Kensington Midwives
340 College St. #450 phone: 416-928-9777 www.kensingtonmidwives.ca
Toronto ON, M5T 3A9 fax: 416-928-9646 email: kmw@kensingtonmidwives.ca

Birth Supply List

NUT ALLERGY ALERT: please seal & put away nuts during birth

Home birth

If you are planning a home birth or planning to decide on birthplace during labour, you will be given a package with home birth supplies ahead of time. The home birth package contains absorbent underpads, a plastic sheet, two garbage bags, a peri-bottle, two straws, and two large maxi pads.

- For a home birth, the place of birth can be a bed or mattress on the floor, but not a water bed or air mattress.
- To prepare a bed for home birth: cover the mattress with a regular cloth fitted sheet, then cover with a plastic sheet (tucking it around the edges of the mattress). Cover the plastic sheet with a second cloth fitted sheet. If desired, you can repeat this with a second plastic sheet and third cloth sheet.
- If you have any carpeting around the bed, you might consider extra plastic drop sheets of a heavier weight to cover the carpet. These are not included in the home birth package from your midwife. You could also use towels.
- A surface such as a dresser, table or desk should be cleared off for the midwife, with access to an electrical outlet that can accommodate 2 plugs.

Please also prepare the following items by 37 weeks:

- Your Kensington Midwives binder
- 1 flat baking/cookie sheet (NOT disposable aluminum sheet - solid metal tray)
- 1 kitchen pot/saucepan with lid
- 1 roll of paper towels and a box of facial tissue
- 1 small unopened bottle of oil (for example, olive or coconut oil) * NO NUT OILS
- 6 washcloths or a towel cut into pieces (for perineal support and compresses)
- 8 receiving blankets (to dry baby after birth)
- Blankets, towels, and pillows
- Newborn diapers (cloth or disposable)
- 1 hat for the baby
- 1 package maternity/incontinence pads (like "*Depends*") or overnight maxi pads
- Food and drinks. Caffeinated drinks are appreciated midwives (tea/coffee)

*Please assemble the above items in a basket or box by 37 weeks of pregnancy

We recommend that all clients prepare a hospital bag (contents on following page) regardless of planned birth place.

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Toronto Birth Centre or Hospital Birth

- Car seat for baby (please learn proper use and installation prior to labour/birth)
- Kensington Midwives binder
- If available: health card, insurance card, and/or hospital card
- Flip-flops or slippers
- Loose-fitting clothes to wear home
- Toiletry kit (toothbrush, toothpaste, etc)
    - TBC and hospital are scent-free spaces - please no perfumes
- 1 small unopened bottle of oil (for example, olive or coconut oil) * NO NUT OILS
- Baby: undershirt/onesie, sleeper/pajamas, socks, hat, 2 blankets
- Snacks for you and your family (there is a fridge, freezer and microwave)
- For hospital: 1-2 extra pillow(s), 8 large maxi pads, 6 newborn diapers, wipes
- Optional: music player, camera

Recommended for early labour/postpartum

- Gravol (*Dimenhydrinate*) 100mg every 4-6h in early labour for rest/relief
- Hot water bottle/heating pad
- Maxi pads soaked in witch hazel, individually frozen, for postpartum swelling
- Large maxi pads/incontinence pads (not plastic "*Always*" brand, cotton lined is best)
- Digital thermometer
- Acetaminophen (Tylenol) and Ibuprofen (Advil) OR Naproxen (Aleve) for POSTPARTUM pain

Some clients find the following remedies useful

- Massage oils (no nut oils please)
- Homeopathic arnica (30c or 200c)
- Herbs or tinctures for perineal soak: like calendula, comfrey, epsom salts
    - Available at the Herbal Dispensary on Roncesvalles (www.herbalclinicanddispensary.com)

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When to Page Your Midwife in Pregnancy

Please page day or night if you have any urgent concern or think you need to go to the hospital

Kensington Midwives uses a pager system for you to contact your midwife for urgent concerns throughout your care. The pager is to be used for any concerns that need to be assessed immediately, and that are related to your pregnancy. For care unrelated to pregnancy please contact your family doctor (or nurse practitioner, naturopath, etc), or access emergency services as needed (dial 9-1-1 in the case of a medical emergency - midwives are not first responders).

Examples of why you might page your midwife in pregnancy:

- Decreased movements from baby in the third trimester
- Abnormal vaginal bleeding at any gestational age
- Sudden acute headache with visual disturbance (auras, spots, etc)
- Signs of miscarriage or preterm labour

Examples of concerns in pregnancy that can be directed to the clinic:

- Questions about medications or supplements
- To request results from lab work or ultrasounds
- Discomforts of pregnancy (back ache, muscle pain, nausea, etc)
- Questions related to travelling, physical activity, nutrition and food safety

We cannot list every urgent condition: if you are concerned please page your midwife with immediate issues - regardless of what time it is.

* When possible, if your page is not urgent, please consider contacting your midwife during daytime hours - we are available after hours for urgent calls only*

Please do not go to the hospital for pregnancy related concerns without paging your midwife

For non-urgent concerns/questions please call the office and leave a message: 416-928-9777 x5

You should have been provided a list of your midwives' pager numbers when you came into care, and one is included in your Kensington Binder given at your 36 week visit. If you do not have a copy of these numbers please contact our administrative team at **kmw@kensingtonmidwives.ca**

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When to Page Your Midwife in Labour

Please page day or night if you are in labour and have strong, regular contractions:

* First birth: **4-1-1 rule:** Consistent, strong contractions every **4** minutes or less, lasting **1** minute long (50-60 seconds), for **1** hour or more.

* Second (or more) birth: **6-1-1 rule:** Consistent, strong contractions every **6** minutes or less, lasting **1** minute long (45-60 seconds), for **1** hour or more.

Please also page with any of the following:

- Spontaneous rupture of the membranes (your water breaks) and if the fluid is any colour (like green or brown) and not clear, OR has a foul/strong odour, OR you do not feel the baby moving afterwards
- Large amount of vaginal bleeding (other than bloody show/mucus)
- Labour before 37 weeks (regular menstrual-like cramps, with or without spotting)
- A noticeable decrease in fetal movement, or abnormal kick count
- Severe frontal headaches
- Blurred vision, double vision, seeing spots, or other visual disturbances
- Severe back pain or abdominal pain that does not go away
- Temperature above 38℃ (100℉)
- If you are very worried or concerned that something is wrong

We cannot list every urgent condition: if you are very concerned please page your midwife with immediate issues - regardless of what time it is.

Please do not go to the hospital without paging your midwife

For non-urgent concerns please call the office and leave a message: 416-928-9777 x5

You should have been provided a list of your midwives' pager numbers when you came into care, and one is included in your Kensington Binder given at your 36 week visit. If you do not have a copy of these numbers please contact our administrative team at **kmw@kensingtonmidwives.ca**

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When to Page your Midwife Postpartum

Please page day or night if you have any urgent concern or think you need to go to the hospital

Please page your midwife if **you** experience any of the following:

- Fever higher than 38℃ (100℉)
- Heavy vaginal bleeding that completely soaks a pad in 1 hour or less
- Severe chest pain
- Foul smelling odour from vaginal discharge
- Sore, red, painful, hot, hard area on your breast
- Sore, red, painful, hot, hard area on your leg, especially the calf
- Signs of a urinary tract infection
    - Pain or burning with urination, lower abdominal pain, etc
- Ongoing feeling of depression, uncontrollable crying, inability to eat or sleep, extreme anxiety or agitation, thoughts of self harm

Please page your midwife immediately if **your baby** experiences any of the following:

- Fever higher than 38℃ (100℉)
- Poor colour - blue or grey in face or chest
- Baby is lethargic and has not fed for more than 8 hours

We cannot list every urgent condition: if you are very concerned please page your midwife with immediate issues - regardless of what time it is.

Please do not go to the hospital without paging your midwife

For non-urgent concerns please call the office and leave a message: 416-928-9777 x5

You should have been provided a list of your midwives' pager numbers when you came into care, and one is included in your Kensington Binder given at your 36 week visit. If you do not have a copy of these numbers please contact our administrative team at **kmw@kensingtonmidwives.ca**

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Natural Cervical Ripening and Labour Preparation

Most people will go into labour spontaneously regardless of the suggestions below. With so many social expectations around the "due date," it is hard to not feel like there is an alarm clock that starts ringing ferociously on that magic day - despite knowing that the "due date" is only our best guess for timing of birth. The window of term pregnancy is 37-42 weeks, and birthing at any time during this period is normal. There are many strategies to support your body's innate ability to give birth naturally, and possibly reduce the chances of going past term. We have outlined some of these below, that can help nurture your mind and body for labour.

Self Care
Eat nutritious foods, drink plenty of water, take naps, do some gentle exercise

Optimal Fetal Positioning Exercises
Fifteen minutes (or more) a day in a position with your knees and chest on the floor, also referred to as "child's pose." Use pillows to make yourself more comfortable when you relax. These positions are also effective for reducing back pain in late pregnancy.

- Use various exercises done on all fours to promote anterior rotation, including side-to-side swaying or pelvic rocking
- Scrub floors by hand on your hands and knees
- Walk upstairs two at a time, or try walking upstairs sideways (hold a railing for safety)

Evening Primrose Oil (EPO)
Evening Primrose oil contains prostaglandin precursors, as well as essential fatty acids, that may help ripen and soften the cervix.

- Take 1000 mg orally in the morning. Insert 1000 mg in your vagina at bedtime, as close to your cervix as you can comfortably reach

Red Raspberry Leaf Tea
Red raspberry leaf tea is thought to tone the uterus and make contractions more effective during labour, potentially reducing the length of labour. It is also a nutritive tea that can help with milk supply after birth.

- Drink up to 3 cups per day or tea or infusion. After 37 weeks, drink up to 5-6 cups/day
- Tea recipe: pour 1 cup boiling water over 2 tsp of herb and steep for 10min. Strain. Add honey if desired.

Homeopathics

- 200c Pulsatilla at 36 weeks. Repeat dose 10 days later.
- Birth Preparation Prenatal Regimen: Begin 3-4 weeks before estimated date of birth. Take 3-4 pellets/day of 12c Cimicifuga starting on day 1, take 3-5 pellets once/day of 12c Caulophyllum starting on day 3, take 3-5 pellets once/day of 12c Arnica starting on day 5. Continue rotating remedies until labour begins.
- Postdates Regimen: Begin after 41 weeks. Take 2 pellets of 200c Pulsatilla every 30 minutes for 2 hours, followed by 2 pellets of 200c Caulophyllum every 30 minutes for 2 hours. Repeat daily.
- Note about homeopathics: do not touch the pellet or granule, and avoid touching the container opening to avoid contamination. Allow the pellet to be absorbed under the tongue. Do not take with food or drink.

Stretch and Sweep
This is an internal vaginal exam done by your midwife at or beyond the "due date" to stretch your cervix, which can be done when the cervix is open (dilated). This helps release prostaglandins that can help encourage labour if your body is ready. Please discuss timing, risks and potential benefits with your midwife.

Acupuncture/Chiropractor
Acupuncture and chiropractic can be used to promote optimal fetal positioning, as well as induce labour when appropriate. Please ask your midwife for a referral or to discuss if appropriate.

Orgasm
Sex and orgasm release oxytocin, which is the hormone that causes uterine contractions. In general, sex and intimacy, touch and nipple stimulation can be helpful to ready the body for labour.
Also of note, semen contains prostaglandins that can help ripen the cervix.

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Prelabour Rupture of Membranes (PROM)

What is prelabour rupture of membranes (PROM)?

Prelabour rupture of membranes, or PROM, is when the bag of waters around your baby has broken prior to the onset of active labour or regular contractions.

How common is PROM?

PROM occurs in approximately 10% of all pregnancies (research ranges from 2.7% to 17%). You are more likely to have PROM if you experienced this in a prior pregnancy, or if you smoke cigarettes.

What are the risks of PROM?

PROM increases the risk of infection; this includes infection of the fetal membranes, the uterus, or of the baby. Rates of these infections are 6-10% for infection of fetal membranes, 3% for uterine infection (this is for all pregnancies – there is a lack of data for specific rates with PROM), and 2-2.8% for neonatal infection.
The risk of infection increases with increasing numbers of vaginal exams and when meconium is present in the amniotic fluid.

What are my options?

Your midwife will discuss options with you regarding plans following rupture of membranes. These include:

1. <u>Waiting for labour to begin spontaneously</u>

- Approximately 75% of people who experience PROM will give birth within 24 hours, 90% within 48hrs, and 95% within 72 hours. If choosing this method, your midwife will see you in person at least every 24 hours.
- If you do not have GBS present, and there are no signs of infection, the Association of Ontario Midwives supports waiting for up to 96 hours for active labour to begin. There is no research available beyond this to support a recommendation, however the option to continue expectant management beyond 96 hours exists.
- The risk of chorioamnionitis and neonatal infection begins to increase after 24 hours of ruptured membranes, however research shows that avoiding vaginal exams until active labour begins mitigates this risk.
- If any complications arise, your midwife may recommend a medical induction of labour (see #2).

2. <u>Transferring care to an obstetrician at St. Joseph's Healthcare Centre for a medical induction of labour</u>

This involves receiving a medicine called "Pitocin", which is a synthetic version of the hormone that your body naturally produces (oxytocin), to make contractions in labour. This medicine is given continuously through an IV. Because the medicine is not controlled by your body's own regulation, there is the risk that the uterus will contract too much. As a result, continuous monitoring of the baby's heart rate in labour is recommended with two straps/monitors around your abdomen. Most often, people will choose an epidural with a medical induction, because labour is often perceived to be more difficult with this approach. The

obstetrician on call would be the person responsible for your care (and delivering the baby), and the nurse manages the dosing of oxytocin and/or the epidural infusion. The midwife would

remain in a supportive role and would come provide support as needed, and of course, for the birth of your baby.

The community standard is to be offered induction of labour when the option is available (in light of staffing, facility availability, and clinical circumstances).

3. Choosing a "midwifery induction"

Midwives have many different ways of helping to bring on labour naturally. One of the most effective and most common ways that this is done is with the use of castor oil. Castor oil is a bean that stimulates your bowels, which in turn can lead to uterine contractions. Other methods midwives may use to stimulate contractions can include nipple stimulation, herbs, manually stretching the cervix, homeopathics, and positioning. Your midwife can discuss timing and appropriateness of these interventions with you, and can help you make a plan that you feel comfortable with.

Does it matter that I have GBS bacteria present?

The research is inconclusive on the best management – including timing of induction and/or antibiotic use - when PROM occurs with GBS present. The Association of Ontario Midwives supports expectant management up to 18 hours following rupture of membranes. Your midwife will offer antibiotics and oxytocin induction following 18 hours of ruptured membranes.

If choosing to treat GBS bacteria, you have the option of treating in early labour, active labour only, or upon initiation of induction. The community standard of management of PROM when GBS is present is antibiotic administration every four hours and oxytocin induction as soon as possible after rupture of membranes.

Page your midwife with:

- Active labour
- Meconium stained fluid (brown, yellow, or green coloured fluid)
- Frank vaginal bleeding
- Temperature >38 degrees (take every 2 hours when you are awake)
- Foul smelling fluid
- Uterine tenderness
- Decreased fetal movement
- If you would like to change your chosen management plan
- If you have any other questions or concerns

Note – Avoid baths until active labour, or putting anything into the vagina, as these may increase the risk of infection.

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Jaundice in Newborn Babies

All babies will be offered a screening test for jaundice after their birth. Please read below for information about jaundice and the screening test(s) and possible treatments that may be offered to your baby. Screening tests for jaundice occur either when being discharged home from the hospital, or at one of your home visits from a midwife. Please note that if your baby is eligible for repeated jaundice (bilirubin) tests, then these repeated blood tests may need to be done at a lab in the hospital.

What is newborn jaundice?

Jaundice is the name given to the yellowing of the skin and the whites of the eyes. Jaundice in newborn babies is very common and is usually harmless. Most of the time it will go away on its own after 10-14 days.

What causes jaundice?

Newborn babies produce large quantities of the yellow pigment bilirubin. Bilirubin is a product of the breakdown of red blood cells. It is normally processed by the liver and passed out of the body through the bowels in stools (faeces). The skin and eyes turn yellow when there is an increased amount of bilirubin in the blood. In the first few days after birth, the baby's liver is less efficient at processing bilirubin, so there tends to be a build-up of bilirubin in the blood.

Is jaundice harmful to my baby?

Jaundice is not usually dangerous for babies. It can make your baby sleepy or not wake for feeds. A few babies will develop very high levels of bilirubin, which can be harmful if not treated. In rare cases, untreated high bilirubin levels can cause brain damage and affect hearing. When babies have too much bilirubin in the blood it is called hyperbilirubinemia.

Which babies are more likely to need treatment for jaundice?

The following babies are more likely to develop jaundice that needs treatment:

- Babies who were born early (at less than 38 weeks gestation)
- Babies who have a biological sibling who needed treatment as a baby
- Babies who have signs of jaundice in the first 24 hours after birth
- Babies who have a positive Coombs test or DAT (see below for more info)

What is a Coombs test or direct antibody test?

A Coombs test or a direct antibody test (DAT), is a blood test that uses blood from the umbilical cord just after birth to see if there is a reaction between the blood groups of the birthing parent and the baby. When a baby is born (and sometimes during pregnancy) some of the blood between the birthing person and the baby mixes, and a small amount of the parent's blood enters the baby's bloodstream. Sometimes this mixing of blood can become a problem for the baby. When the blood groups are different for birth parent and baby, the birth parent's body might create antibodies is response to baby's blood that has been mixed with theirs.. Antibodies are how our body fight off things like bacteria and viruses. Sometimes the baby's blood is mistaken for something potentially harmful, which is why antibodies are created. If these antibodies cross over to the baby's bloodstream, they can cause the baby's red blood cells to break, resulting in anemia and/or jaundice.

Very few babies who have a positive Coombs or DAT test will have anemia or jaundice needing treatment, but a positive result tells us that it could be more likely for jaundice or anemia to occur.

How is jaundice treated?

Most babies do not need treatment for jaundice.

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Your baby will be offered screening for jaundice either at the hospital before going home, or at home within 72 hours after birth. If the initial level is high - depending on the exact level and baby's age - your midwife may either arrange for a repeat blood test at the hospital, or will arrange for your baby to be seen by a paediatrician at the hospital to receive treatment. The treatment requires your baby to be admitted to the hospital for phototherapy.

What is phototherapy?

Phototherapy is a treatment for jaundice using a blue light, which helps break down the bilirubin in the skin. This is usually done by placing the baby on their back, wearing only a diaper, in a heated incubator with the phototherapy light directly overhead. Your baby's eyes will be protected from the light with a soft eye mask. Regular blood tests are done to monitor the bilirubin level and to check if the treatment is working. You can usually stay in the room with your baby during the treatment.

How can I care for my baby while they receive phototherapy?

It is important that your baby stays under the light as much as possible. Sometimes a special blanket with blue lights can be used to continue therapy while baby is out for feeds. You should continue to feed your baby regularly (either breast/chest or bottle) approximately every 3 hours.

Are there any side effects of the phototherapy light?

Yes. There is a risk that the light could damage your baby's eyes, so it is important that your baby wears the eye mask. Some babies will develop a temporary skin rash, but this does not require any special treatment - it will clear up with time. Your baby's stools (faeces) may also become looser or more watery.

When can I take my baby home?

You can take your baby home when the bilirubin level is low enough to no longer need treatment. When the phototherapy is stopped, your baby will need another blood test 12-18 hours later. This is to make sure that the bilirubin has not returned to a level that would need further treatment. You will be required to return to the hospital for this test.

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The Postpartum Period

Having a new baby is one of life's most exciting and joyful events. It can also be overwhelming - juggling the needs of a new baby and adjusting to the increased demands on you and your family's time and energy. To help you more easily handle these lifestyle changes, we have provided some general guidelines for you to follow after giving birth. Please ask your midwife for any specific instructions.

Activity and Rest
Giving birth to a baby can be physically exhausting. Fatigue and the need to rest should be expected, even if you are physically fit. It may be 4-6 weeks after giving birth before you begin to feel more like yourself again.

Although this is an exciting time for you, your family, and friends, you are encouraged to limit your visitors and telephone calls (in number and duration) so that you have an opportunity to rest and learn how to care for yourself and baby - especially in the first week.

In the beginning, tasks that you view as simple may leave you exhausted. Expect to feel this, and give yourself permission to rest. Take the time, especially when your baby sleeps, to nap and catch up on your own sleep - this may be difficult if you have other children at home. You may find that one day you have a lot of energy, and the next day you may be too tired to do much of anything. Try to postpone any unnecessary tasks and ask a friend or family member to help out at home. Do not be afraid to ask for help with meal preparation, cleaning, laundry, and other household tasks. This will allow you to care for yourself and to spend more time with your baby.

If you have other children, they will also need and want your attention and time. Make sure that you get enough rest, so that you can meet their needs as well.

Fatigue is a normal part of being a new parent.Gradually increase your amount activity, but avoid strenuous work, heavy lifting, and excessive social activity until after your 6 week check up. Listen to your body. If vagial bleeding increases, or you feel tired, slow down or stop what you are doing.

Care of Your Breasts/Chest
The best way to prevent nipple damage is correct positioning and latching at the breast/chest. When you begin to breast/chestfeed, your nipples may become somewhat sore and tender. Expressing colostrum/milk after each feeding it and gently rubbing it into your nipples will soothe and condition them, and help with the healing process. Colostrum contains anti-infective properties that will protect your nipples from bacterial growth. Avoid using soap in this area or washing your nipples between feedings - taking a daily shower or bath is all you need to do. If your nipples become cracked and/or are bleeding, repositioning your baby will prevent further damage. Some people find that ointments such as lanolin can be helpful in the first few weeks.

Preventing Engorgement
Two to five days after your baby is born, your milk supply will begin to change and increase. Some people may experience a condition called engorgement where the tissue becomes very hard, swollen, inflamed, and painful. It is important to treat engorgement quickly. Excessive fullness may inhibit the let-down reflex and also flatten your nipples making it difficult to establish a good latch. This could then contribute to nipple damage and soreness.
Engorgement can be prevented with early, frequent feedings. Your baby should breast/chestfeed 8-12 times (or about every 2-3 hours) in a 24 hour period. Avoid the use of a pacifier until the latch is well established. You can use a pump if your baby is unable to breast/chestfeed, if they miss a feeding, or if that is your preferred method to feed your baby (with expressed milk).

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Treating Engorgement

- Take pain-relieving medication: acetaminophen and ibuprofen - alternate 1-2 regular strength tabs every 3-4 hours.
- Shower: gently massage your breasts/chest and hand-express some milk to soften the areola.
- Relax: find a comfortable room with minimal distractions, play soft music and use calming images to decrease stress.
- Feed your baby for 15-20 minutes or until the tissue softens. Using massage and compression during the feeding will enhance milk removal. Offer both sides with each feed. If your baby does not feed on the second side, pump or hand express on that side for 2-5 minutes or until the tissue is softer and you are more comfortable. Begin the next feed on that side.
- Do not go long periods during the day without either latching your baby or pumping/hand-expressing.
- You can use cold compresses, ice in a towel, or cold cabbage leaves applied to your chest/breasts to decrease swelling. You can use warm compresses just prior to a feed, and cool compresses afterwards.

Abdominal Cramps

As your uterus contracts to return to its pre-pregnant size, you may experience "after birth pains," which typically end 3-4 days after birth.
If you are breast/chestfeeding, you may experience increased abdominal cramps during and after your baby's feeds. If you have given birth before, you may have more severe abdominal cramps because the uterus needs to work harder to get back to its pre-pregnant state. If you would like to take pain medication, you can take acetaminophen and/or ibuprofen as directed by your midwife or other care provider.

Bleeding

Postpartum bleeding is called *lochia*; this vaginal discharge is a combination of the sloughed off uterine lining and blood. The discharge usually changes colour over several weeks, from bright red, to pink, and then to yellow or whitish tone.

Perineal Care

Until you stop bleeding, continue to use a "peri-bottle" to spray water each time after you urinate or use the toilet. Always wipe from front to back, away from your vagina. For the first week, we recommend you use soft facial tissue to gently pat dry. Change your pads often.
If your perineum is swollen or painful, apply ice to the area (on and off for short increments) for the first 24 hours after the birth. Prior to the birth, you can freeze maxi pads soaked with witch hazel to provide additional comfort. Discomfort usually resolves in 4-6 weeks.

Hemorrhoids

Hemorrhoids are caused in pregnancy by the added pressure of the baby in the uterus. They are protrusions of tissue (varicose veins) through the anal opening, and can be quite uncomfortable or painful. They may appear for the first time in late pregnancy, or following birth. Hemorrhoids usually respond well to treatment with witch hazel compresses, sitz baths, or over the counter topical medicated ointments. Avoid straining when you have a bowel movement, and do not stay seated on the toilet for longer than necessary.

Constipation

There is a tendency towards constipation during the first few weeks following birth. This can usually be improved with diet and hydration. Try to drink 8-10 glasses of water daily, and include roughage and fibre in your diet (raw fruits and vegetables, fruit juices, figs, dates and

prunes, whole grain breads, flax, bran cereal, natural oils). If necessary, you can use fibre supplements, mild laxatives or stool softeners.

Stitches
If you had a vaginal birth and had a tear or episiotomy that was repaired with stitches, this may be uncomfortable for a while. It takes 2-4 weeks for the skin to heal. Usually stitches do not need to be removed and will dissolve after about 2 weeks. If after that time, there are areas where some suture material remains, your midwife can remove it. The healing process can feel itchy; this is a normal sensation. Tell your midwife if you have foul smelling discharge or fever.

To alleviate discomfort:
- Reduce your physical activity, try to avoid sitting with your legs apart or cross-legged
- Use a sitz bath (or a bathtub) with warm water to soak your perineum for 20 minutes 2-3 times per day. Postpartum "teas" or herbal soaks, or epsom salts, may be added to the water if you choose.
- Expose your perineum to the air to promote healing.
- Adjust your sanitary pad to reduce rubbing or friction on your perineum.
- Apply witch hazel compresses to the area often
- Take acetaminophen and/or ibuprofen, or prescription pain medication as directed

Medications
You may, as advised, use over the counter medications for pain, colds, headache, constipation, hemorrhoids, insomnia, or other minor ailments. However, if you are breast/chestfeeding, some medications may have a potential impact on your baby. Before taking medications, you can check with your midwife.

Normal Physical Changes to Your Body
You may experience some normal physical and hormonal changes in your body after birth:
- Hot flashes
- Night sweating
- Increased urination (for the first few days after birth)
- Dry skin
- Temporary hair loss
- Vaginal dryness
- Mood swings

These are only temporary and should decrease as your body returns to its pre-pregnant state.

Emotional Health
There may be great joy and celebration at the birth, but sometimes people feel frustration or disappointment when events do not happen as planned. Remember that the goal of pregnancy and birth is to have a healthy parent and baby - not a perfectly scripted experience. The labour and birth experience is unique to each person, so it is important to keep your expectations flexible. Talk to your midwife about how you are adjusting, or about any concerns you may have.

Having a baby brings plenty of joy, but you may also feel a degree of anxiety or sadness. Mood swings and difficulties concentrating on tasks are common. Some people experience feelings of depression. About 80% of new parents will experience "baby blues," a period of sadness in the first few days or weeks postpartum that will improve with time. "Baby blues" might involve sudden feelings of sadness (crying for no reason), loneliness, impatience, irritability, or anxiety.

Postpartum depression, however, can occur in varying degrees and does not simply go away with time. Postpartum depression may start within the first two weeks after the birth, or up to

one year later. It may involve feeling fearful, out of control, feeling inadequate, unable to cope, despair, feelings of of panic, extreme concern for the baby, not feeling attached to the baby, fear of harming oneself or the baby, exaggerated highs and lows, poor concentration or memory, feelings of guilt or unworthiness. Physical symptoms may include heart palpitations or panic attacks. Please seek help from your midwife or other care providers if you think you may be experiencing postpartum depression. These symptoms are not a sign of weakness or inadequacy. They are temporary and treatable with support and professional help. There are resources available that you can be connected with for support, some of which are included in the Kensington Midwives client binder.

Adjusting to Being a Parent
While childbirth evokes powerful emotions, the bonding process sometimes takes time. Some parents comment that they feel guilty that they thought their baby was "funny looking" at birth, that there were feeding challenges, or that they were "too tired to care." You may think you are not normal if you do not instantly love everything about your baby, or feel an overwhelming parental instinct. Parenting is a learning process - not something that happens instantly. These are all normal feelings.

Partners may also have mixed feelings about birth and their role. Many partners are fearful that they will not measure up to expectations, or that they will cause stress to their partner if they discuss their own concerns or well being. Partners may also experience "baby blues" or postpartum depression, and there are many big life changes happening for partners too. It is important to communicate openly, and for partners to seek help and support when needed.

Cesarean (Abdominal) Birth
The immediate postpartum will be a bit different depending on whether you have a vaginal birth or a cesarean/abdominal birth. Generally, people will stay approximately 24-48 hours in the hospital after a cesarean birth. On the first day, you will be encouraged to get out of bed to walk and go to the washroom often. You can take pain medication at regular intervals to control the pain, and discomfort from your incision will subside a little each day. The first few days after surgery can be difficult; challenges may include positioning the baby for feedings, moving, sleeping, and coping with emotions and after-birth pains. To speed your recovery, it is important to get plenty of rest. It also wise to limit your visitors and the length of their stay while you are in hospital.

To turn from side to side in bed with the baby. Hold the infant close to your chest or under your arm (like a football), and use the side rails for support. When you cough, sneeze or laugh, bend your knees and support the abdominal incision with a blanket, pillow, or your hands.
Once the bandage has been taken off, keep your incision dry and exposed to air. After you shower, dry the area gently but thoroughly. The incision may be itchy and sensitive to touch and pressure. There are different methods used to close the incision; staples, dissolving sutures, or sutures that need removal. When staples are used, they are just holding the top layer of skin and are not folded under like those used for paper. They can be removed once you are home by your midwife, and it is not a painful procedure. More commonly, dissolving sutures are used which do not need to be removed. Your nurse will discuss the care of the incision before you go home from the hospital. Once you are home, notify your midwife is you see swelling or separation of the incision, foul odour, worsening pain, or excessive discharge from the incision.

For six weeks or longer, your body will not look the way it did before pregnancy. At first your balance may be unsteady, so limit stair climbing. Avoid lifting anything heavier than your baby, and unnecessary stooping or reaching. Walking is a good beginning exercise. You do not need to be on bed rest after a cesarean birth - a bit of gentle walking is good for your circulation. Postpone more strenuous exercises, such as aerobics, until after your six week check up.

Kensington Midwives
340 College St. #450 phone: 416-928-9777 www.kensingtonmidwives.ca
Toronto ON, M5T 3A9 fax: 416-928-9646 email: kmw@kensingtonmidwives.ca

Approximately six weeks after you give birth, you can begin daily massage of the incision scar tissue. This can help promote healing, break down scar tissue, and avoid the formation of adhesions. Adhesions are bands of scar tissue that bind together body parts that are not normally connected. After a cesarean birth, it is possible to develop adhesions on your colon, ovaries, bladder or uterus. If left untreated, adhesions can cause pelvic or back pain, urinary incontinence, infertility, pain during intercourse, or pain in subsequent pregnancies.
There are many YouTube videos demonstrating Cesarean scar tissue massage, or you can talk to your midwife.

Ways for partners, family and friends to help someone after cesarean birth:

- Encourage them to walk by walking with them
- Make arrangements to minimize stair climbing at home in the first few weeks
- Assist them in lifting or carrying siblings and heavy objects in the first few weeks
- Encourage them to take frequent rest breaks
- Bring the baby to them for feeds
- Change the baby's diapers
- Assist with household responsibilities
- Minimize work obligations, if possible, to spend more time together and with the baby

Future Birth After a Cesarean Birth
In a future pregnancy, most people who have had a previous cesarean birth will have a choice around planning a vaginal birth after cesarean birth (VBAC) or plan a repeat cesarean birth. About 75% of people planning a VBAC will have a vaginal birth, and 25% will have another cesarean birth. It is recommended that you allow 24 months between babies. Midwives can provide care to someone who has had a cesarean birth in the past. Talk to your midwife for more information and for a handout from the Association of Ontario Midwives.

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Finding a New Doctor

Health Care Connect
Health Care Connect is a Ministry of Health and Long-Term Care (MOHLTC) program which helps Ontarians without a family health care provider find one.
The program refers people without a regular family health care provider to physicians and nurse practitioners who are accepting new patients in their community. To register for the Health Care Connect program, call 1-800-445-1822, or for more information, visit the MOHLTC website at:http://health.gov.on.ca/en/ms/healthcareconnect/public/

Local Hospital(s)
Hospitals often know which physicians with privileges or on staff are accepting new patients, and may be able to provide a few contacts.

Community Health Centre(s)
Community health centres are organizations that provide primary health care and prevention programs through physicians and a variety of other health professionals. If you have a local community health centre, it may be taking new patients. Keep in mind that most community health centres only provide services to people who live within their particular community (i.e., within their "catchment area") and/or target populations. A list of community health centres in Ontario is available on the Ontario Ministry of Health and Long-Term Care's website at:http://www.health.gov.on.ca/english/public/contact/chc/chcloc_mn.html

This information provided by www.cpso.on.ca/docsearch/

Ophthalmia Neonatorum Fact Sheet

This fact sheet provides basic information only. It must not take the place of medical advice, diagnosis or treatment. Always talk to a health care professional about any health concerns.

Key Facts:

- Administration of preventative eye drops is a mandatory treatment for all newborns in Ontario.
- Beginning January 1, 2019, parents may request to opt-out of this treatment, which may only be granted by healthcare professionals attending at the birth of the child under certain conditions.

What is Ophthalmia Neonatorum?

Ophthalmia Neonatorum (ON) is an acute inflammation of the eyes and inner surface of the eyelids that occurs within the first four weeks of life. It is caused by chemical, bacterial, or viral processes. ON can be caused by untreated sexually transmitted infections such as gonorrhea or chlamydia transmitted from pregnant patients during birth.

What are the consequences for newborns who acquire Ophthalmia Neonatorum?

Symptoms of ON can include eye discharge, pain and tenderness in the eye, and swollen eyelids. Complications to the newborn from ON can include corneal scarring, ocular perforation, and blindness.

Complications from ON caused by gonorrhea can be severe and can lead to scarring of the cornea, perforation and permanent vision loss. Chlamydia is a leading cause of ON and can lead to newborn pneumonia.

Are healthcare professionals required to administer prophylactic eye drops to newborns?

Healthcare professionals attending at the birth of a child are legally required in Ontario to instill prophylactic antibiotic into the eyes of newborns within one hour after delivery (or as soon afterwards as is practicable) to destroy any infectious agent that might cause ON, without causing injury to the child. This requirement has been in place for many years.

Is there an opt-out process for the mandatory administration of prophylactic eye drops to newborns?

Beginning January 1, 2019 a parent may request in writing to their healthcare professional that prophylactic eye drops not be instilled in the eyes of their newborn.

This opt out request may only be granted by the healthcare professional attending the birth of the child under certain conditions.

What conditions must be met in order for a healthcare professional to grant an opt-out request?

Under Ontario law, a parent's opt-out request may only be granted by the healthcare professional attending at the birth of the child, and only if that healthcare professional is satisfied that:

- The parent of the child making the request has received information on the benefits and risks of administration of the ophthalmic agent, as well as information on the likely consequences of non-administration of the ophthalmic agent; and

- An assessment has been done by a member of a health profession set out in Schedule 1 of the *Regulated Health Professions Act, 1991* to confirm there is no serious risk of transmission to the child of an infectious agent that might cause ophthalmia neonatorum.

These requirements are outlined in *Regulation 557 Communicable Diseases – General* under the *Health Protection and Promotion Act* available at: https://www.ontario.ca/laws/statute/90h07.

What process should parents follow to request an opt-out?

At any point during the pregnancy, a parent may request in writing to their healthcare professional that the prophylactic eye drops not be instilled. This opt out request must be submitted in writing, and only one parent is required to submit the request.

Can healthcare professionals deny a parent's request to opt-out?

Yes. The healthcare professional attending at the birth of the child may only grant the request if they are satisfied that all the conditions specified in the regulation have been met, including that a healthcare professional has done an assessment to confirm there is no serious risk of transmission to the child of an infectious agent that might cause ophthalmia neonatorum.

What are some of the benefits and risks of prophylactic eye drops to prevent transmission of ON to newborns?

The application of prophylactic antibiotic eye drops significantly reduces the chances of a newborn contracting ON. The potential risks of this treatment are commonly mild and temporary when experienced and can include eye irritation, redness, itching, blurred vision, and sensitivity to light.

What are some other considerations for the prevention of ON?

As an important part of routine prenatal care, screening and treatment for sexually transmitted infections (STIs) reduces the risk of transmission of ophthalmia neonatorum.

For further information, please contact your local public health unit or refer to the Ministry of Health and Long-Term Care website.

Baby's First Days

Date	Time	Length of Breastfeeding		Supplement (EBM or formula)	Output		Comments
		Left	Right		Pee	Poo	

SIGNS THAT FEEDING IS GOING WELL

Your Baby's Age	1 WEEK							2 WEEKS	3 WEEKS
	1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS	6 DAYS	7 DAYS		
How Often Should You Breastfeed? Per day, on average over 24 hours	At least 8 feeds per day. Your baby is sucking strongly, slowly, steadily and swallowing often.								
Your Baby's Tummy Size	Size of a cherry		Size of a walnut		Size of an apricot		Size of an egg		
Wet Diapers: How Many, How Wet Per day, on average over 24 hours	At least 1 WET	At least 2 WET	At least 3 WET	At least 4 WET	At least 6 HEAVY WET WITH PALE YELLOW OR CLEAR URINE				
Soiled Diapers: Number and Colour of Stools Per day, on average over 24 hours	At least 1 to 2 BLACK OR DARK GREEN		At least 3 BROWN, GREEN, OR YELLOW		At least 3 large, soft and seedy YELLOW				
Your Baby's Weight	Most babies lose a bit of weight in the first 3 days after birth.		From day 4 onward, most babies gain weight regularly.						
Other Signs	Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding.								

best start
meilleur départ
by/par health nexus santé

Breast milk is all the food a baby needs for the first six months.

You can get advice, help and support from:

– Your health care provider.

– Telehealth Ontario's specialized breastfeeding services support line at 1-866-797-0000 or TTY at 1-866-797-0007.

– Bilingual Online Ontario Breastfeeding Services directory at www.ontariobreastfeeds.ca.

2020

Normal Newborn Behaviour

Newborns look and act differently than older babies and children, as they are adjusting to life outside the womb. This handout is to help you figure out what is normal and what to do if signs arise that may indicate illness.

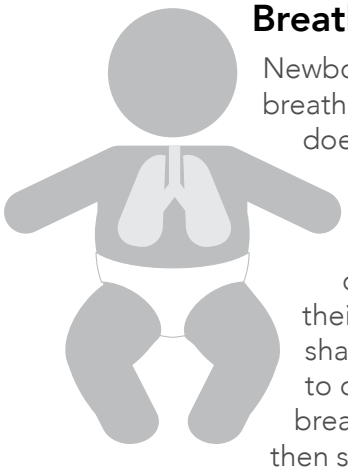
What to expect in the first few days	
Breathing	• Your baby may breathe in clusters—there may be times when your baby's breathing seems shallow and rapid. At other times your baby's breathing may seem deep or slow. • Your baby's breathing may be irregular.
Colour	Your baby may get: • blue/purple feet and hands in the first 24 hours. • blotchy and red when cold or crying. • mild jaundice (yellow face) after 24 hours.
Temperature	Normal temperature range: Armpit 36.5°C to 37.5°C (97.7°F to 99.5°F)
Feeding	• After the first 24 hours, your baby should eat every two to four hours, eight to 12 times per day. • Your baby will usually feed for a minimum of 20 minutes, though longer is very common. A satisfied baby will detach from the nipple after finishing a feed. • Your baby may cluster feed (feed many times in a row) and then have a longer stretch without feeding.
Diapers	• Day 1 = 1 wet diaper • Day 2 = 2 wet diapers • Day 3 = 3 wet diapers • Your baby's stool will appear black-greenish (meconium) for the first couple of days, until your colostrum (thick, sticky and yellowish first milk) transitions to mature milk. • Once mature milk comes in (between third and fifth day), expect six to eight wet diapers a day and two or more stools that are liquid yellow, green or brown. Stools that look 'seedy' are normal.

It is important to watch your newborn for any unusual behaviour during the first hours and days of his or her life. In very rare circumstances, babies can develop an infection from bacteria such as Group B Streptococcus (also called GBS), which can cause serious illness. The signs of illness from GBS are most likely to occur within the first 24 hours, but sometimes occur later. It is important for all parents to know what is within the range of normal newborn behavior and when you should contact your midwife or 911.

This document provides client-friendly information based on the Association of Ontario Midwives' *Clinical Practice Guideline No. 16: Group B Streptococcus: Postpartum Management of the Neonate*. It is designed to help you better understand some of the considerations and choices you may face while receiving care from your midwife. It is not intended to replace the informed choice discussions that you and your midwife will have. If you have any questions, concerns or ideas after reading over this document, please share them with your midwife.

Behaviour

Your baby will spend his or her early days and weeks in different states: deep sleep, light sleep, drowsy, quiet alert, active alert, crying. While newborns sleep about 16 hours out of every day, their sleep patterns are unpredictable; they may sleep for a few minutes or a few hours at a time. Babies should always be put to sleep on their backs. Because your baby's stomach is so tiny at this age, he or she needs to wake to feed often. In the first days and weeks, your baby should sleep for stretches no longer than four to six hours in a 24-hour period without waking to feed. If your baby is sleeping for a long period, wake your baby up and try to feed him or her. Some babies are difficult to wake; if they don't wake up with your first attempt, try again in half an hour. An effective way to wake your baby is to undress him or her, change their diaper and talk to them. It is normal for it to take a while for babies to latch. Be patient! If your baby seems unusually sleepy and uninterested in feeding upon waking, try again in 30 minutes or wipe a cool cloth on their face to help wake them up.



Breathing

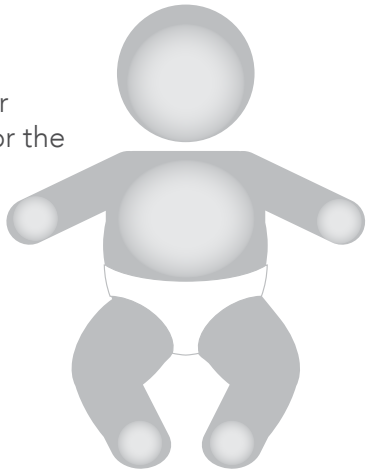
Newborns often have irregular breathing patterns. Their breathing does not look or sound like an adult's. At times, newborn babies will breathe progressively faster and deeper, and at other times their breathing is more slow and shallow. It is normal for babies to occasionally pause their breathing for 10 seconds and then start up with a deep breath. It is not normal for a baby to gasp for breaths or pant (quickly breathe) for 10 minutes or more. Babies make lots of different strange sounds and faces, and it can be difficult to know what is charming and normal and what should be concerning. It is normal for newborns to sound like a cat coughing up a hairball as they try to bring up mucous; they may also have bubbles at their mouths.

Contact your midwife if you notice any of these signs that your baby is having difficulty breathing:

- ***Your baby's nostrils widen as he or she breathes (nasal flaring) for longer than a few minutes.***
- ***Your baby makes grunting sounds with each breath; this lasts longer than a few minutes.***
- ***The skin around your baby's ribs or at the base of the throat pulls in sharply with each breath.***
- ***Your baby's breathing stops for more than 10 seconds.***

Colour

A pink chest and face shows that your baby is getting enough oxygen. Your baby's hands and feet may be blue, purple or grey and cool to the touch for the first few days – this is normal. Your baby's skin may get blotchy and red after crying or when cold.



If the skin on your baby's face or chest becomes blue or grey please call 911 and contact your midwife immediately.

Temperature

A newborn should be dressed in one layer more than you are comfortable wearing. Placing your baby skin-to-skin (holding your bare baby against your bare chest or stomach), covered by a light blanket, will help them to regulate their temperature. If you want to know if your baby is too hot or too cold, feeling their chest or the back of their neck will give you a more accurate idea of their temperature than their hands or feet. It is normal for a baby's hands and feet to be cool for the first few days. The best way to take your baby's temperature is under the armpit (this is also known as an axillary temperature). Ear thermometers are not accurate for newborns and are not recommended. Normal armpit temperature is 36.5°C to 37.5°C (97.7°F to 99.5°F).

Normal temperature in °C

- If your baby's temperature is over 38.0°C (100.4°F), please contact your midwife.
- If your baby's temperature is over 37.5°C (99.5°F), remove a layer of clothing and take his or her temperature again after 30 minutes have passed.
- If your baby's temperature is over 37.5°C (99.5°F), and you have taken the above actions, please contact your midwife.
- If your baby seems cold or his or her temperature is less than 36.5°C (97.7°F), place your baby skin-to-skin and cover you and your baby with a blanket. Take his or her temperature again after 30 minutes have passed.

Feeding

If you are nursing, putting your baby to the nipple often gives your baby valuable nutrient-rich colostrum (thick, sticky and yellowish first milk), helps establish your milk supply, and helps both you and your baby learn how chest or breastfeeding works. Your baby will need to eat at least every two to four hours (sometimes much more often), usually for a minimum of 20 minutes at a time. It can sometimes take time for you and your baby to learn how to nurse. Spending time together skin-to-skin will help encourage your baby to latch and feed. Your baby may spit up after eating, usually small amounts of milk come out and dribble down his or her chin.

A good online resource is: www.breastfeedinginc.ca

Diapers

Your midwife may ask you to keep track of the number of wet and soiled diapers your baby produces. A disposable diaper feels heavier if it's wet. Many diaper brands today have a urine indicator that turns blue in the presence of a certain amount of urine. Not all diapers do, and some pees in the first few days may be too small to make this happen. If you have trouble telling when the diaper is wet, put a tissue in the bottom of the clean diaper. Sometimes babies will have what looks like "brick dust" in their diapers in the first few days, a pinkish or orange coloured spot. These are called urate crystals, and they are normal. A baby girl may have a small amount of bloody discharge from her vagina, this is a response to mother's hormones and it is normal.

Muscle Tone

A newborn needs to be supported when held, but newborn babies should not feel completely limp in your arms. A newborn should display strong, well-flexed movements of his or her arms and legs.

Umbilical Cord

As your baby's cord begins to fall off (anytime in the first 14 days) it may begin to look "goopy" and a small amount of blood or discharge may come off on your baby's diaper or clothing. Your baby's cord may also have a strong smell; this is normal. It is not normal for the skin around the base of the umbilical cord (on your baby's stomach) to become red and infected-looking. If it does, contact your midwife.

Contact your midwife if:

- Your baby is not feeding and seems lethargic (having trouble waking up) and you can't wake your baby to feed. One long sleep (4-6 hours) in every 24 hour period is ok.
- Your baby's armpit temperature is above 37.5°C (99.5°F) or below 36.5°C (97.7°F) and your baby is not wearing too much or too little clothing.
- Your baby breathes rapidly (more than 60 breaths every minute) for longer than 10 minutes (and your baby is not crying, being active or overdressed).
- Your baby has difficulty breathing, which may look like this:
  - » nasal flaring and grunting that lasts longer than a few minutes;
  - » your baby's skin seems to be pulling in sharply around the ribs or base of the throat when he or she breathes.
- Your baby is very irritable.
- Your baby is crying almost all the time and the crying is high-pitched.
- Your baby is limp and not interacting when awake.
- Your baby has repeated, projectile vomiting (more forceful than spitting up).
- You see a brick dust colour in your baby's diaper beyond the third day of life.
- Your baby has not had a wet diaper in a 24 hour period.
- You are worried about your baby for any other reason.

Call 911 and your midwife if:

- Your baby's skin colour changes to blue, grey or pale (blue hands and/or feet are normal in the initial days).
- Your baby's breathing stops for more than 10 seconds.

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Association of Ontario Midwives
Delivering what matters.

Ontario

Kensington Midwives
340 College St. Suite #450
Toronto, ON M5T 3A9

Phone (416) 928-9777
Fax (416) 928-9646
kmw@kensingtonmidwives.ca

Hospital and Community Based Breastfeeding Clinics

Better Breastfeeding (Avenue and Eglinton) 491 Eglinton Av W, 416-782-6111 Mwf/Dr. referral, $60 fee	**Black Creek CHC** (Jane and Wilson area) 2202 Jane St, Suite 5, 416-249-8000 First Wednesday of every month 10am-1pm, drop-in
Toronto Public Health Breastfeeding Clinic at The Crossways Mall 2340 Dundas Street W Tuesdays-Fridays 11:00am-3:00pm free, drop-in, (416)338-7600	**Jack Newman Breastfeeding** (Leslie and 401east) 1255 Sheppard Avenue East (416)498-0002, www.nbci.ca Mwf/Dr. referral, $85 fee
St. Joseph's Health Centre (The Queensway and Roncesvalles) 30 The Queensway, 416-530-6331 By appt, free, only available to clients who delivered baby at St. Joe's	**Toronto East General Hospital** (Coxwell/Mortimer) 825 Coxwell Ave, 416-469-6667 Walk-in, free, Mon-Sat 10am – 3pm
Unison Health and Community Services (Keele and Rogers) 1651 Keele St, 416-653-5400 x 1300 Walk-in, free, Tuesday 1pm to 4pm	**Victoria Park Hub** (Victoria Park/Eglinton) 1527 Victoria Park Ave 2nd Floor, 416-750-9600 drop-in Wednesdays 11:00am-1:00pm

Phone and supportive resources

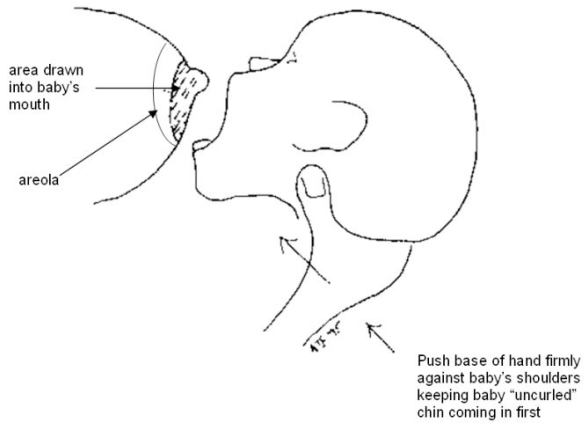
La Leche League (group support)	416-483-3368, www.lllc.ca
Toronto Public Health	www.toronto.ca/health/breastfeeding/index.htm
Toronto Health Connection (phone breastfeeding support)	416-338-7600
Breastfeeding after breast and nipple surgeries:	www.bfar.org
Chinese Speaking Family Breastfeeding Support	416-461-2493
Lactation Consultants Association of Southern Ontario, find private LC	416-223-4040
Kellymom.com (Breastfeeding and parenting information)	www.kellymom.com

Where to Buy/Rent pumps

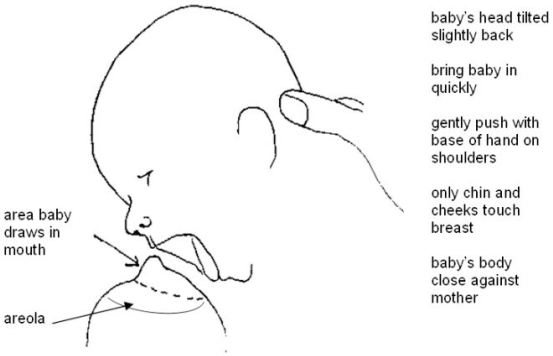
Rental:
Mt Sinai (416) 586-5551, **Hospital Sick Children** (416) 813-5294 or (416) 813-8074
Shopper's Drug Mart (General Inquiries re: pump rental & locations) 1-800-746-7737
Shoppers Drug Mart, 5230 Dundas St. W, (416) 233-3269
Shoppers Drug Mart, 25 The West Mall, (416) 621-2466
Shoppers Home Health Care, 526 Lawrence Ave West, (416) 789-3368
High Park Pharmacy, 1938 Bloor St.W, (416) 769-2222
Purchase:
St. Joseph's Health Centre (Outpatient Pharmacy) (416) 530-6555
Shopper's Drug Mart, 2290 Bloor St. W., (416) 769-1105
Macklem's, 2235 Dundas St. W., (416) 531-7188
With Child, 705 Pape Ave, (416) 466-9693

When Latching

For more information please see resources on www.nbci.ca

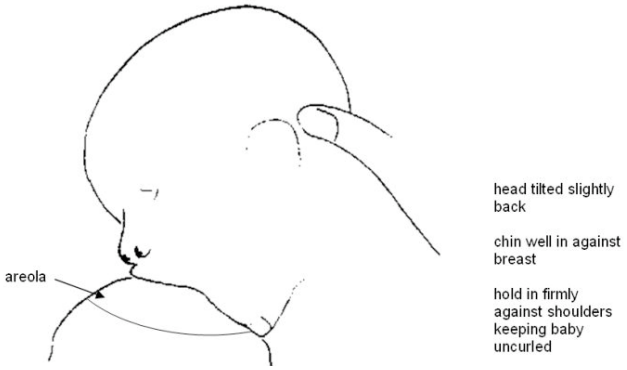


MOTHER'S VIEW WHILE LATCHING BABY



Move baby not breast

MOTHER'S VIEW OF NURSING BABY



Illustrations from the Jack Newman website www.nbci.ca

Revised Recommendations for *Breastfed* Infants
Health Canada 2004

Health Canada promotes breastfeeding as the best method of feeding infants as it provides optimal nutritional, immunological and emotional benefits for the growth and development of infants. The following two recommendations update recommendations one and ten found in the 1998 document ***Nutrition for Healthy Term Infants***.

Duration of Exclusive Breastfeeding

Exclusive breastfeeding[1] is recommended for the first six months of life for healthy term infants, as breast milk is the best food for optimal growth. Infants should be introduced to nutrient-rich, solid foods with particular attention to iron at six months with continued breastfeeding for up to two years and beyond.

[1]Exclusive breastfeeding, based on the WHO definition, refers to the practice of feeding only breast milk (including expressed breast milk) and allows the baby to receive vitamins, minerals or medicine. Water, breast milk substitutes, other liquids and solid foods are excluded.

Vitamin D Supplementation for Breastfed Infants

It is recommended that all breastfed, healthy term infants in Canada receive a daily vitamin D supplement of 10 µg (400 IU).

Supplementation should begin at birth and continue until the infant's diet includes at least 10 µg (400 IU) per day of vitamin D from other dietary sources or until the breastfed infant reaches one year of age.

The complete recommendations with background, rationale and references, along with questions and answers for health professionals can be found at:

www.healthcanada.ca/nutrition

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Health Canada Santé Canada

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Recommandations pour les nourrissons *allaités au sein*

Santé Canada 2004

Santé Canada fait la promotion de l'allaitement maternel en tant que meilleure façon qui soit de combler les besoins nutritionnels, immunologiques et affectifs reliés à la croissance et au développement du nourrisson. Les deux recommandations ci-dessous sont une mise à jour des recommandations numéro un et dix qu'on retrouve dans le document ***La nutrition du nourrisson né à terme et en santé***, publié en 1998.

Durée de l'allaitement maternel exclusif

L'allaitement maternel exclusif[1] est recommandé pendant les six premiers mois de la vie chez les nourrissons nés à terme et en santé étant donné que le lait maternel est le meilleur aliment permettant d'assurer une croissance optimale. À partir de l'âge de six mois, on recommande de donner au nourrisson des aliments solides ayant une teneur élevée en nutriments, plus particulièrement en fer, tout en poursuivant l'allaitement maternel jusqu'à l'âge de deux ans et même au-delà.

[1]Selon la définition de l'OMS, on entend par allaitement maternel exclusif la pratique consistant à nourrir un bébé exclusivement de lait maternel (incluant du lait maternel qui a été extrait). On peut également donner au bébé des vitamines, des minéraux ou des médicaments. L'eau, les substituts du lait maternel, les autres liquides et les aliments solides sont toutefois exclus.

Les suppléments de vitamine D chez les nourrissons allaités au sein

Au Canada, on recommande que tous les nourrissons nés à terme et en santé qui sont allaités au sein reçoivent un supplément de vitamine D de 10 µg/jour (400 UI/j).

Cette administration de supplément doit commencer dès la naissance et se poursuivre jusqu'à ce que l'alimentation du nourrisson fournisse au moins 10 µg/jour (400 UI/j) de vitamine D à partir d'autres aliments ou que le nourrisson allaité au sein atteigne l'âge d'un an.

Plus de détails au sujet des recommandations, incluant le contexte, les justifications et les références ainsi que des questions et réponses à l'intention des professionnels sont disponibles à l'adresse suivante :

www.santecanada.ca/nutrition

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Santé Canada Health Canada

Canada

INFANT HEARING PROGRAM

CAN YOUR BABY HEAR?

Why we screen babies for hearing loss

Two out of 1,000 babies have hearing loss at birth. Two more develop hearing loss by the age of five. These children may hear some sounds but miss others, making it harder to learn speech and language. This can lead to behavioural and emotional challenges.

The Infant Hearing Program provides hearing screening for all newborns in hospital or community settings and:

- Identifies newborns with permanent hearing loss
- Supports their language development so they will be ready to start school
- Identifies and monitors children at risk of developing hearing loss

How is my baby's hearing screened?

The tests used are reliable, quick and give results right away. They measure the ear's or brain's response to soft sounds played in your baby's ear and may use small stickers placed on your baby's head.

Ontario

To prepare, please:

- Avoid lotion on your baby's head on the day of the screen
- Feed your baby just before the appointment
- Bring your baby sleeping or resting quietly in a car seat

And don't forget to bring:

- Baby's Ontario health card number (if available)
- Blanket and other items to calm your baby
- Extra diapers and clothes

Checking if your baby is at higher risk for hearing loss

Babies with certain risks for hearing loss will be monitored. The same sample collected by the hospital or midwife for the newborn blood spot screening can be screened for:

- Cytomegalovirus infection – babies usually show no symptoms at birth but hearing loss could develop later
- Some common genetic risk factors – there is usually no family history of hearing loss

You may choose to:

☐ **Consent –** You will only be contacted with risk factor results if a risk is found.

☐ **Decline –** Your baby will not have the risk factor screen. Any change in hearing may not be found right away and could delay speech and language development.

What if my baby does not pass the hearing screen?

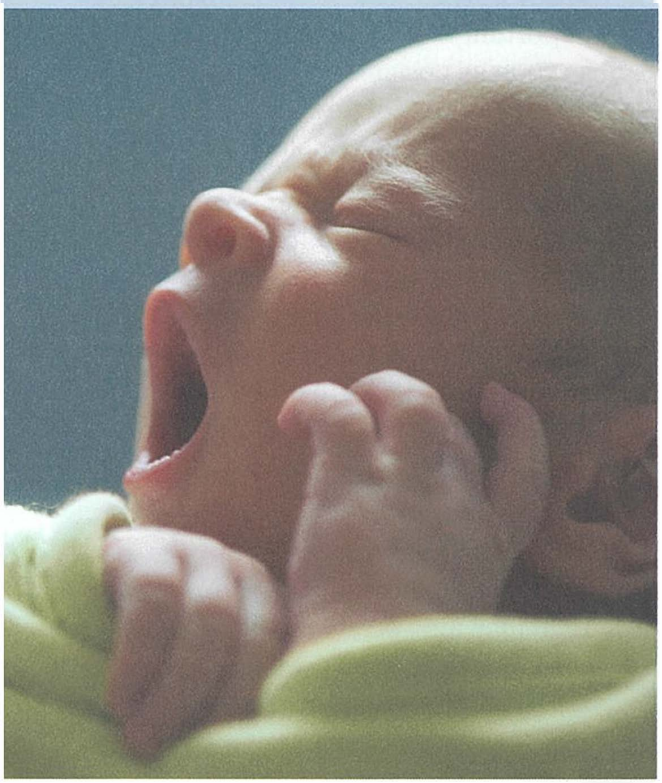
Your baby will be referred to an audiologist with the Infant Hearing Program who has the training and equipment needed for a full hearing assessment.

Can hearing loss happen later in my child's life?

Hearing loss can develop during childhood. You should have your baby's hearing tested by an audiologist if you have concerns about their hearing, speech or language development.

For more information please visit:
ontario.ca/infanthearing

NEWBORN SCREENING **ONTARIO**
DÉPISTAGE NÉONATAL **ONTARIO**



NEWBORN SCREENING AND YOUR BABY:

A healthy start leads to a healthier life

Ontario

EARLY DETECTION LEADS TO EARLY TREATMENT

As a new or expecting parent, your baby's health is important to you. Although most babies look healthy at birth, they may be at risk of having serious health problems if they have a disease that is not detected and treated early. To help your baby get the best start in life, your newborn – and every other newborn in Ontario – will be offered screening for rare, serious diseases. As a group these diseases affect about 225 out of the approximately 143,000 babies born each year in Ontario. The goal of screening is early detection – so that treatment can be started early and better health can be achieved.

Newborn screening is not mandatory. It is considered the standard of care for every baby and is highly recommended. You have the right to choose to accept or decline newborn screening for your baby. You may wish to discuss this decision with your doctor, midwife or other health care provider. Newborn screening is the only way to find babies with these diseases early enough to prevent serious, long-term health problems.

Screening results: high risk and low risk

The screening results will show if your baby is at higher or lower risk for the diseases, but they are not yes or no tests (also known as "diagnostic" tests). If your baby ever develops symptoms of a disease, your baby's doctor should do the appropriate diagnostic testing. Please also keep in mind that newborn screening does not test for all serious medical problems.

A screen negative result means that the chance your baby has one of the diseases is very low and no follow-up testing is needed. More than 99% of babies screened will have a screen negative result.

A screen positive result means that your baby has a higher chance of having one of the diseases and needs further testing. It does not necessarily mean that your baby has a disease. In this case, Newborn Screening Ontario (NSO) doctors will refer your baby to specialists for follow-up testing. You will be contacted by your health care provider (HCP) or a specialist if your baby has a screen positive result. If your baby's HCP's are concerned about your baby's Critical Congenital Heart Disease (CCHD) screening results, they will arrange more tests at the time of the screen.

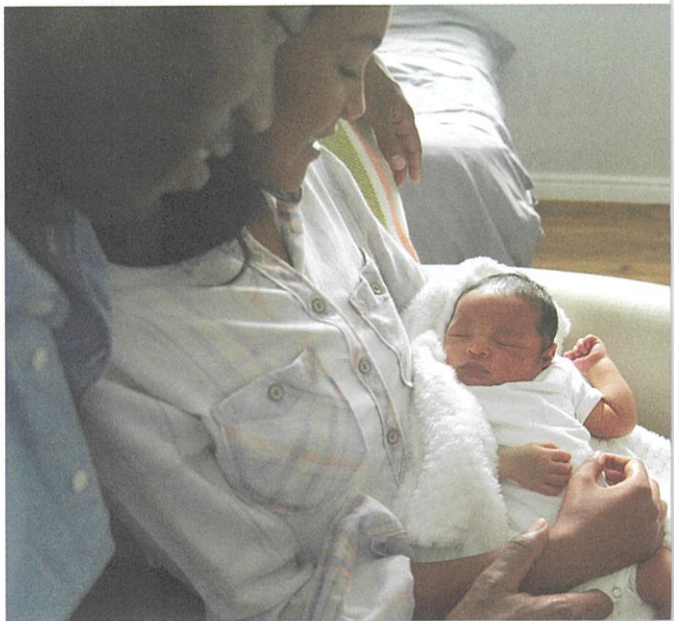
You may be asked to bring your baby back for a repeat screening sample. This will happen if:

- Your baby's first sample was taken before 24 hours of age
- Not enough blood was taken
- The sample was of poor quality

Your hospital or midwife will contact you if a repeat sample is needed. It is important that the repeat sample is taken as soon as possible so that your baby gets the full benefit of newborn screening. Needing a repeat sample does not mean there is anything wrong with your baby.

Some babies need to have their CCHD screen repeated because it was incomplete. If your baby's CCHD screen was incomplete, you will be contacted by your HCP or the hospital that performed the screen about next steps.

Results go to the hospital or HCP that did the test, by mail or electronically through the Ontario Laboratories Information System (OLIS). Your baby's HCP may also be able to get the results through OLIS. NSO does not release results directly to parents/guardians.



Will screening for these diseases find anything else?

Sometimes screening will show that a baby has a disease other than the targeted diseases. If something like this is found, a specialist will discuss this with you. Screening for some diseases may also detect if your baby is a carrier (also known as trait). Babies who are carriers are healthy and do not need any special medical treatment. Carrier results are available by request. Information on how to obtain your baby's carrier results is on the NSO website – or, ask your baby's health care provider.

Protecting your baby's privacy and confidentiality

Newborn Screening Ontario (NSO) is committed to keeping your baby's blood sample and information safe and confidential, following the rules set out in law about their collection and use. They can be used for providing health care, quality assurance, and research. Personal health information (PHI) is shared between health care providers involved in newborn screening and diagnosis to make sure that your baby gets the care and follow-up needed. PHI is also shared with the Ontario Laboratories System (OLIS). If you do not want this information shared, please make your wishes known to your health care provider and/or contact NSO.

After testing is finished, your baby's sample is stored in a secure facility as part of your baby's medical record. It is

stored for 19 years and then destroyed. Samples are stored so they can be used to ensure the quality of the newborn screening tests. This can benefit your baby and all babies in Ontario. Another possible use of the sample is testing as part of the Expanded Hearing Screening collaboration with the Ontario Infant Hearing Program. This would only be done with your consent. Your baby's sample could be needed in the future by his or her doctor to run extra tests. Storing the sample means it is available, if needed. Other possible uses for stored samples include testing by other laboratories at your request, the development of new or improved NSO tests, uses for which a legal warrant or court order is issued, and research approved by a research ethics board. In general, information that can connect your baby to the newborn screening sample can only be shared if you agree to this in writing or if it is required by law.

If you would prefer that your baby's sample not be stored, you can ask NSO to destroy the sample or release it to you. For more information please contact NSO.

A small test, producing big benefits

In order to perform the screening test, a small sample of blood is taken from your baby. It is usually taken between 24 – 48 hours after birth by pricking the heel and placing the blood on a special paper card. You should be given an information letter that includes a reference number at the top. This number can be used to link to your baby's sample. The sample is then sent to Newborn Screening Ontario (NSO) where it is tested for rare diseases including:

- Metabolic diseases
- Endocrine diseases
- Sickle Cell Disease (SCD)
- Cystic Fibrosis (CF)
- Severe Combined Immune Deficiency (SCID)

Newborn screening also includes Critical Congenital Heart Disease (CCHD). A quick and painless test called pulse oximetry measures the level of oxygen in the baby's blood. Results are available right away.

NSO, in collaboration with the Ontario Infant Hearing Program, offers screening for risk factors related to hearing loss using the newborn screening sample. This additional testing is performed with a parent or guardian's consent taken at the time of hearing screening.

A full list of diseases is available on the NSO website: **newbornscreening.on.ca**

For more information

If you have any questions about newborn screening in Ontario, please talk to your health care provider or contact Newborn Screening Ontario directly.

Website

newbornscreening.on.ca

Phone

Toll Free: 1-877-NBS-8330
(1-877-627-8330)
8:00 AM – 16:00 PM

Email

NSO@cheo.on.ca

Mail

Newborn Screening Ontario
Children's Hospital of Eastern Ontario
415 Smyth Road
Ottawa, Ontario K1H 8M8

YouTube

Youtube.com/user/NBSOntario

Twitter

@NBS_Ontario

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Sharing a bed with your baby

A guide for breastfeeding mothers

UK BABY FRIENDLY INITIATIVE

UNICEF UK Baby Friendly Initiative
with the Foundation for the Study of Infant Deaths

FSID
Giving babies the chance of a lifetime

unicef

Sharing a bed with your baby

A guide for breastfeeding mothers

Breastfeeding is best for your baby's health and your own health. The longer you breastfeed, the greater the health benefits for you both.

It is recommended that your baby shares a room with you for at least the first 6 months, as this helps with breastfeeding and protects babies against cot death.

Bringing your baby into bed with you means that you can breastfeed in comfort. This may be why mothers who share a bed with their baby tend to breastfeed for longer than those who don't.

As it is easy to fall asleep while breastfeeding, especially when lying down, there are some important points to consider before taking your baby into bed with you.

In particular, adult beds are not designed with infant safety in mind. Babies can die if they get trapped or wedged in the bed or if a parent lies on them. So the *safest* place for a baby to sleep is in a cot by your bed.

However, you can reduce the risk of accidents and, because bed sharing helps with breastfeeding, you may find this leaflet useful.

Important - when <u>not</u> to sleep with your baby

Smoking increases the risk of cot death. You should make sure that you don't fall asleep with your baby in your bed if you (or any other person in the bed) are a smoker, even if you never smoke in bed.

Never sleep with your baby on a sofa or armchair.

Falling asleep with your baby is also dangerous if you (or any other person in the bed) might find it hard to respond to the baby, For example if you:

- have drunk alcohol
- have taken any drug (legal or illegal) which could make you extra sleepy
- have any illness or condition which affects your awareness of your baby
- are otherwise unusually tired to a point where you would find it difficult to respond to your baby.

It also may be safest not to bed share in the early months if your baby was born preterm, was small at birth or if he has a high temperature.

Reduce the risk of accidents and overheating

Sofas are very dangerous for babies as they can become trapped down the sides or in the cushions. Never lie down or fall asleep with your baby on a sofa or armchair.

Adult beds are not designed for babies. To prevent your baby overheating, suffocating or becoming trapped:

- The mattress must be firm and flat - waterbeds, bean bags and sagging mattresses are not suitable;
- Make sure that your baby can't fall out of bed or get stuck between the mattress and the wall;
- The room must not be too hot (16-18°C is ideal);
- Your baby should not be overdressed - he should not wear any more clothes than you would wear in bed yourself;
- The covers must not overheat the baby or cover the baby's head;
- Your baby must not be left alone *in* or *on* the bed as even very young babies can wriggle into dangerous positions;
- Your partner should know if your baby is in the bed;
- If an older child is also sharing your bed, you or your partner should sleep between the child and the baby;
- Pets should not share a bed with your baby

If you have any questions, your midwife or health visitor will be able to advise you.

Your sleeping position

If you are bed sharing, it is important to make sure that your baby cannot go under the covers or into the pillow.

Most mothers who are breastfeeding automatically sleep facing their baby with their body in a position which protects the baby by stopping him moving up or down the bed (see picture).

Your baby will usually lie on his side to breastfeed. When not actually feeding, he should be put on his back to sleep, never on his front or side.

If you are bottle feeding the safest place for your baby to sleep is in a cot by your bed.

UNICEF and the Baby Friendly Initiative

The United Nations Children's Fund, UNICEF, is working globally to help every child reach his or her full potential. We work in more than 150 countries, supporting programmes to provide children with:

- improved health and nutrition
- safe water and sanitation
- education

UNICEF also helps children who need special protection, such as child labourers and victims of war.

To make a credit card donation to UNICEF, call

08457 312 312

(Charged at local rate. Lines open 24 hours. Please quote 'BFI'.)

UNICEF UK's Baby Friendly Initiative works with hospitals, health centres and GP surgeries, to help them ensure that pregnant women and new mothers get the support they need to breastfeed successfully. We encourage the health services to improve the care they provide in line with international best practice standards. Those that do so can apply for the prestigious 'Baby Friendly' award from UNICEF and the World Health Organisation.

Foundation for the Study of Infant Deaths

Foundation for the Study of Infant Deaths is one of the UK's leading baby charities working to prevent sudden infant deaths and promote baby health. FSID funds research, promotes health advice to parents and professionals and supports bereaved families.

More information on FSID and the health advice to protect babies from cot deaths and accidents can be seen at www.sids.org.uk/fsid/ or call the Helpline on 0870 787 0554. To make a donation to help fund FSID's lifesaving work please call 020 7222 8003.

Foundation for the Study of Infant Deaths (FSID), Artillery House, 11-19 Artillery Row, London SW1P 1RT.
Tel: 0870 787 0885 Email: fsid@sids.org.uk Web: www.sids.org.uk/fsid/

The UNICEF UK Baby Friendly Initiative and the Foundation for the Study of Infant Deaths have issued this leaflet together in order to give parents clear information about both the benefits of bed sharing and the situations in which bed sharing is unsafe.

www.babyfriendly.org.uk

This leaflet is produced by UNICEF Enterprises Ltd, a company which covenants to pay all its net profits to UNICEF. The printing of this leaflet has been funded by the Baby Welcome Programme (01737 213161). It is also available on our web site. For more information about UNICEF's work worldwide, contact: UNICEF, Room BFI, Freepost CL885, Billericay CM12 0BR. UNICEF is a Registered Charity, No. 1072612.

Baby Welcome

supporting breastfeeding and the Baby Friendly Initiative

UNICEF UK Baby Friendly Initiative, Africa House, 64-78 Kingsway, London WC2B 3NB
Tel: 020 7312 7652 Fax: 020 7405 2332 E-mail: bfi@unicef.org.uk

June 2005

Sarah Rosensweet
peaceful parenting

WHAT YOU NEED TO KNOW BEFORE YOU HAVE ANOTHER BABY

When you have another baby, the transition can be difficult. Follow these tips to make life feel easier and lay the foundations for a great sibling relationship. Here's what you need to know before you have another baby:

THIS WILL BE VERY HARD FOR YOUR OLDER CHILD.

Imagine your partner brings home a lover- how would you feel as your partner gazes passionately at this new love? Pretty terrible.
While most older children are excited to have a sibling, they are also mourning the loss of you. They will miss being your only baby and the centre of your world.

Find as much empathy as you can. See it from your child's point of view to help you navigate the ups and downs with love and patience.

YOUR CHILD NEEDS HELP WITH THEIR BIG FEELINGS.

Expect, recognize, accept your child's mixed feelings. They love the baby AND they wish the baby were never born. That's fine! Don't worry. This is normal.

You can help your child by talking about their mixed feelings and helping them find the tears.

YOUR OLDER CHILD IS DOING THE BEST THEY CAN.

Your child wants to be good. Your love and approval mean the world to your child. If they're is being difficult, it's because they actually can't manage to be better right now. They are trying to get their needs met and they don't know how.

YOUR OLDER CHILD STILL WANTS TO BE THE BABY.

Play "Baby Your-Child's-Name." Rock them, coo at them, pretend to feed them, dangle a rattle, dress them. Talk about when they were a baby, show them pictures, sing the baby songs.

Your child needs extra nurturing and babying right now.

YOUR OLDER CHILD NEEDS TIME ALONE WITH YOU.

If you can manage to do some daily care and get one-on-one time (15 minutes a day of Special Time!) your older child will feel they still matter and feel less resentful of the new baby.

Set your children up for a lifetime of best buds, not rivals for your attention and affection. It starts now.

How You Can Support Kensington Midwives

If you have been a client of ours, or you are connected with someone who has, you will know that Kensington Midwives is a midwifery clinic in the heart of Toronto that provides care for folks during pregnancy, birth and for the first 6 weeks after birth. What many people don't know is that midwifery care is free to *anyone* who is a resident of Ontario. That means, folks do not need an OHIP card to access the services of a midwife. It is important to us that our clientele be representative of the community we work in, in all its diversity. Therefore, we give priority to those who are marginalized, by setting aside at least one space out of every four each month.

There are an increasing number of people in Toronto marginalized not just by poverty, but also by an immigration status that makes them ineligible for OHIP. Such circumstances are challenging for people at any time – but, when a person becomes pregnant, their needs for support become greater. Paying for the cost of hospital beds, or an essential treatment for themselves or their baby, can be enormously stressful for a pregnant person and their family.

Our client fund, which exists from donations, allows us to help cover the costs of items such as translators for those that do not speak English, TTC tokens, transportation, and other essential expenses that many cannot afford.

Given all this, we so value the donations we receive from past clients and the community at large to offset these costs. While few people are in the position to make large donations, the modest contributions our clients and other supporters make are really appreciated – every little bit really adds up!

If you feel you are in a position to make such a contribution, please talk with your midwife or admin staff.

Many thanks!

Kensington Midwives

450-340 College St.

Toronto, ON

M5T 3A9

416-928-9777 (ph) ▪ 416 -928-9646 (fax)

kmw@kensingtonmidwives.ca