let you have more energy and prevent you from being too tired. Your baby will continue to wake up at night often, this is normal, so you should also rest in the day when baby is sleeping. You can nap twice a day or more, depending on your needs. It is recommended for you to keep napping in the day for as long as your baby wakes up at night.



Did you know?

Mothers who breastfeed exclusively sleep more and have better sleep quality than mothers who bottle-feed or give mixed feeding (i.e. breast and bottle).



Exercise: when can I start?

Most women lose about 10 lbs/4.5 kg or more after giving birth (this includes the weight of the baby, the placenta and amniotic fluid). After this, it is common to lose 2-4 lbs/1-2 kg a month. It may take six months or even longer to return to your pre-pregnant weight, whether you are breastfeeding or not. Even then, your weight might be placed in a different way than it was before your pregnancy.

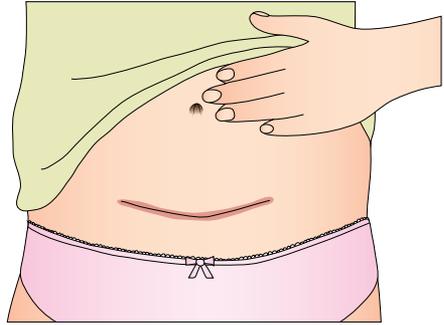
If you were exercising before and during your pregnancy and had no problems with your vaginal delivery, it is generally considered safe to start exercising after 2 weeks or as soon as you feel ready. But, if you had a c-section, had a lot tearing, or had a complicated birth, talk to your doctor about when to start exercising.

For more information on exercising with a baby, find the MUHC Maternal Cardiovascular Clinic's **Health Hearty Habits after Pregnancy** booklet at: muhcpatienteducation.ca



I had a c-section (caesarean), what do I need to know?

Even though you might go home by the 2nd or 3rd day, it usually takes 4 weeks or more to fully recover.



If you had a Caesarean section:

- You will need to take it easy until your incision heals.
- Don't lift anything heavier than your baby until your doctor says it is okay.
- Stay away from doing tough activities like biking, jogging, weight lifting, and aerobic exercise for 6 weeks or until your doctor says it is okay.
- Take pain medication as prescribed by your doctor for the pain in your lower belly.
- Use sanitary pads for the vaginal bleeding. Do not use tampons until your doctor says it is okay.
- Holding a pillow over your incision when you cough or take deep breaths may help support your belly and decrease your pain.
- You may shower or bathe as usual, unless your doctor has told you not to. Use mild soap and water on the incision; however, do not use oils or take bubble baths. Rinse well. Pat the incision dry when you are done.
- Call your doctor or the birthing center triage (extension 34770), if you have any problems or signs of infection, such as a fever, pus oozing from your incision, a lot of redness and swelling around your incision or if your pain becomes much more.

What is postpartum “baby” blues? How do I know if I have it?

After the birth of your baby, your body goes through many changes. You may find yourself having sudden mood changes like crying for no reason, or feeling sad and easily upset. Many women (70 to 80%) have this in the first few days after having a baby and it’s called the “baby blues”. The “baby blues” is usually the worst around the 4th day after having your baby but should go away by the 2nd week. The signs of postpartum blues are not as serious as those of postpartum depression and treatment is not usually needed.

The following tips can help with the “baby blues”:

- Nap while the baby sleeps.
- Ask for help from your partner, family members, and friends.
- Talk with other moms and/or join a support group with other moms. Your local CLSC might offer such support, call them and find out.

If you have the blues for more than 2 weeks, you may be at risk of postpartum depression (see page 24).



How can I tell if I have more than just the baby blues? (postpartum depression)

Postpartum depression can happen anytime in the first year after having a baby. The difference between postpartum depression and the “baby blues” is that the feelings in postpartum depression are much stronger and affects a woman’s daily life. Postpartum depression needs to be treated by a health care professional.

Any of these signs that last more than 2 weeks can mean that you have depression:

- Feeling restless or irritable.
- Feeling sad, hopeless, and overwhelmed.
- Crying a lot.
- Having no energy or motivation.
- Eating too little or too much.
- Sleeping too little or too much.
- Trouble focusing, remembering, or making decisions.
- Loss of interest or pleasure in activities.
- Not wanting to be around friends and family.
- Anxiety and panic attacks.

- Being afraid of hurting the baby or yourself.
- Not being able to care for yourself or the baby.
- Loss of interest in caring for the baby.
- Feeling worthless or guilty because you feel you are not taking care of the baby well enough.

Speak to your health care provider if you are having signs of depression. Postpartum depression needs to be treated. Counselling, support groups and medication can help.

If you feel you are about to harm yourself, your newborn, or anyone else, call 911, go to the Birthing Center Triage (if it is within the first 6 weeks of baby's birth), ER (if it is after 6 weeks from baby's birth) or get help right away from a relative, friend or neighbour.



When to seek medical attention

You must go to the Birthing Center (ext. 34770) within the first 6 weeks of your baby's birth if you get any of the following:



Increased fluid oozing from your caesarean incision, episiotomy, or tear and/or the oozing smells bad.



More pain over the lower belly (uterus), bad smelling lochia (vaginal bleeding or discharge).



Increased bleeding (you soak one or more sanitary pads per hour) and/or you are having large clots (bigger than the size of an egg).



Severe pain in your belly, breast or chest.



Increasing pain around your stitches or swelling, redness or hardness in the skin around your stitches.



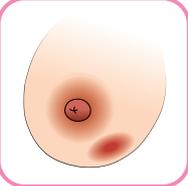
Shortness of breath (you are having trouble breathing).



Fever of 38° C / 100.4° For higher



Painful, urgent, frequent or bloody urination.



An area of your breast is red and sore, and you have a fever. You may also feel like you have the flu.



You have pain and swelling and/or redness in your lower leg.



Blurred vision or you see spots.

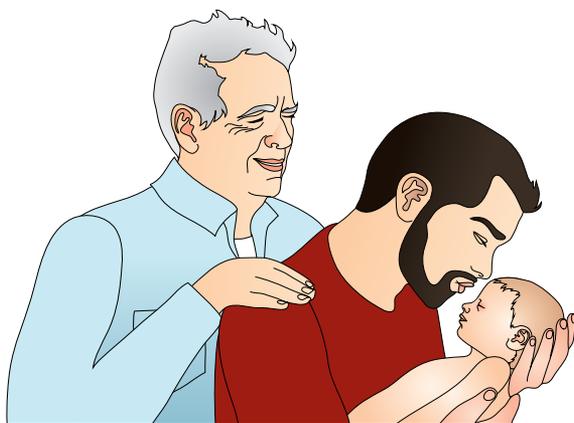


Severe headache.



If you feel you are about to harm yourself, your newborn, or anyone else.

Partner



Congratulations on the birth of your baby! The following section has information for partners to read about.

We just had our baby, what can I do?

- Hold your baby skin-to-skin as often as you like.
- Do tummy time (see how to do tummy time in the section on *How to prevent flat head* on page 43).
- Read a book or sing a song to baby.
- Support mommy with breastfeeding:
 - Learn as much as you can about breastfeeding so that you can help each other.
 - Help with positioning and checking the latch at the breast.
 - Your help is important for breastfeeding to go well.
- Tell mom she is doing a great job.
- Give baby baths and/or a massage.

- Help to calm and comfort baby (try skin-to-skin, holding, rocking, singing, whispering).
- **Never shake your baby.**
- Bring baby to mom for feedings.
- Burp your baby.
- Help mom take time for rest and relaxation (and do not forget to take time to rest as well).
- Help with household chores such as cooking, cleaning, shopping and answering the phone.
- Encourage mom to get help if needed (CLSC nurse, Lactation Consultant, other health care provider).
- Take turns changing your baby's diapers.



- Learn about the difference between “baby blues” and postpartum depression.
- Encourage mom to get professional help if needed. Partners can get postpartum depression too! (See section on Paternal Postnatal Depression (PPND)).
- Do not refuse offers of help. If you see that both you and your partner are having a hard time, ask for help. It is common for new parents to feel overwhelmed so seek help. Ask a family member or friend. If they do not live close by, ask your local CLSC if they have any services.

Taking care of my relationship with my partner

- Read the section on motherhood in the *From Tiny Tot To Toddler* book to better understand what mom is going through.
- Compliment mom, do not complain or criticize.
- Take turns sleeping in and going to bed first, one of you should be well rested.
- If baby is sleeping, rest together.
- Talk to your partner about your feelings and things you might be worried about. You are both in this together!
- Set aside couple time where you do not talk about the baby. Ask someone you trust to watch the baby for a few hours so you can go out as a couple.
- Do not rush mom into having sex. Decide together when the time is right. Remember to use birth control if you want to prevent pregnancy (see page 19 for more information).



What is paternal postnatal depression (PPND)?

Depression can also happen in fathers after having a baby. Paternal Postnatal Depression (PPND) is depression that a father experiences in the first year after having a baby. Like maternal depression, signs are more severe and last longer than the initial “baby blues” period.

What causes it?

We don't yet know what causes PPND but, not getting enough sleep seems to play a part in men's depression. Hormones also seem to play a role. A man's hormones also change during his partner's pregnancy and also soon after the birth of the baby. We also know that men with partners who are depressed have a higher risk of developing PPND.

What are the signs to look out for?

Men with PPND can also experience the more common signs of depression like: sad mood, loss of interest in hobbies or sex, a change in appetite, a sense of worthlessness, poor concentration, irritability, aggressiveness, or any change of mood and behaviour from what is normal for you or thoughts of suicide.

Speak to your health care provider if you are having signs of depression. PPND needs to be treated by a health care professional. If untreated, PPND often gets worse.

Call 911, go to the emergency room, or get help right away from a relative, friend or neighbour if you feel you are about to harm yourself, your newborn, or anyone else.



Baby



When does my baby need to be seen for the first doctor's visit?

Your baby needs to be seen by a doctor (family doctor or pediatrician) 2 weeks after you leave the hospital. If you do not have a doctor for the baby, you can try finding a doctor at this website: www.pediatres.ca or through your local CLSC. If you have a doctor but are unable to get an appointment within 2 weeks, ask your CLSC if it is possible to have your baby weighed to check how your baby is growing.

Feeding your baby

The World Health Organization recommends that newborns be breastfed exclusively (i.e. receive only breast milk and vitamin D) for the first 6 months of life. Breastfeeding with complimentary foods after 6 months may continue for up to 2 years and longer.



What do I need to know about breastfeeding?

Please see your *From Tiny Tot to Toddler* book and your MUHC Breastfeeding Tool for more information.

A breastfeeding baby:

- Feeds at least 8 times in 24 hours.
- In the first few days, each feeding can last up to 1 hour, with breaks of 1 to 3 hours between feeds (time between feeds is from the time you start a feed to the time you begin the next feed). Full-term, healthy babies can have one long sleep stretch of about 4 to 5 hours in a day, as long as your baby is breastfeeding at least 8 times per day.
- Your baby may want to feed more often at certain times of the day. The evenings seem to be a time when many babies can be harder to soothe and want to feed more. It may seem as though your baby wants to breastfeed non-stop for many hours in a row, then they might sleep for a longer time. This is normal and is called “cluster feeding.” You might be left feeling like you don’t have enough milk when this happens. As long as your baby is doing well, urinating enough and having enough stool, you can know that your baby is getting all he needs and that you have enough milk for your baby.

Do I really need to wake up at night?

Did you know that the hormones that make breast milk are highest at night? Night time feeds may seem challenging and you might be tired. The night time feeds are important to make sure that your body makes all the milk that your baby needs. Trying to find comfortable positions, having baby sleep in your room in his/her own cot or having your partner bring you your baby, may help make the night time feeds more manageable.

It can take up to 4 to 6 weeks for you and your baby to get used to breastfeeding, you are both learning so do not give up!

You may call your CLSC to find out about breastfeeding help in your area and see your *Liste des ressources en allaitement* for more resources. You can find this list at the following website:

<http://www.ibclc.qc.ca/trouver-une-ibclc-13>



Get medical attention for your baby right away if:

- Baby is feeding less than 8 times in 24 hours.
- Baby is having less urine and stool than they should (see your *MUHC Breastfeeding Tool* or *From Tiny Tot to Toddler book*).
- Baby is very sleepy and hard to wake for feedings.
- Breastfeeding always lasts longer than 1 hour.
- You continue to have a hard time getting your baby to latch on.
- You have pain or cracks on your nipples or breasts.
- Your baby has brick red spots in the diaper after the 3rd day from birth. Some brick red spots in the diaper is normal before that time.

What do I need to know about bottle-feeding?

The World Health Organization recommends not using powdered infant formula for the first 2 months after birth because there is more chance of infection and also mistakes when making the formula. It is dangerous for the baby if the commercial infant formula is too watered down or too concentrated.

Refer to your *From Tiny Tot to Toddler* book for additional information on this topic.

When you're bottle-feeding:

- Use a slow-flow nipple as newborns tend to choke when milk flows too fast into their mouths. As your baby grows, he/she will be able to handle a faster flow.
- Use iron-fortified commercial infant formula.

The are 3 different types of commercial infant formula:

- 1) Ready-to-feed**
- 2) Concentrated liquid**
- 3) Powdered**

Ready-to-feed formula and concentrated liquid formula are germ free (sterile) until they are opened. Powdered infant formula may not be. If powdered infant formula is used, take special care when making it. Make sure to check the expiry date before you open it. Once opened, powdered formula is only good for 1 month; throw away any leftover after that. To help you remember the date you opened it, write it on the lid.

- Disinfect everything (i.e. bottles, nipples, caps, rings) before using it for the first time.
- Disinfect materials after every feeding until your baby is 4 months old.

There is no scientific proof that any one brand of commercial infant formula is better than the other.



Should I continue to do skin-to-skin at home?

Yes! Skin-to-skin contact starts right after birth and should continue for as many hours as possible throughout the day and night for the first few weeks. Continue holding your baby skin-to-skin often, even once you've gone home!

Why is skin to skin so important?



Helps baby:

- Adapt to life outside the womb
- Control body temperature, heart rate, oxygen level, blood pressure and blood sugar
- Be calm and cry less
- Bond easily with mother and father
- To show when they're hungry
- Maintain weight after birth
- Latch on to breast more easily
- Sleep better
- Breastfeed

Helps mother:

- Welcome baby in a closer more comforting way
- Change her body temperature to help keep baby's temperature normal
- Learn to respond to baby's needs
- Know when baby is ready to feed
- Create a deeper bond with baby
- Reduce risk of postpartum blues
- Begin breastfeeding
- Produce more milk

Partners can also do skin-to-skin with baby. This helps you and your baby bond and get to know one other better!



Please note that skin to skin with baby should be done in a safe way when the parent is not too tired to stay awake and has not taken any medication or alcohol.

How much weight loss is normal for my baby?

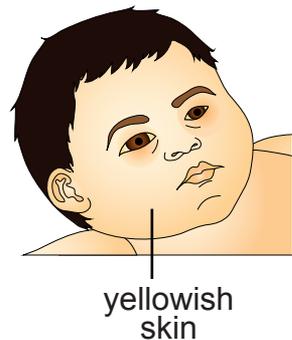
It is normal for a healthy term baby to lose up to 10% of their birth weight in the first few days of life. Usually, the weight becomes more stable by the 3rd day. Babies then usually start to re-gain weight by the 4th day. Term babies are expected to gain around 15-20 g per day and to regain their birth weight by 2 – 3 weeks of age.

What is jaundice?

Jaundice is common in babies. It usually starts around the 2nd to 3rd day after birth and peaks around the 3rd to 5th day. The baby's skin may look yellow. This is caused by the natural break down of red blood cells that build up a product called "bilirubin". Jaundice is not harmful unless the level gets too high, which can be dangerous for baby. Making sure that your baby is feeding enough (at least 8 times in 24 hours) can help prevent the build-up of jaundice. The level of jaundice is measured by a blood test or by a special machine that checks baby's skin. If the jaundice is too high, baby will be treated with special lights that help the baby get rid of the extra bilirubin.

Signs of Jaundice:

- Baby seems more sleepy than usual
- Baby is not eating
- Baby is not passing enough urine
- Baby is not passing enough stool or still has black stool (meconium) by day 3 or 4.
- Yellow skin (whites of the eye are yellow)

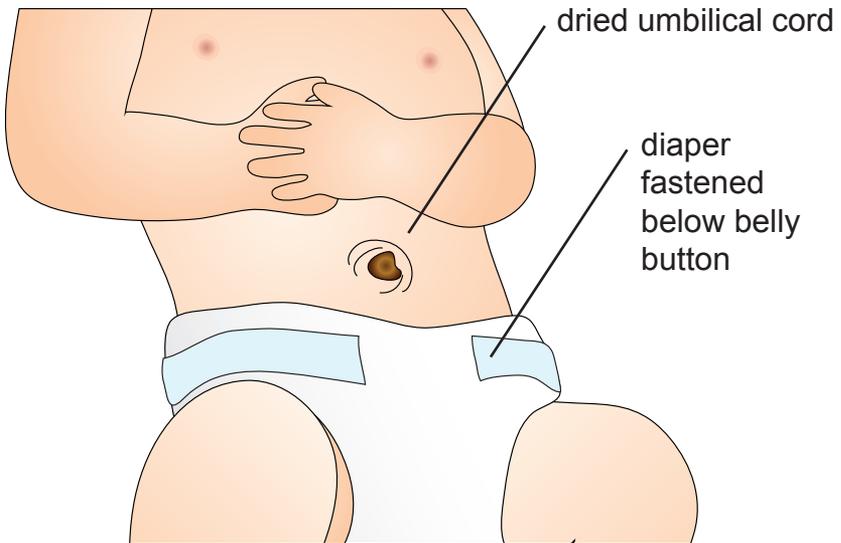


There is no benefit of putting your baby in front of a window to expose them to the sun, this may be dangerous as baby may get dehydrated.

If you think your baby has jaundice, call the Maternity unit of the hospital (ext. 34779) and ask to speak with the nurse in charge. In the 7 days following your discharge, a nurse can check your baby.

How do I care for my baby's umbilical cord?

The umbilical cord will fall off on its own in 1 to 3 weeks. Until then, fold the diaper under the belly button so that it won't rub on the cord and to allow it to dry. Also make sure to dry the cord properly after baby's bath (baby may be submerged for the bath). For more information see your book From Tiny Tot to Toddler.



Contact your doctor if you think there is an infection. These are signs to look for:

- Redness and swelling at the bottom of the umbilical cord and/or the skin around it
- Oozing yellowish fluid from the base of the umbilical cord
- Bad smell coming from umbilical cord area
- Bleeding (but a few spots is normal)
- Baby has a fever (greater than 38°C or 100.4°F rectal)

Sudden infant death syndrome (SIDS) and safe infant sleep

SIDS is the sudden and unexplained death of an infant who is younger than 1 year old. SIDS usually happens while a baby is sleeping. We don't know what causes SIDS but we know there are some risk factors.

SIDS risk factors:

- Exposure to cigarette smoke (before and/or after birth).
- Baby sleeping on the tummy.
- Baby having his head covered with blankets.

How to decrease risk of SIDS

- Keep your baby away from second or third-hand smoke.
- Always place your baby on the back to sleep, even when visiting others or in different places.
- Always place your baby in his own crib to sleep, never on a pillow, water bed, couch, or other soft surface. Do not bed share.
- Make sure your baby does not get too warm while sleeping.
- Make sure your baby has regular checkups and is immunized.
- Breastfeed.
- Room share (place your baby's crib next to your bed for the first 6 months).
- Make your baby's crib environment safe:
 - No bumper pads or positioners.**
 - No toys, stuffed animals, pillows or pillow-like objects.**
 - No loose bedding/sheets**
 - Use a crib, bassinet or cradle that meets Canadian safety regulations.**

The safest way for your baby to sleep is alone, on his/her back, in a crib next to your bed.

Why do some babies get flat heads?

Babies can sometimes get flat heads. A little flattening will go away on its own, but more serious flattening may not go away completely. Flattening happens because babies usually turn their heads to one side due to weak neck muscles. Always turning to the same side creates flattening because the bones of baby's head are very soft.

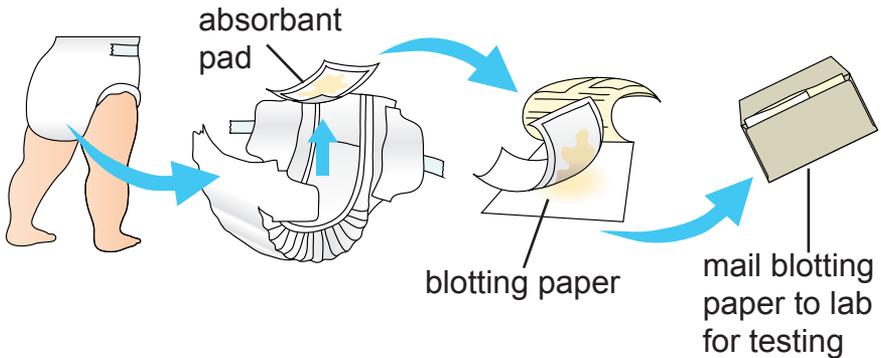
How to prevent flat head:



- Change baby's position every day: One day, place your baby's head so that it is pointing to the top of the crib. The next day, change the position so that baby's head is pointing to bottom of the crib.
- Do tummy time: Tummy time is when you place baby on their tummy on a safe surface to allow your baby to exercise their neck muscles. Any surface where baby has tummy time needs to be firm (so soft beds, sofas and water beds are not safe). You must be watching baby and make sure your baby does not fall asleep on their tummy. You can start by doing tummy time once a day, and then more often as your baby gets older.
- Baby carrying gear, such as car seats and swings, keep babies in the same position which can lead to a flat head. Carrying a baby will take the pressure off their head. Front carriers and slings lets your babies head be shaped nicely, and your baby will be carried while your hands are free to do other things. This is the ideal way to carry your baby.

Newborn Screening test at 21 days

Your baby will already have had a blood test to screen for hereditary diseases when you were in hospital. When your baby is 21 days old, the second part of the test must be done. The steps for how to do the urine test are in the Urine Sampling Kit envelope. This envelope was given to you before you left the hospital. The date you need to do the test is written on the yellow paper.



If you forget to do the test on the 21st day, still do the test. It is better late than never!

Car seats

The law in Canada is that all children must be in a car seat until they can safely wear a seat belt in the back seat. Babies need to be in a rear-facing car seat that supports their weak neck and back muscles. Make sure the car seat has a 5-point harness:



Be sure to check your car owner's manual and your car seat manual for more information. CAA Quebec has a provincial child car seat verification network so you can get your car seat checked. See the CAA Quebec website for more information:

www.caaquebec.com/en/on-the-road/approved-services-networks/child-car-seat-verification-network

Important points:

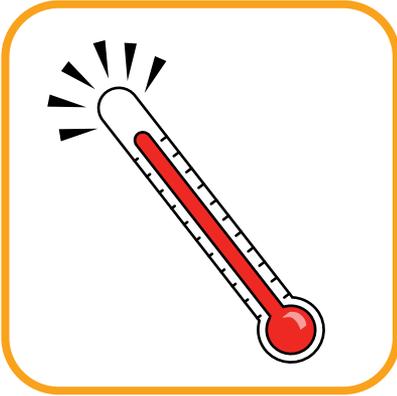
- **Make sure that your car seat has the Transport Canada safety sticker**
- **Make sure that your car seat has never been in an accident**
- **Check the car seat expiration date**
- **It is illegal to use car seats bought from another country because safety rules are different**



Did you know that you should have your car seat checked?

Many local police departments and other places can check your car seat. They will check how you have placed the base of the seat in your car and if it is safe. Please use the following link to find the place closest to you where you can have your baby's car seat checked. You should call to make an appointment.

Seek medical attention right away if your baby is experiencing:



A Fever 38° C / 100.4° F or higher rectal

(Please note that checking temperature in the ear is not precise and not recommended for babies)



Forceful (or projectile) and/or repetitive vomiting vs. normal spit up



Diarrhea



Drowsiness or more sleepy than usual



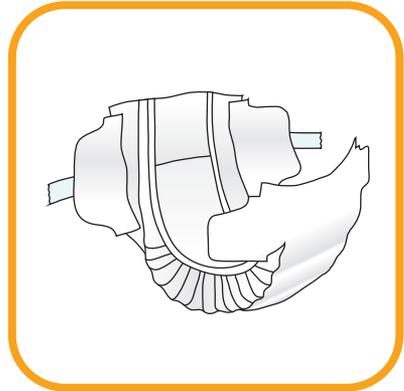
Problems breathing



Signs of an umbilical cord infection (see section on umbilical cord care)



Feeding difficulties



Not enough voids or stools



A skin rash that does not go away after a few days, is open or bleeding or your baby seems unwell and has a fever

Maternity/Newborn follow-up D06

Telephone number: (514) 934-1934 local 34779

The nurse who gets you ready to go home will look at your baby's needs and make plans for follow-up if needed. Follow-up can either be with the CLSC or with the hospital. If there are any concerns that come up at home before the CLSC sees you, the nurses at the hospital can help you for the first 7 days after you've left the hospital to:

- Answer questions about your baby: jaundice, feeding problems, weight loss, etc.
- Discuss with you your baby's needs
- Offer breastfeeding support
- Connect you to other services as needed (Pediatrician, CLSC, Lactation Consultant, etc.)

If you have any questions, call the Maternity unit and ask to speak to the nurse in charge or any nurse available to answer your questions. If needed, appointments are available 7 days a week from 07h30 to 15h30, **for the first 7 days after you've left the hospital. You must call to make an appointment.** During your appointment, your baby will be checked by a nurse and/or a doctor.



CLSC follow-up

Your local CLSC automatically gets told of the birth of your baby. You will be contacted and have an appointment made if needed. The CLSC nurse will check how you and your baby are doing and will help you with any postpartum issues or questions. If there were special concerns in hospital with you or your baby, the hospital nurse will have notified the CLSC.

If you're a first time mom and do not get a phone call from your CLSC within 48 hours of getting home, call your CLSC.

Your local CLSC will offer services such as:

- Weighing the baby
- Checking for jaundice
- Breastfeeding support groups

Call your local CLSC and ask about the specific services offered there!

The Info Santé number is 811 for all of Quebec. You can use this health information service 24 hours a day for any health related questions.

Important phone numbers

IN CASE OF EMERGENCY call 911

InfoSanté call 811

Your CLSC: _____

(Call 514-931-1448 to find your local CLSC if not already known).

**Your pediatrician /
family doctor:** _____

Your Obstetrician: _____

**For baby: Royal Victoria Hospital
D06 Newborn Follow-Up (feeding
issues, concerns with weight gain,
jaundice) for 7 days after
hospital discharge
Tel.: (514) 934-1934 ext. 34779**

**Montreal Children's Hospital
Tel.: (514) 412-4499 (Emergency Dept.)**

**Birthing Centre C06 - triage
Tel.: (514) 934-1934 ext. 34770**

**Ste-Justine Hospital
Tel.: (514) 345-4611 (Emergency Dept.)**

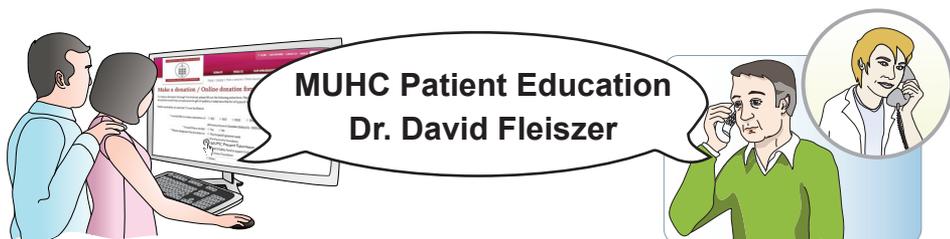
**For mother: Royal Victoria Hospital
Birthing Centre C7 - triage
Tel.: (514) 934-1934 ext. 34770**

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Help support the MUHC Patient Education Office! Donations make a huge difference. They help us create health information materials and programs to deliver the best care for life.

All patient materials are freely available on the internet to MUHC patients, and to patients and families everywhere.

Make a donation through the Montreal General Hospital Foundation to:



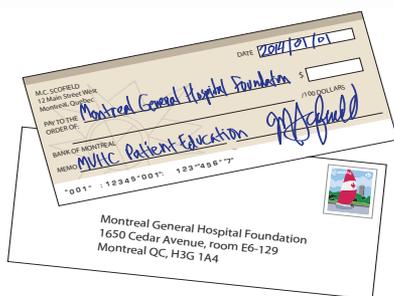
Online: mghfoundation.com

By Phone: 514-934-8230

LA FONDATION DE L'HÔPITAL GÉNÉRAL DE MONTRÉAL



THE MONTREAL GENERAL HOSPITAL FOUNDATION



In Person / By Mail: 1650 Cedar Avenue, room E6-129
Montreal QC, H3G 1A4

Thank you for your support!

MUHC Patient Education Office: muhcpatienteducation.ca

MUHC Glen site:

1001 Décarie Blvd.
Montreal, QC H4A 3J1

Royal Victoria Hospital

D06 Newborn Follow-Up

Tel.: (514) 934-1934 ext. 34779

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- A + B** Montreal Children's Hospital
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- D** Montreal Chest Institute
- D** Cedars Cancer Centre

- E** MUHC Research Institute
- S** Shriners Hospitals for Children
- ▲** Main Entrances
- Underground Parking (patients and visitors)