



Caring for Yourself and Your Newborn

The First Month



Introduction

Congratulations! This book is for mothers, fathers, grandparents, and other caregivers who are welcoming a new baby into their family. It has information to help you learn how to take care of yourself and your baby in the first month.

You may be a first time parent or you may have other children. Everyone has questions. Talk to your nurse, doctor, or midwife; they are happy to help.

This book has 3 sections

Section 1: Caring for yourself after the birth of your baby.

Section 2: Gives you tips and teaches you about breastfeeding your baby.

Section 3: Helps you as you learn to care for your baby.



Welcome to the exciting new world of parenthood and good luck as you begin your journey!

Important Phone Numbers



Emergency (Police/ Fire/ Medical/ Rescue)	911
HealthLine- 24 hour help line	811
Police	
Doctor's Office	
Midwife	Work- (306) 766-6344 Cell #-
Nurse Practitioner	
Regina General Hospital	(306) 766-4444
Pasqua Hospital	(306) 766-2222
Poison Control	Toll free 1-866-454-1212
Maternity Visiting Program	(306) 766-3700
Public Health Services for Regina and Other RQHR Rural Communities	
Regina.....	(306) 766-7500
Fort Qu'Appelle.....	(306) 332-3340
Indian Head.....	(306) 695-4014
Grenfell.....	(306) 697-4040
Moosomin.....	(306) 435-6279
Other	
Other	

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Birth Registration Package

You will be given a Birth Registration Package while in hospital. Staff can help you fill it out. The package gives you information about government services. The Live **Birth Registration** form for Vital Statistics needs to be filled out before you go home. If you want to apply for the benefits listed below you may do so while in hospital or once you go home.



Canada Child Benefits

This includes the Child Tax Benefit (CCTB), the Universal Child Care Benefit (UCCB), the Goods and Services Tax/ Harmonized Sales Tax (GST/HST) credit, and any related provincial programs through Canada Revenue Agency (CRA). If you have questions about your Canada Child Benefit payments or need to update personal information, go to www.canada.ca search for **Canada Child Benefit Overview** or call toll free **1-800-387-1193**.

Social Insurance Number (SIN)

If you have any questions or concerns about your baby's Social Insurance Number call toll free **1-800-206-7218** and select option "3" or go to www.canada.ca search for **Social Insurance Cards**

Saskatchewan Health Card

If you have any questions or concerns about your baby's Health Card, you can call **306- 787-3251** or toll free **1-800-667-7551**. Online go to www.ehealthsask.ca click on **Health Cards**. A Saskatchewan Health Card will be mailed after 10 business days.

Saskatchewan Birth Certificate

You can order and pay for your baby's Birth Certificate when you are in the hospital with a valid Visa or MasterCard. If you want to order your Birth Certificate online go to www.ehealthsask.ca click on **Births** or call **306- 787-3251** toll free **1-800-667-7551**.

Going Home

This list helps you prepare to bring your baby home from the hospital:

- Bring your infant car seat to the hospital and learn how to use it before your baby is ready to go home. A baby must be in a car seat when in a vehicle. **Refer to Car Seat Basics on pages 70-71.**
- Make sure that your home is set up and ready for baby. Have diapers, blankets, clothes, and a safe sleeping space ready.
- Ask your family and friends for help. They can help care for older children; do cleaning tasks around the house or prepare meals.
- You need to plan time to rest. Take naps during the day when baby sleeps.
- Visitors and friends are an important part of your recovery. However, it may be helpful to set up visiting rules. You can ask your visitors to follow these suggestions:
 - ✓ Call before you visit. Please do not drop by unannounced.
 - ✓ Do not come for a visit if you are feeling unwell.
 - ✓ Wash your hands before and after you touch the baby.
 - ✓ Do not smoke in the house.
 - ✓ Please keep visits short.

Adult Immunizations

Immunizations, also known as vaccinations, are important for people of all ages. Get all adult vaccines on time. You or your family members may be eligible to receive vaccines after your baby is born. Mothers may be able to have some of their vaccinations given before they leave the hospital. Ask your nurse, midwife or doctor about vaccines you may need.

Refer to Immunization Resources on page 80.

Postpartum Follow Up

All families are offered postpartum follow-up by a Registered Nurse or Midwife after you go home from the hospital. At a home visit the nurse or midwife will check both you and your baby, provide health information, answer questions, give you support and help you and your family adjust.

If you live in and around Regina:

A nurse from Maternity Visiting Program (MVP) contacts you 24- 48 hours after leaving the hospital and a time to visit you in your home will be arranged. MVP nurses will continue to provide support until your baby is 2 weeks old, as needed. After your baby is 2 weeks old, you are contacted by a Public Health Nurse from the Primary Health Care Network in your area. This nurse is able to help you in your home or by phone for as long as you need follow-up and support.

If you have been followed by a midwife in your pregnancy, a midwife will continue to follow you and your baby for 6 weeks after your delivery, you will not receive a phone call from the Maternity Visiting Program.

In Regina if you need to speak to a nurse or midwife and your baby is:

- Less than 2 weeks old call Maternity Visiting Program at **(306)766-3700**
- More than 2 weeks old call Primary Health Care at **(306)766-7500**
- 6 weeks of age or less and you have a midwife call **(306)766-6344**

If you live outside of the Regina area:

You will be contacted by your local Public Health Nurse or Midwife. Follow-up will be in your home or by phone as long as you need follow-up and support. **Refer to Community Health Services on pages 79-80.**



Section 1: Caring for Yourself

This section helps you learn to care for yourself during the first month after your pregnancy. It gives you information about the changes happening to your body, warning signs, birth control, nutrition, and exercising. Caring for yourself as a new mother is just as important as caring for your new baby. Women's bodies go through many changes after childbirth.



On Motherhood

A mother's love is like a circle, it has no beginning and no ending. It keeps going around and around, ever expanding, touching everyone who comes in contact with it.

Engulfing them like the morning's mist, warming them like the noontime sun, and covering them like a blanket of evening stars.

A mother's love is like a circle, it has no beginning and no ending.

Art Urban

Warning Signs

If you have 1 or more of the following symptoms after giving birth, contact your doctor, midwife, nurse practitioner or HealthLine- 811 right away or go to the hospital.

- Fever** over 38° C or 100.4° F
- Fainting or dizziness**
- Headaches**
- Problems seeing, such as blurring or spots in front of your eyes**
- Not coping well and thinking of hurting yourself, your baby, or others**
- You cannot catch your breath** for any clear reason
- Sudden, very heavy bleeding or discharge**, soaking more than one sanitary pad in an hour or less, clots bigger than a toonie or bleeding that does not stop dripping into the toilet.
- Painful, reddened breasts** and flu-like aches, fever, and chills
- Painful, cracked, bleeding nipples**
- Vaginal discharge that smells bad**
- Burning, stinging, or difficulties when you pee**
- Flow that lasts longer than 6 weeks**
- Hot, swollen surgical cut site (incision) from a cesarean birth or an surgical cut area that becomes more painful, red, separates, or starts to drain**
- An increase in pain around your vagina, perineum, or lower stomach**
- Bad cramps or a sore abdomen that never goes away**
- Red, uncomfortable, or swollen legs**



Your Body after Pregnancy

Vaginal Bleeding

After the birth you will have vaginal bleeding or flow called lochia. It will be similar to a heavy menstrual period in the first days after the birth. It will be most heavy in the first 24 hours but then starts to decrease in amount over the next few days. It will change colour in the first few days, from bright red to brownish-red, and over the coming week's changes to pink then whitish-yellow. It will smell similar to a menstrual period. Flow may last from 1-6 weeks postpartum. Passing blood clots is normal. Clots may be dime sized to Toonie sized.

Make sure you get plenty of rest during this time. Too much activity may cause the flow to increase.

Seek **medical attention** if you:

- ✓ soak more than 1 sanitary pad from front to back in 1 hour or less
- ✓ pass blood clots larger than a toonie
- ✓ notice a foul smell to your flow

Caution: It is important that you use sanitary pads to catch the flow, not a tampon.

Return of Menstruation

It is hard to say when you will get your period back. Some people will have a regular period by 2 months after the birth. Others do not have another period until after their baby has stopped breastfeeding.

Your first period may be heavier and last longer than normal, and there may be some clots. Periods may be irregular for a few months as your body gets back to normal.

It is possible to get pregnant as soon as you start having sex again, even if you are breastfeeding and have not had your period since the birth of your baby. **Refer to Family Planning and Birth Control on page 21.**

Perineal Care

The perineum is the part of your body between your vagina and your anus. After the birth of your baby your perineum may feel sore, bruised, and swollen. The perineum may tear during childbirth. You may have stitches. The perineum will heal, and the stitches will dissolve.

Cleaning the perineum

- ✓ Soak in a warm tub bath or sitz bath 2-3 times a day.
- ✓ Clean your perineum after each time you use the toilet. Fill the plastic bottle you got in the hospital with warm water and squeeze the bottle to spray the water over your perineum. Gently pat dry from front to back.
- ✓ Wash your hands with soap and water before and after changing your pads. Change your pads each time you go to the bathroom, at least every 4 hours.
- ✓ Take pain medication as needed, your healthcare provider will tell you what medication is safe to take.
- ✓ Cool the perineum area with an ice pack. This helps to reduce swelling and gives you short term relief. Never put an ice pack directly on your skin. Place your ice pack in a towel or cloth then place it on your perineum.
- ✓ Sit on a soft pillow.

Afterpains

Afterpains are cramp-like pains you feel in your abdomen in the first few days after birth. The uterus contracts after birth and as the uterus contracts, it causes these pains. They may be more painful if you have had more than one child.

During breastfeeding you can experience stronger cramps that cause more discomfort. Afterpains should go away in 4 to 7 days.

Contact a doctor, midwife or nurse if you need some medication to help with the pain.

Recovering from a Cesarean Birth

A cesarean birth is major abdominal surgery. You will be recovering from both surgery and childbirth. You will have vaginal bleeding. **Refer to Vaginal Bleeding page 12.** Your surgical cut will be sore and may look swollen. You will have afterpains (cramping). Your healthcare provider will recommend medication to help you with pain after surgery.

In the first few weeks after surgery, help to care for yourself and your baby will be needed. Talk to your partner, parents, in-laws, or friends.

Your Surgical Cut needs the following care

- ✓ The dressing covering the surgical cut is removed after your first shower.
- ✓ Leave the surgical cut uncovered and open to air dry. Your healthcare provider will tell you if it needs to be covered with a dressing.
- ✓ Stitches will dissolve and do not need to be removed unless your healthcare provider tells you.
- ✓ If your surgical cut is closed with staples, the staples will need to be taken out by a health care provider. This will be arranged to be done in the community before you leave the hospital.
- ✓ You may have steristrips or small plastic tapes on your cut. Leave them alone and let them fall off on their own.
- ✓ Keep the area clean and dry. Wash the area gently in the shower and pat dry. Ask your health care provider when you can tub bath again.
- ✓ Do not lift anything heavier than 10 pounds (4.55 kg) for 6 weeks.
- ✓ Check your surgical cut for any openings, redness, swelling, drainage, or pain. Talk to your healthcare provider if you have any of these symptoms or if you have a fever.
- ✓ Avoid strenuous activities, such as jogging, intense cardio or weight lifting for 6 weeks or until your physician or midwife says it is okay. **Refer to Exercising after Childbirth page 24.**

Some people may feel sad or angry about having had a cesarean birth. These feelings are normal. Talk about it with someone you trust - your partner, a family member, friend, nurse, doctor or midwife.

Urinating- Peeing

For the first 24 hours after birth, you may find it hard to pee or may have a stinging feeling when you pee. Sometimes you may feel like you cannot tell when your bladder is full. It may help to pee in the bath tub or spray warm water on your perineum while you pee.

It is important to pee often. This helps prevent infection and reduces bleeding problems. It is normal to pee large amounts as your body gets rid of extra fluids.

You may experience some leaking of urine after your baby is born. A cough, sneeze, or laugh may cause this to happen. For most people, this gets better as you heal. You can help to control urine leakage by doing the Kegel exercises. **Refer to Exercising after Childbirth page 24.**

Bowel Movements- Stool

You may not have a bowel movement for up to 3 days after the birth. You may feel anxious about your first bowel movement. Do not worry. Your stitches will not break. Take lots of time, relax, and let your body do the work. Placing a stool or books under your feet to help position your knees higher than your hips can help.

To help promote regular bowel movements:

- ✓ Drink lots of fluids.
- ✓ It helps to move around and walk.
- ✓ Eat foods with lots of fibre - fruit, vegetables, cereal, and whole grains.
- ✓ If the above suggestions do not work, talk to your pharmacist about using stool softeners that can be bought at the drug store.
- ✓ If you have stitches, you may find it comforting to put gentle pressure on the perineum with a cool, clean, cloth while you have a bowel movement.
- ✓ Call your healthcare provider if you have not had a bowel movement by the 4th-5th day after the birth of your baby.

Hemorrhoids

Hemorrhoids are painful swelling of veins in the anus. Constipation, pregnancy, and pressure from the birth can cause them. They can feel itchy, painful, and sometimes may bleed. Hemorrhoids usually shrink and disappear a few weeks after the birth.

To get relief from your hemorrhoid discomfort:

- ✓ Good perineal care is important. **Refer to page 13.**
- ✓ Sit or soak in a warm tub of water or a sitz bath 2 to 4 times a day.
- ✓ Apply hemorrhoid cream or medicated pads to the area. Ask your healthcare provider about brands you can use.
- ✓ Rest on your side when possible and do not sit or stand for long periods of time.
- ✓ Try to keep your bowel movements soft. **Refer To help promote regular bowel movements on page 15.**
- ✓ Contact your doctor, nurse, or midwife if pain does not go away within a few days of trying the relief measures listed above.

Breasts

A few days after delivery, your breasts may begin to feel heavy, swollen and tender.

If you are breastfeeding, refer to the “Breastfeeding Section” pages 25-51.

If you are not breastfeeding, do not express your breast milk by hand or with a pump. This will cause your breasts to make more milk. The milk in your breasts will be reabsorbed by your body. The heavy, swollen feeling in your breasts will go away within 3-5 days. For comfort, it can be help to wrap ice packs in a cloth and apply them to your breasts for 10-15 minutes. Wear a proper fitting bra without underwire. Take pain medication if needed.

Postpartum Weight

After the birth it takes time for your body to return to its pre- pregnancy weight. Healthy eating combined with regular activity will help you lose weight gained in the pregnancy. Start exercising slowly. Be patient. Breastfeeding frequently and for 6 months or longer increases maternal weight loss.

Sleep and Rest

Rest is important for your physical health and emotional wellbeing. Your body needs rest to help you have strength and energy. Tips to help include:

- ✓ Rest when you have your partner at home or have visitors that can watch your baby.
- ✓ Try to rest or sleep when the baby sleeps.
- ✓ Accept help from others and ask for help when you need it.
- ✓ Let household tasks wait.
- ✓ Use feeding times to rest. Put your feet up or sit in bed.
- ✓ Try not to take on extra or new tasks.
- ✓ Stay away from heavy exercise until 6 weeks after the birth.

Postpartum Mood Disorders

Pregnancy and birth cause physical, emotional and social changes. It is not always an easy time. About 1 in 5 people feel teary, sad or overwhelmed during pregnancy or after giving birth. Many can feel they have postpartum blues also called “baby blues”. Baby blues usually pass without treatment within a few weeks after the birth of a baby.



To get some relief:

- ✓ Ask for help and support.
- ✓ Talk about your feelings with your partner or someone you trust. Having support through the hard days is sometimes all that is needed
- ✓ Stay away from stressful situations if possible.
- ✓ Get lots of rest and eat a well-balanced diet.
- ✓ Do only what needs to be done.
- ✓ Cry when you need to - it is healing.
- ✓ Do something nice for yourself every day.

Postpartum Depression

Postpartum depression is more serious than ‘baby blues’. About 10-30% of women will have postpartum depression. Postpartum depression can affect both parents-mothers and their partner’s.

Signs of depression include feeling sad, worthless, anxious, or guilty a lot of the time. A person may feel they do not enjoy activities they used to, it can change the way a person eats or sleeps. Some feel irritable or angry often. A person may also feel they cry or feel teary frequently for no reason. Parents may feel they are not enjoying their baby. Scary thoughts about harming themselves or the baby can happen. It is rare for a parent to make plans to act on these thoughts. However this is serious and requires urgent medical care. If you believe that you or a loved one is in danger, don’t hesitate to call 911 or your local crisis line.

If you think you have postpartum depression, you are not alone and you can get help. Depression can start in pregnancy; right after the birth or anytime during the first year after a baby is born. It affects relationships with family and friends. Talk about how you are feeling. If your symptoms last longer than a few days, get help. Untreated depression can be harmful to the entire family.

If you or your family members have concerns about postpartum mood disorders read and answer the questions on the **“EPDS Screening and Care Guide” on pages 19-20**. If you have concerns with your score on the EPDS screen, if you feel you are not coping well, or are thinking of hurting yourself, your baby, or others seek medical help right away. With care and support you can recover and enjoy time with your family.

Support Person(s) Role

It is important to have support from partners, and other important people in your life after you have a baby. Understand that parents will experience physical and emotional changes during this time. The changes are normal and usually do not last too long. Support new parents as they learn to breastfeed and care for their baby. Prepare meals, help with housekeeping duties, or look after older children. Be kind, patient, and loving.

Refer to Maternal Mental Health and Postpartum Support on pages 83-84 to find where you can get help in your community.

EPDS SCREENING & CARE GUIDE

OFFER all pregnant women the Maternal Mental Health print materials.

Download or order screening and print materials from the Saskatchewan Prevention Institute at www.skprevention.ca

Maternal Depression - which includes Antenatal Depression (AD) and Postpartum Depression (PPD) and **Maternal Anxiety** affect 1 in 5 women. There are potential effects to the whole family, as 10% of partners experience depression and anxiety, more if the mother is depressed. Parental mental health issues can affect child health and development. Treating anxiety may help to prevent depression.

Signs of anxiety and depression include:

- | | | | |
|-----------------------------|--------------------------------------|----------------------|--------------------------------|
| - Irritability or anger | - Excessive worry and guilt | - Inability to relax | - Hypervigilance |
| - Sleep problems | - Sadness | - Panic attacks | - Repetitive thoughts |
| - Lack of bonding with baby | - Crying | - Fearfulness | - Obsessive intrusive thoughts |
| - Indecisiveness | - Thoughts of harm to self or others | | |

UNIVERSAL SCREENING is a quick and easy way to **determine women at risk** as well as helping to **reduce stigma** of mental health problems. **The Edinburgh Postnatal Depression Scale – EPDS** – can be done in-person or over the phone. The EPDS is also valid for use with partners.

MINIMAL TIMES TO SCREEN

Pregnancy

- 1st prenatal visit and at 28-34 weeks gestation

Postpartum

- 2-3 weeks postpartum and at 2-month (or 4 if not done at 2) and 6-month well child visits

Or as deemed necessary by the practitioner

EPDS Screen

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>1. I have been able to laugh and see the funny side of things:</p> <table border="0" style="width: 100%;"> <tr><td>As much as I always could</td><td style="text-align: right;">0</td></tr> <tr><td>Not quite so much now</td><td style="text-align: right;">1</td></tr> <tr><td>Definitely not so much now</td><td style="text-align: right;">2</td></tr> <tr><td>Not at all</td><td style="text-align: right;">3</td></tr> </table> <p>2. I have looked forward with enjoyment to things:</p> <table border="0" style="width: 100%;"> <tr><td>As much as I ever did</td><td style="text-align: right;">0</td></tr> <tr><td>Rather less than I used to</td><td style="text-align: right;">1</td></tr> <tr><td>Definitely less than I used to</td><td style="text-align: right;">2</td></tr> <tr><td>Hardly at all</td><td style="text-align: right;">3</td></tr> </table> <p>3. I have blamed myself unnecessarily when things went wrong:</p> <table border="0" style="width: 100%;"> <tr><td>Yes, most of the time</td><td style="text-align: right;">3</td></tr> <tr><td>Yes, some of the time</td><td style="text-align: right;">2</td></tr> <tr><td>Not very often</td><td style="text-align: right;">1</td></tr> <tr><td>No, never</td><td style="text-align: right;">0</td></tr> </table> <p>4. I have been anxious or worried for no good reason:</p> <table border="0" style="width: 100%;"> <tr><td>No, not at all</td><td style="text-align: right;">0</td></tr> <tr><td>Hardly ever</td><td style="text-align: right;">1</td></tr> <tr><td>Yes, sometimes</td><td style="text-align: right;">2</td></tr> <tr><td>Yes, very often</td><td style="text-align: right;">3</td></tr> </table> <p>5. I have felt scared or panicky for no very good reason:</p> <table border="0" style="width: 100%;"> <tr><td>Yes, quite a lot</td><td style="text-align: right;">3</td></tr> <tr><td>Yes, sometimes</td><td style="text-align: right;">2</td></tr> <tr><td>No, not much</td><td style="text-align: right;">1</td></tr> <tr><td>No, not at all</td><td style="text-align: right;">0</td></tr> </table> | As much as I always could | 0 | Not quite so much now | 1 | Definitely not so much now | 2 | Not at all | 3 | As much as I ever did | 0 | Rather less than I used to | 1 | Definitely less than I used to | 2 | Hardly at all | 3 | Yes, most of the time | 3 | Yes, some of the time | 2 | Not very often | 1 | No, never | 0 | No, not at all | 0 | Hardly ever | 1 | Yes, sometimes | 2 | Yes, very often | 3 | Yes, quite a lot | 3 | Yes, sometimes | 2 | No, not much | 1 | No, not at all | 0 | <p>6. Things have been getting on top of me:</p> <table border="0" style="width: 100%;"> <tr><td>Yes, most of the time I haven't been able to cope at all</td><td style="text-align: right;">3</td></tr> <tr><td>Yes, sometimes I haven't been coping as well as usual</td><td style="text-align: right;">2</td></tr> <tr><td>No, most of the time I have coped quite well</td><td style="text-align: right;">1</td></tr> <tr><td>No, I have been coping as well as ever</td><td style="text-align: right;">0</td></tr> </table> <p>7. I have been so unhappy that I have had difficulty sleeping:</p> <table border="0" style="width: 100%;"> <tr><td>Yes, most of the time</td><td style="text-align: right;">3</td></tr> <tr><td>Yes, sometimes</td><td style="text-align: right;">2</td></tr> <tr><td>Not very often</td><td style="text-align: right;">1</td></tr> <tr><td>No, not at all</td><td style="text-align: right;">0</td></tr> </table> <p>8. I have felt sad or miserable:</p> <table border="0" style="width: 100%;"> <tr><td>Yes, most of the time</td><td style="text-align: right;">3</td></tr> <tr><td>Yes, quite often</td><td style="text-align: right;">2</td></tr> <tr><td>Not very often</td><td style="text-align: right;">1</td></tr> <tr><td>No, not at all</td><td style="text-align: right;">0</td></tr> </table> <p>9. I have been so unhappy that I have been crying:</p> <table border="0" style="width: 100%;"> <tr><td>Yes, most of the time</td><td style="text-align: right;">3</td></tr> <tr><td>Yes, quite often</td><td style="text-align: right;">2</td></tr> <tr><td>Only occasionally</td><td style="text-align: right;">1</td></tr> <tr><td>No, never</td><td style="text-align: right;">0</td></tr> </table> <p>10. The thought of harming myself has occurred to me:</p> <table border="0" style="width: 100%;"> <tr><td>Yes, quite often</td><td style="text-align: right;">3</td></tr> <tr><td>Sometimes</td><td style="text-align: right;">2</td></tr> <tr><td>Hardly ever</td><td style="text-align: right;">1</td></tr> <tr><td>Never</td><td style="text-align: right;">0</td></tr> </table> | Yes, most of the time I haven't been able to cope at all | 3 | Yes, sometimes I haven't been coping as well as usual | 2 | No, most of the time I have coped quite well | 1 | No, I have been coping as well as ever | 0 | Yes, most of the time | 3 | Yes, sometimes | 2 | Not very often | 1 | No, not at all | 0 | Yes, most of the time | 3 | Yes, quite often | 2 | Not very often | 1 | No, not at all | 0 | Yes, most of the time | 3 | Yes, quite often | 2 | Only occasionally | 1 | No, never | 0 | Yes, quite often | 3 | Sometimes | 2 | Hardly ever | 1 | Never | 0 |
| As much as I always could | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not quite so much now | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Definitely not so much now | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not at all | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As much as I ever did | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rather less than I used to | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Definitely less than I used to | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hardly at all | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes, most of the time | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes, some of the time | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not very often | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No, never | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No, not at all | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hardly ever | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes, sometimes | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes, very often | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes, quite a lot | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes, sometimes | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No, not much | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No, not at all | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes, most of the time I haven't been able to cope at all | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes, sometimes I haven't been coping as well as usual | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No, most of the time I have coped quite well | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No, I have been coping as well as ever | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes, most of the time | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes, sometimes | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not very often | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No, not at all | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes, most of the time | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes, quite often | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not very often | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No, not at all | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes, most of the time | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes, quite often | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Only occasionally | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No, never | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes, quite often | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sometimes | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hardly ever | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Never | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

TOTAL SCORE: _____

See Score Interpretation and Care OVER

Cox, JL, Holden, JM, & Sagovsky, R, Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal Psychiatry* 1987;150:782-786.



Maternal Mental Health



saskatchewan
preventioninstitute
our goal is healthy children



Saskatchewan
Psychiatric
Association

EPDS SCREENING & CARE GUIDE

EPDS SCORE <10= UNLIKELY TO BE DEPRESSED

Confirm absence of depression/anxiety, or harm thoughts

Promote Positive Mental Health:

- Nurture emotional, mental, physical, and spiritual health
- Promote confidence

Encourage her to:

- Find joy and relaxation in life
- Exercise 20-30 min. each day
- Sleep 6 hrs in 24
- Eat healthy and regularly, drink plenty of fluids
- Avoid alcohol, tobacco, drugs
- Reach out for support and join mothers' groups

QUESTIONS 3, 4, 5 SCORE >4= PROBABLE ANXIETY

Confirm score and ask about harm thoughts

Promote Positive Mental Health:

- Encourage relaxation
- Discuss any concerns
- Offer referral and share concerns with health care team
 - Mental Health
 - Community supports
 - Family Dr/Nurse Practitioner
- Increase contact with visits or phone calls
- Repeat EPDS in 2 weeks
- Encourage family involvement

EPDS SCORE 10-11= POSSIBLE DEPRESSION

Confirm score and ask about harm thoughts

Promote Positive Mental Health:

- Discuss any concerns
- Offer referral and share concerns with health care team
 - Mental Health
 - Community supports
 - Family Dr/ Nurse Practitioner
- Increase contact with visits or phone calls
- Repeat EPDS in 2 weeks
- Encourage family involvement

EPDS SCORE >12= PROBABLE DEPRESSION

Confirm score and ask about harm thoughts

Take Action:

- Offer Referral to a Family Doctor or Nurse Practitioner to initiate **Medical Management** (see below) also
- Share concerns with health care team
- Encourage family involvement
- Promote Positive Mental Health
- Increase contact – visits

Offer EPDS to partner to screen for depression

POSITIVE QUESTION 10 = POTENTIAL HARM

Assess harm intentions and for psychosis

Assess Harm Intention:

- Has she had previous harm attempts or harmful behaviours?
- Does she have a plan to harm self or others (baby, children)?

Assess for Psychosis

1. Is she seeing or hearing things that aren't there?
2. Is she having strange experiences/sensations?
3. Are her speech or thoughts disorganized?
4. Are things that she describes realistic or not?

If concerned about harm or psychosis:

- Do not leave alone
- Notify next of kin and if woman agrees, family/friends

Contact or take to:

- Family Doctor, Crisis services, and/or Emergency room

Arrange for emergency medical assessment:

- Share situation with health care team and child services if necessary

LOCAL COMMUNITY SUPPORTS

Mental Health Phone _____

Public Health Phone _____

Maternal-Home Visiting Programs:
(KidsFirst, Canada Prenatal Nutrition Program (CPNP), Parent Mentoring, Maternal Child Health)

Name _____

Phone _____

Name _____

Phone _____

Healthline (anytime): Phone 811
Available for everyone 24hrs/day

For information about medications during pregnancy or breastfeeding call medSask 1-800-665-DRUG (3784) (Saskatchewan only) or 306-966-6378 (Saskatoon)

Other supports _____

Supports and groups also listed on:
www.skmaternalmentalhealth.ca

MEDICAL MANAGEMENT

- Assess mental health: e.g. depression, anxiety, anger, psychosis, racing, intrusive or harm thoughts, substance use, stressors, and support.
 - Assess perinatal health: e.g. hypertension, fetal wellbeing, breastfeeding.
 - Assess physical health: e.g. sleep, appetite, nausea & vomiting, activity levels. Ensure thyroid and hemoglobin levels are within normal range.
 - Maintain existing effective psychotropic medications: plan any medication changes 3 months before pregnancy to ensure mood stability.
 - Consider medication: especially if EPDS score remains high and there is a history of psychiatric problems. For questions about medications call medSask health care professional line at 1-800-665-DIAL (3425) (Saskatchewan only) or 306-966-6340 (Saskatoon) or text 306-260-3554.
 - Use adequate dose of medication to manage symptoms: may need to increase dose as pregnancy progresses.
 - Assess for bipolar disorder before ordering an antidepressant
 - If mood-stabilizing medication is used: increase Folic Acid to 5 mg.
 - Do not taper off dose before delivery: increases risk for PPD.
 - If a prenatal antidepressant is used, monitor for Neonatal Adaptation Syndrome: this is transient in first few days; notify pediatrician if available.
 - Refer to local community supports.
- IF NO IMPROVEMENT, CONSIDER PSYCHIATRIC REFERRAL

Endorsed for use by:



EPDS OVER→

Family Planning and Birth Control

You can have sex again when you are physically and emotionally ready. Physically you should avoid sexual intercourse until your flow (bleeding) has stopped and intercourse is not painful or uncomfortable for you. You can become pregnant again as soon as you start having sex. It is important that you talk about birth control with your partner and healthcare providers.

Commonly Used Birth Control Methods
<u>Natural Methods</u>
Lactation Amenorrhea Method (LAM) LAM works <u>only</u> if you can answer yes to all statements- your monthly period has not returned, baby is only breastfed (<u>no</u> other food or drink is fed to baby), baby breastfeeds 8 or more times in 24 hours and baby is less than 6 months old.
Fertility Awareness Techniques Requires special training to learn about your menstrual cycles, when you are most fertile, and when sex should be avoided and/ or other protection should be used.
<u>Non-Hormonal Methods</u>
Intrauterine Contraceptive Device (IUD) Requires a doctor to insert a small, T-shaped device made of flexible copper wire and plastic. This device is inserted into the uterus leaving a small string that hangs through the cervix and can be left in place for up to 5 years.
Spermicide A chemical that comes in the form of a cream, gel, foam, film, or suppository that, when inserted into the vagina, kills sperm.
Male Condom A thin latex sheath that is rolled over the erect penis to prevent sperm and secretions from entering the vagina. A water-based lubricant is recommended for use with the condom.
Tubal Ligation The tubes that carry the eggs from the ovaries are cut. This requires surgery that can be done on an outpatient basis or during a caesarean birth. The procedure is permanent as reversals rarely work.
Vasectomy The tubes carrying the sperm from the testes are cut. The procedure is permanent as reversals are difficult and costly.

Hormonal Methods- prevent ovulation (the egg being released from the ovaries)

Oral Contraceptive Pills

Pills are available as a combination of estrogen and progestin or progestin only. They are taken daily to prevent ovulation. You need a prescription and pills must be taken at the same time each day.

Contraceptive Patch

A patch that sticks to your skin and releases estrogen and progestin into your bloodstream. Each patch is worn for 7 days then changed and a new patch is put on your skin. One patch is worn each week for 3 weeks and on the 4th week you do not wear a patch.

Vaginal Ring

A soft, flexible, clear plastic ring that you insert into your vagina and leave in place for 3 weeks before you remove it. During this time progestin and estrogen are released into your blood stream.

Depo-Provera

A needle that contains progestin only and is given in your arm or buttocks once every 12 to 13 weeks.

Intra-uterine System (Mirena)

A small hollow T- shaped frame that contains the hormone levonorgestrel. It is inserted into the uterus by your health care provider and left in place for up to 5 years.

Emergency Birth Control

Emergency Contraceptive

Can be used to prevent an unplanned pregnancy. Works by delaying or preventing ovulation and is taken after you have sex. This is a last chance contraception only and should not be used as a primary method of birth control.

The morning after pill can be taken up to 5 days after sexual intercourse. You can access this medication by speaking with your pharmacist or getting a prescription from your doctor.

Refer to the Community Resources and Websites, Family Planning section of this book, page 83.

Nutritional Needs

Although you do not have to eat perfectly after the birth of a baby, eating well will help with your recovery and make you feel healthy. Choose foods from a variety of food groups. Drink plenty of water and make sure to drink when you feel thirsty.

If you are breastfeeding, your healthcare provider may suggest that you eat more calories each day. Eating a variety of foods can help you get all the nutrients you need to make milk for your baby. Your body needs protein, carbohydrates, and fats for energy. Examples of good sources of nutrients include:

- ✓ Unsaturated fats like olive and canola oil, nuts, and fish.
- ✓ Carbohydrate from whole grains, fruits, vegetables, legumes (peas, beans, and lentils), and low-fat milk products.
- ✓ Lean protein such as all types of low-mercury fish, poultry without skin, low-fat milk products, and legumes.

Refer to the website www.hc-sc.gc.ca **search Canada's Food Guide** for more information.

A daily multivitamin containing folic acid is recommended to meet your nutritional needs during breastfeeding. Your healthcare provider can help you find the one that is right for you. If you have been told to eat more iron rich foods, you can find information at: www.dietitians.ca/Your-Health/Nutrition-A-Z/Minerals/Food-Sources-of-Iron.aspx. Ask your healthcare provider for more information if you need to take an iron supplement.

Vegetarian Diets

A well balanced vegetarian diet can provide all the nutrients you need for a healthy pregnancy and recovery from birth. Pay close attention to make sure you are getting enough protein, vitamin B12, calcium, vitamin D, zinc, and iron in your diet daily while you are breastfeeding.

Caffeine

Caffeine should be limited to 300 mg per day. To find out how much caffeine is in foods and beverages go to: www.hc-sc.gc.ca **search Caffeine in Food**.

Exercise after Childbirth

Exercise can help you reduce stress, make you feel healthier and give you more energy. For exercise after childbirth try:

- ✓ Relaxation, breathing, stretching and pelvic floor exercises. They are safe to start right after having your baby.
- ✓ Walking is a great way to start exercising. Start slowly and increase the length of walks as you regain your energy.
- ✓ By 6 weeks after delivery you can start exercise classes or sports that you were involved in before your baby was born. Ask your doctor, nurse practitioner or midwife before you begin any exercise programs.
- ✓ Stop exercising if you feel pain, light headedness, dizziness, and/or nausea. If your vaginal flow returns to bright red bleeding, stop exercising and take a slower pace next time.

After childbirth, learn to do **Pelvic Floor Exercises (Kegels)**. During birth the perineal muscles stretch. Vaginal delivery can stretch, weaken and tear the pelvic floor muscles. Regaining the strength of these muscles is important for bladder and bowel control and also for support of the pelvic organs. Pelvic floor exercise help to heal these muscles and make them strong again.

Kegel exercises are should be done daily:

- 1) Lie, sit, or stand.
- 2) Tighten the muscles of your perineum - imagine you are peeing and you try to stop the flow.
- 3) Hold for 3 to 10 seconds, and relax for 3 to 10 seconds.
- 4) Work up to doing these 10 times in a row, 3 times a day.

Saskatchewan Pelvic Floor Pathway is a program for people coping with **incontinence** (leaking of urine or feces), and **vaginal prolapse** (pressure or visible bulge of tissue at the opening of the vagina). Referral from a physician, nurse practitioner, or midwife is required.

For more information go to www.rqhealth.ca search for **Pelvic Floor Pathway** or refer to **Community Health Services on page 80**.

Section 2: Breastfeeding

Breast milk is natural food for your baby. It provides all of the nutrition your baby needs to grow and develop. If you choose to breastfeed, breast milk is the only food your baby needs in the first 6 months of life. You can breastfeed your baby for as long as you want to. Health experts recommend up to 2 years of age or longer.

This section helps you learn about breastfeeding. It teaches you about the health benefits of breastfeeding; how to know when your baby is hungry, how to know that breastfeeding is going well, breastfeeding positions you can use, how to latch your baby, and how to care for your breasts.



*No safer place in the world, no better place to rest.
No calmer harbour can be found, than that of Mother's breast.
No poetry brings it justice, no rhyme or ancient verse.
One word only can love describe, Love, that is to nurse...*

Tami Schlosser

Importance of Breastfeeding

Breast Milk is Good for Baby Because:

- ✓ it is easy to digest.
- ✓ it is custom made by each mother to meet her baby's needs. It has over 200 natural live nutrients that babies need to grow and develop.
- ✓ antibodies are passed from the mother to the baby. These antibodies protect the baby from illness and infections. There is less chance of your baby having allergies, ear infections, Sudden Infant Death (SIDS), asthma, diabetes, obesity, respiratory illnesses like bronchitis and pneumonia and some childhood cancers.
- ✓ it promotes healthy jaw and brain development.

Breastfeeding Helps Mothers:

- ✓ bond with and feel close to their baby.
- ✓ emotionally, as the 'feel good hormone' oxytocin is released when you breastfeed, making you feel calm and connected to your baby.
- ✓ with postpartum healing and the return to pre-pregnancy weight.
- ✓ by decreasing their risk of breast cancer, ovarian cancer and diabetes.

Breast milk is good for the whole family. It is free. It is always safe, fresh and ready for your baby to eat anytime, anywhere and it is good for the environment.

Colostrum

Your body starts to make milk while you are pregnant. The first milk is **colostrum, often called liquid gold**. You may leak colostrum in the last few weeks of pregnancy. Your baby will get colostrum during the first few days of life.

Colostrum will build your baby's immune system and protect your baby from illnesses. It helps babies pass their first poops and helps prevent or reduce newborn jaundice. **Refer to Jaundice on page 68.**

Colostrum is thick and sticky to touch. It is clear, white or yellow in color. It is rich in proteins, vitamins, fats and minerals.

Your baby will eat small amounts of colostrum at first, such as drops or teaspoons at every feeding. It is all your baby needs as their stomach is small and they are just learning how to breastfeed. Feeding your baby often and for as long as they want will help you start to make more milk.

Natural Changes to your Breast Milk

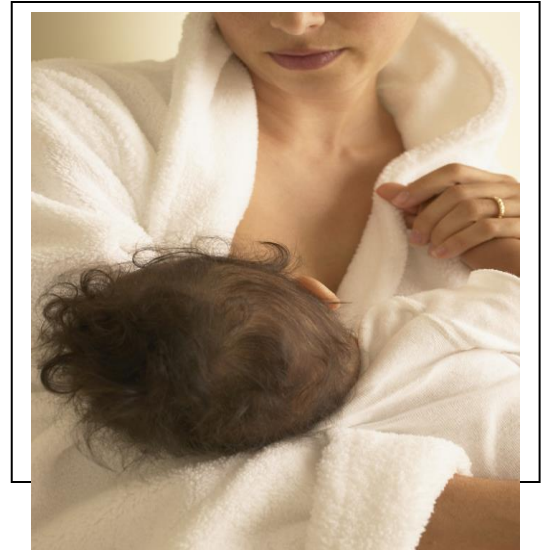
You will feel the **milk coming in** between the 2nd to 4th day after birth. Look for these signs:

- ✓ Breasts get warm and heavy.
- ✓ Breasts get bigger.
- ✓ Milk may start to leak or leak more.
- ✓ Your baby starts to swallow more during feedings.
- ✓ You may see milk around the baby's mouth after feedings.
- ✓ The milk may look white or bluish in colour and is less sticky.

Cue Based Feeding

Breastfeed your baby **on demand**, this means your baby eats whenever they cue or show signs they are hungry. **Refer to Baby Feeding Cues on page 29.** Feed your baby until they seem finished. You do not need to time how long a baby feeds on each breast. Your baby will want to eat during the day and at night.

- ✓ During the first 24 hours, your baby may be sleepy and breastfeed only 4 to 5 times. This is normal for the first day.
- ✓ After the first day, your baby will be more awake and **breastfeed 8 to 12 times in 24 hours.** This helps you make a good milk supply and keeps your breasts comfortable.
- ✓ **It is normal for your baby cluster feed.** This is when a baby will space feedings closer together at certain times of the day and go longer between feedings at other times. Your baby may seem fussy at the same time of day they cluster feed. After cluster feeding your baby may have a longer sleep period. Many babies cluster feed in the **evening or at night.**
- ✓ **Babies have growth spurts** when they are about 2 to 3 weeks, 6 weeks, 3 months, and 6 months of age. Growth spurts may last 1 to 4 days. At these times, babies wake up more and want to breastfeed more often.



Relax and be patient as you and your baby learn to breastfeed. Learning to breastfeed takes time whether it is your first baby or your second or third child. It can take up to 4-6 weeks for you and your baby to feel confident with breastfeeding. You can get support from your loved ones and your healthcare providers.

Baby Feeding Cues

EARLY CUES - "I'm hungry"



• Stirring



• Mouth opening



• Turning head
• Seeking/rooting

MID CUES - "I'm really hungry"



• Stretching



• Increasing physical movement



• Hand to mouth

LATE CUES - "Calm me, then feed me"



• Crying



• Agitated body movements



• Colour turning red

Time to calm crying baby

- Cuddling
- Skin to Skin on chest
- Talking
- Stroking



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Photo Credit Queensland Health Australia website: <http://www.health.qld.gov.au/breastfeeding/>

Do Babies Need to Eat Anything Other Than Breast Milk?

Breastfed babies need a liquid vitamin D supplement every day. Check with your healthcare provider to find out how much vitamin D your baby needs. A healthy breastfed baby **does not** need any other food or drink in the first 6 months. This includes formula, water and solid foods.

When a breastfed baby is fed extra milk:

- ✓ Their stomach can get stretched. When this happens a baby may not seem full on breast milk alone. They may seem fussy and pull off and on your breast.
- ✓ After using bottle nipples, your baby may have trouble latching and sucking at the breast.
- ✓ Your breasts may become engorged (very full and firm feeling) this is because your breasts are not being emptied often enough. This will cause your milk supply to decrease over time.
- ✓ If your baby is fed infant formula, you should express or empty your breasts and collect your milk. This helps your body make a good milk supply.

There may be reasons a baby needs infant formula as a supplement (extra milk):

- ✓ The baby has a medical condition or illness and needs infant formula or needs to be given a special formula.
- ✓ The mother is ill and is unable to breastfeed her baby.
- ✓ The mother and baby are apart from one another and the mother is unable to get enough breast milk to her baby.
- ✓ The mother considers feeding infant formula if she is facing some breastfeeding problems.

Breast milk or infant formula can be used as a supplement. **Refer to Expressing Breast Milk pages 39-41.** Think about all your choices before you decide to give your baby infant formula. Extra milk can be fed to your baby with a spoon, a cup, a medicine dropper, a feeding tube at the breast or a bottle. Please discuss all of your options with your healthcare provider so you can make an informed choice.

Getting Started Breastfeeding

- 1) Get everything you may need- a drink of water, a snack, pillows, and a foot stool.
- 2) Get comfortable. Use firm pillows to support your baby. If you are sitting, put your feet up on a stack of books or a foot stool.
- 3) Wear comfortable clothing that is not too tight. Wear a supportive bra that does not have underwire.
- 4) Relax your arms and shoulders, and keep your back straight. **Bring your baby to your breast.** Do not lean over or bring your breast to your baby.
- 5) Try different breastfeeding positions. This can help if your nipples are sore.

Breastfeeding Positions

You can breastfeed in many different positions. You may find that one feeding position works better for you and your baby.

Biological Nurturing or Laid-back Nursing

This position is a natural way to breastfeed. It lets you get comfortable with your baby and encourages your baby to use their natural breastfeeding instincts.

- 1) Find a comfortable place where you can lean back and be well supported, but not flat. Place baby on your chest.
- 2) Have your head and shoulders well supported. Let your baby's whole front touch your front.
- 3) Baby's cheek should rest near your breast.
- 4) You can hold your breast and help your baby with finding the breast as much or as little as you would like. You are a team.
- 5) You may see your baby tilt or move their head up and down as they open their mouth wide, the baby may take a few minutes to latch.
- 6) Relax and enjoy each other.



Photo Credit: cindyandjana.com

Cross Cradle Position

This position works well when you and your baby are new at breastfeeding.

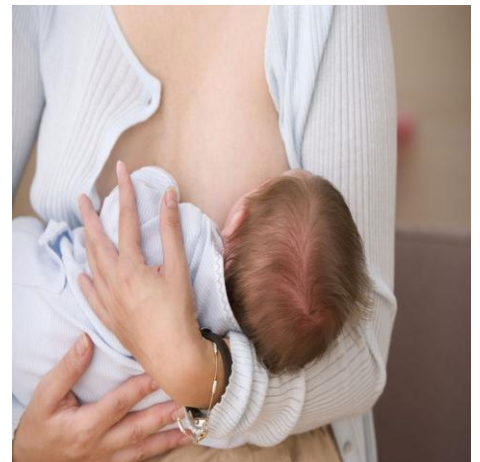
- 1) Sit on a chair, sofa, or bed. Support your back and arms with pillows, if needed.
- 2) Support your baby at breast level with a pillow in your lap.
- 3) Place your baby with their tummy facing your tummy. Watch that your baby's ear, shoulder, and hip are in a straight line.
- 4) If you plan to feed on the left breast, use your right hand to support your baby's neck and shoulder and your baby's back will rest along the right arm.
- 5) Repeat steps 1-4 to feed on the other breast.



Cradle Position

This position works well with an older baby.

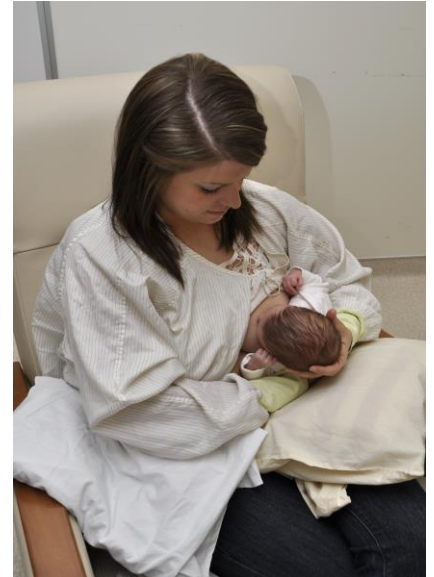
- 1) Set yourself up the same as for the **Cross Cradle Position** using steps 1-3.
- 2) Support the baby's head on your forearm, just in front of your elbow. Tuck the baby's lower arm between his body and yours.
- 3) Support and offer your breast with your free hand.
- 4) Repeat steps 1-3 to feed on the other breast.



Football Position

This is a good position after a Cesarean birth. This position may help if you are having a strong or fast milk let down, large breasts, twins, a premature baby, or a baby that has problems latching on.

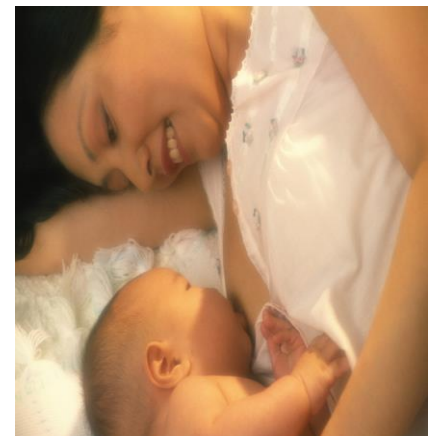
- 1) Sit on a chair, sofa, or bed. Put a pillow beside you to support your arm and to raise your baby to the level of your breast.
- 2) Lay your baby on their side facing your nipple, with the ear, shoulder and hip in a straight line and his feet under your arm.
- 3) Snuggle the baby in close and support the neck and shoulders with your arm while baby's back rests on your arm.
- 4) Repeat steps 1-3 to breastfeed on the other breast.



Side Lying Position

This is a good position if your perineum is sore or you have hemorrhoids, if you want to rest during the day or night feedings, or after a cesarean birth.

- 1) Lie comfortably on a mattress that is firm, flat and not sagging. Put pillows under your head, behind your back, and between your knees for comfort.
- 2) Bring your baby close, onto their side, facing you, with baby's face level with your nipple.
- 3) Place a pillow or blanket behind your baby this will help to keep the baby from rolling away from you.
- 4) Repeat steps 1-3 to breastfeed on the other breast.



Latching Your Baby

The way your baby latches is very important. A deep latch helps your baby get milk without hurting your nipples. Your baby will look like they have taken all or most of the darker or pink area around your nipple (your areola) into their mouth.

Tips to latch:

- ✓ When your baby is ready to breastfeed, place your baby on your chest skin to skin.
- ✓ Bring baby close to your breast. The baby should be facing you with their ear, shoulder and hip in a straight line- **Tummy to Mommy**.
- ✓ You may like to hold and support your breast with your hand. Place your thumb on top of your breast and 4 fingers under the breast (called a C-Hold) keep your fingers away from the nipple and areola (dark or pink area around your nipple).
- ✓ Support baby's body so that the head is at the level of your breasts – **Face to Breast**. **Refer to Breastfeeding Positions pages 31-33.**
- ✓ Tickle baby's top lip with your nipple. This helps to make your baby want to open their mouth wide- **Nose to Nipple**.
- ✓ Latch your baby. The baby's chin and lower lip will touch your breast first.
- ✓ Once latched your baby should have more of the breast below your nipple (rather than above your nipple) in their mouth. The chin will be against your breast, and the nose will be slightly away from the breast.

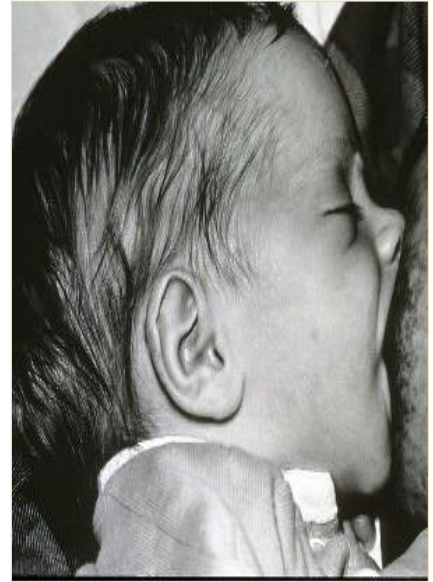


Photo Credit- Jane Morton MD,
www.breastmilkolutions.com

To watch a video on breastfeeding positions and latch go to: www.healthyfamiliesbc.ca and search for **A Video on Breastfeeding Positions**

Signs of a Deep Latch:

- ✓ breastfeeding is comfortable.
- ✓ your baby has a strong, regular suck and swallow pattern.
- ✓ you hear swallowing or gulping you may hear a “ca” or “eh” sound.
- ✓ your baby’s mouth is open wide with the lips curled out.
- ✓ your baby’s ears or temple move up and down while sucking.

How to Tell Your Baby is Finished Feeding

In the first few weeks, feed from both breasts at every feeding. This helps you make lots of milk. As your baby gets older they may still eat from both breasts, or may get full after eating from one side. Feed on the first breast until your baby slips off or falls away. This usually tells you your baby's had enough. Try to burp baby. **Refer to page 36 and 63 for burping information.** Offer the other breast. If your baby is still hungry they will latch on, suck, and swallow. Begin the next feeding on the breast you did not use at the last feeding, or the one you finished using last.

After a feeding:

- ✓ Your breasts should feel soft and empty.
- ✓ Your nipple should look round and pulled out **not pinched or squished.**

After each feeding, hand express a small amount of breast milk onto your nipples and allow it to air dry this will help nipples heal if they are sore. You may have mild tenderness or pain in your nipples during the first week of breastfeeding. This usually happens when your baby first latches and should go away once your baby starts to suck a few times.

***Pain from the start to the end of a feeding, cracked, bruised or blistered nipples are not normal.** Breastfeeding should not cause pain if the baby has a deep latch and comfortable position. Get breastfeeding help as soon as possible if this is happening.

Refer to page 47 Sore Nipples and pages 77-78 for Breastfeeding Community Resources.

If your baby fusses and will not latch, try these things:

- ✓ Place your baby on your chest skin to skin.
- ✓ Stroke baby's back, talk or sing to your baby.
- ✓ Calm yourself. This will calm your baby too.
- ✓ Once your baby is calm, try latching again.
- ✓ Try hand expressing a few drops of milk and letting your baby taste them on your nipple. This may get the baby's attention and help them to latch deeply.

If you decide to take your baby off your breast while they are still sucking, place your finger gently between the baby's gums and pull down on the bottom gum to break the suction.

Burping Your Breastfed Baby

Breastfed babies usually swallow less air and may not need to burp as often as bottle-fed babies. You may be able to tell your baby needs to be burped if they begin fussing, squirming, or begin to pull off and on the breast. You can burp your baby before offering the second breast, or at the end of a feeding. **Refer to Burping on page 63.**

How to Tell Your Baby is Getting Enough Milk

- ✓ Baby is awake and alert, and feeding 8 or more times in 24 hours.
- ✓ Baby is sucking strong and swallowing often.
- ✓ There are a normal number of pees and poopy diapers in 24 hours (see chart on this page). Poops change color as mother's milk increases. **Refer to page 64 Pee and Poop** for more information.
- ✓ Your breasts feel full before the feeding and softer after breastfeeding.
- ✓ After a feed, baby comes off the breast happy and content.
- ✓ Babies lose weight in the first 1-4 days of life. Babies start to regain weight around 5 days of age. Babies usually gain 20-35 grams per day in the first 3 months of life. If you are concerned about your baby's weight gain talk to your nurse, midwife or doctor.

Typical Pee and Poop Chart		
Baby's Age	Wet Diapers	Poopy Diaper
Day 1	At least 1 clear or pale yellow	At least 1-2 black or dark green
Day 2	At least 2 clear or pale yellow	At least 1-2 black or dark green
Day 3	At least 3 or more clear or pale yellow	3 or more brown, green or yellow
Day 4	At least 5 clear or pale yellow	3 or more brown, green or yellow
Day 5 to 3 Weeks	6 or more clear or pale yellow	3 or more yellow, loose, seedy
After 4 Weeks	6 or more clear or pale yellow	Varies, 1 or more yellow soft, large poop every 1-7 days

(Source Nutrition and Growth Assessment Manual for Health Term Infants and Children NAMIC 2014)

Substances and Mother's Milk

There are some substances that mother's should avoid or limit while breastfeeding:

Alcohol

Alcohol passes easily into breast milk. Drinking moderate amounts of alcohol often is not recommended. It can decrease your milk supply and cause harm to your baby. **No one knows how much alcohol is safe to drink when breastfeeding.** If you plan to drink alcohol, breastfeed your baby before you drink and have someone who is not drinking care for your baby. Have some breast milk stored for your baby to eat if you are going to have more than 1 alcoholic drink. For more information go to:

http://www.beststart.org/resources/alc_reduction/bf_handouts/breastfeed_and_alcohol_EN.pdf

Smoking

A mother who smokes should breastfeed. Nicotine from cigarettes does pass into breast milk. If you cannot stop smoking, or don't want to stop, it is safer for your baby if you cut down the number of cigarettes you smoke in a day. Smoke outside your home and right after you breastfed, this will decrease the amount of nicotine your baby gets in breast milk and from the air. Breastfeeding helps to protect your baby against illnesses, infections, breathing problems and "Sudden Infant Death Syndrome" (SIDS).

Medications and Herbal Products and Beverages

Most prescription and over the counter drugs are safe to take while breastfeeding. Some herbal products and teas should be limited or avoided while breastfeeding. Check with your health care provider before you take any medication or herbal products while you are breastfeeding.

Avoid marijuana and all illegal street drugs when breastfeeding, examples are cocaine, heroin, PCP (angel dust), crystal meth and LSD. These drugs pass easily into breast milk and will cause harmful side effects for the baby.

Refer to Community Resources and Websites: Mother's Milk and Substances page 79.

Expressing Breast Milk

Common reasons to express breast milk include:

- ✓ Keeping nipples healthy and preventing infections by gently rubbing milk onto nipples after feedings.
- ✓ Expressing a few drops of breast milk onto the nipple can help a baby to latch as they can taste and smell the milk.
- ✓ Softening the breasts if they are too full this can also help baby to latch more deeply.
- ✓ Collecting and storing breast milk to feed a baby if a parent is away from the baby.
- ✓ Allows a baby to be fed breast milk if they are not able to breastfeed.

Before expressing breast milk

- ✓ **Wash your hands** with warm water and soap sudsing up your hands well for minimum of 20 seconds. Rinse and pat your hands dry.
- ✓ Get comfortable. You may want a place where you have privacy.
- ✓ Relax and think about your baby or have your baby beside you.
- ✓ If your baby is in the Neonatal Intensive Care Unit (NICU) or Special Care Nursery (SCN), pump at your baby's bedside.
- ✓ Place warm wet cloths around your breasts, or have a shower to help your milk start to flowing.
- ✓ Massage your breasts to help the milk to flow. You can massage in a circular motion with your fingers together. Or, you can support your breast with one hand, and stroke the other side of your breast firmly with your other hand. Always go from the chest towards the nipple, and work all around the breast.
- ✓ Lean forward slightly; this will help your milk to flow.




Breast milk can be expressed using hand expression, a manual hand pump, or an electric pump.

Hand Expression

Hand expression is a free and easy way to collect breast milk. You may be able to collect more milk with hand expression than you can with a manual or electric breast pump. **All mothers should learn how to hand express.** Ask your nurse, lactation consultant or midwife to help you learn how to hand express.

How to Hand Express:

- 1) Use a clean container with a wide opening. Hold it under your breast to collect the milk.
- 2) Hold your breast with your hand put your thumb on top of the breast and fingers below the breast, forming a letter “C” about 1–1½ inches or 2 ½-4cm behind the nipple line. Lift your breast slightly and gently but firmly **press** the breast inward toward your chest.
- 3) Lightly **compress** your thumb and fingers together in a rolling motion towards the nipple. **Relax** your fingers for a couple of seconds then repeat the motion of **press-compress-relax**. You may only see drops of milk at first and then a faster flow of milk.
- 4) Move your fingers around your breast so that all areas of the breast feel empty and soft. Do this until the milk flow slows and then switch breasts. You can go back and forth to each breast 2 or 3 times.

Press Back Towards Chest	Compress	Relax
		
Reproduced with permission from the Best Start Resource Centre		

Watch this video clip on Hand Expression from Stanford University:

<http://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html>

Expressing Breast Milk with a Pump

Most people do not need a pump. Hand expression is a great option. If a pump is used it is safest to rent a pump or buy a new manual or electric pump in the community. Ask a healthcare provider for advice about your specific needs.

It is good to know- that a pump may not get out as much milk as a baby can eat when at the breast. Pumping cannot tell a person how much milk is in their breast at each feeding as the amount of milk made changes from one feeding to the next.

Using a Manual or Electric Pump

Read the Manufacturer's instructions before you use your pump the first time.

To Pump:

- 1) Centre the breast cup over your nipple. The whole nipple area will be inside the pump flange. **If your nipple does not fit the flange properly talk to your midwife, nurse or lactation consultant for help.**
- 2) Use the lowest setting to start and slowly increase suction to what is comfortable for you, **pumping should not be painful.**
- 3) The milk will come out in drops at first, and then as the milk starts to flow it might spray.
- 4) Pump for 15 to 20 minutes. This will drain your breasts well. Pump until your milk flow starts to slow down. You can switch back and forth between breasts until they feel soft and comfortable. Breast massage, breast compression and hand expression can help you double the amount of milk out at each session.

Watch this video “Maximizing Hands on Pumping” from the Stanford University

Website: <http://med.stanford.edu/newborns/professionaleducation/breastfeeding/maximizing-milk-production.html>

What if Your Baby Cannot Breastfeed Right Away

Sometimes a baby is not able to breastfeed or cannot empty the breasts well enough to maintain a mother's milk supply. The baby may have an illness, be born premature, or have a physical issue such as cleft lip or palate. Begin expressing breast milk by hand expression within the first hour after birth. Then start using a hospital grade electric pump within 6 hours of the birth.

The following steps can help you make milk for your baby

- ✓ Hand express your breasts first then use a pump.
- ✓ Pump at your baby's bedside. If you are away from your baby have a picture or video of your baby or a piece of their clothing near to you.
- ✓ When you are not with your baby empty your breasts by hand expression or with a manual or electric pump.
- ✓ Pump like your baby would be eating- 8 or more times in 24 hours. At night pump 1-2 times with the longest break between pumping sessions being 4 hours. Continue this until your baby is able to breastfeed well at your breast.
- ✓ You will need to pump more often for multiple babies.

The amount of milk you should be collecting after the first week in 24 hours for a **single** baby is:

Ideal: 750 to 1000 mL (25 to 33 ounces)

Borderline: 350 to 500 mL (11-16 ounces)

Low: less than 350 mL (11 ounces)

Talk to your nurse, lactation consultant, a doctor or midwife if you are not making larger amounts of milk by day 7 after birth. Ask for a Pumping Log. This will help you track how often you pump and how much milk you are making. When both you and your baby are healthy, breastfeeding can begin. Healthcare providers that are involved in your care will help you learn how to breastfeed.

Storage and Handling of Breast Milk

Fresh breast milk, refrigerated and thawed frozen breast milk is safe for your baby to eat. How long you can safely store breast milk depends on where you store it, how you store it and whether your baby is born healthy, full term or sick.

Reminder- Before and after handling breast milk, equipment or storage containers, wash your hands with warm water and soap sudsing up your hands well for minimum of 20 seconds. Rinse and pat your hands dry.

Milk Storage for Healthy Term Babies	
Freshly Expressed	Storage Times
Room Temperature (16-29°C)	3-4 Hours
Insulated cooler with ice gel packs (15 °C)	24 Hours
Refrigerated Milk ($\leq 4^{\circ}\text{C}$)	
Store milk close to the back of the fridge away from the door	
Fresh Milk in Fridge	3 days
Thawed milk in fridge (label container as thawed milk)	24 hours from when it started to thaw
Freezer (-20°C) Store at the back of the freezer away from the door	
Refrigerator freezer (separate door)	3 to 4 months
Deep Freeze	6 months to 12 months
Never refreeze thawed breast milk	

(Source Nutrition and Growth Assessment Manual for Health Term Infants and Children NAMIC 2014)

***This chart is the ideal amount of time breast milk can be stored. If you have questions about storing breast milk, contact your public health nurse, nurse practitioner or midwife.**

If your baby is sick or premature, ask your baby's health care provider if there are different recommendations for how long to store your milk and discuss the option of donor breast milk.

Equipment and Cleaning

- ✓ Use glass or hard plastic BPA free collection containers with a solid tight fitting lid. **Always** check containers for cracks or damage.
- ✓ Use a clean storage container every time you express milk.
- ✓ If using storage bags use heavy-duty bags. Avoid using ordinary plastic storage bags or formula bottle bags, as these can easily leak or spill.
- ✓ Label milk containers or bags with the time and date it was expressed. **If your baby is in NICU ask your nurse how you should label your containers.**
- ✓ Store breast milk in amounts that your baby needs for a feeding. For example, when your baby is 0-1 month store portion sizes of 1-2 ounces (30-60ml); when baby is over 1 month, store portion sizes of 2-4 ounces (60-120ml). This will help to avoid wasting milk.
- ✓ You can add different containers of milk together as long as you **cool** all the milk before mixing it together. Do not mix fresh milk into frozen milk.
- ✓ If you want to freeze breast milk, leave some space (1 cm) at the top of the container or storage bag as the milk will expand once it is in the freezer.

If you have a breast pump check the manufacturer's label for more information about what parts of the pump are safe to clean. Collection containers and pump parts that touch your breast need to be cleaned after every use.

- ✓ **Rinse** pump parts and containers **with cold water**, then scrub well with a bristle brush using **hot soapy water**. **Rinse all the soap off well.**
- ✓ **Allow parts to air dry** on a clean towel or drying rack. Avoid wiping dry with a kitchen towel as they can harbor germs.
- ✓ Breast flanges and bottles can be washed on the upper rack of a standard household dishwasher away from heating elements. Wash diaphragms and valves gently by hand.

Safely Thawing Frozen Breast Milk

Thawed human milk can smell and look different than freshly expressed milk. It may look blueish, yellow or brown in color.

To thaw frozen breast milk

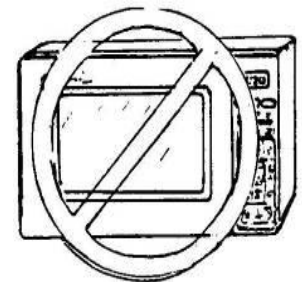
- ✓ Place milk in the fridge for 8-12 hours and allow thawing to happen slowly. You can also hold the container under warm running tap water, or set the container in a bowl of warm water until it has thawed. **Water should not touch the lid.**
- ✓ Once milk is completely thawed gently swirl (not shake) milk.
- ✓ Thawed breast milk can be stored in a fridge for 24 hours. **Do not allow** thawed breast milk to sit out at room temperature.

***If your baby is sick or premature talk with your baby's healthcare provider to see how you should store breast milk, label containers and clean your equipment.**

Feeding Expressed Breast Milk (EBM)

The best way to feed your baby breast milk is at your breast. If you need help with breastfeeding, see a healthcare provider. If your baby is fed expressed breast milk, use fresh milk first then refrigerated milk and lastly thawed frozen milk.

To warm breast milk, place the container in a bowl of warm water or hold under warm running tap water. **Never use a microwave.** Microwaves can cause hot spots. This can burn your baby's mouth, and destroy some of the benefits of breast milk. Always test milk temperature on your wrist before feeding it to your baby. Throw out any milk your baby does not drink at a feeding.



Babies can be fed with a cup, spoon, syringe, medicine dropper, feeding tube at the breast, or a bottle. Talk to your healthcare provider about your feeding choices.

***Parents may choose to give infant formula for many reasons. Ask a healthcare provider for advice. The Government of Saskatchewan Pamphlet- Infant Formula Feeding will help you learn how to safely prepare, feed and handle infant formula. Go to www.saskatchewan.ca search for Infant Formula Feeding.**

Best Start Ontario Booklet- Infant Formula: What You Need to Know . This resource is available online in multiple languages go to- <https://www.beststart.org/cgibin/commerce.cgi?preadd=action&key=B19-E>

Feeding a Sleepy Baby

In the first week babies can be sleepy and may not wake up on their own to eat 8 or more times in 24 hours. Or a baby may latch and fall asleep shortly after the feeding has started. Until your baby is waking up regularly and gaining weight, you may sometimes have to wake your baby.

What can you do to help a sleepy baby breastfeed?

- Keep your baby close to you, this will help you notice when early feeding cues are happening. Babies can feed even when they are not fully awake or are drowsy. **Refer to Baby Feeding Cues page 29.**
- Place your baby on you skin to skin, it will help to make your baby want to eat more often. **Refer to Skin to Skin on page 60.**
- Undress your baby to their diaper. Change the diaper if it is wet. Do not bundle or swaddle baby in a blanket during a feeding.
- Lift your baby up to your shoulder and rub their back. Massage their body.
- Roll baby gently from side to side. Talk to your baby.
- Hand express breast milk onto your baby's lips to make them more interested to eat.
- Try breast compression (see below) to encourage your baby to keep alert, sucking and swallowing at your breast.
- Switch breasts when your baby begins to suck less or comes off the first breast and you have tried breast compression.

If you have concerns about your baby being too sleepy contact a nurse, doctor or midwife.

Breast Compression

Breast compression helps keep a baby feeding if they are sleepy, slow to gain weight or your milk supply is low. Start breast compression when your baby stops actively sucking and swallowing. Gently compress (squeeze) your breast between your thumb and fingers. Place your hand far enough behind the nipple and areola so you do not lose your baby's latch. Do not press so firmly that it causes you pain. Breast compression makes your milk start to flow again and your should see your baby start to actively suck and swallow milk again. You can keep using breast compressions until the baby is no longer actively sucking and swallowing. Offer the other breast and repeat compressions as needed.

Watch a breast compression video from Dr. Jack Newman:

<https://www.youtube.com/watch?v=Oh-nnTps1Ls>

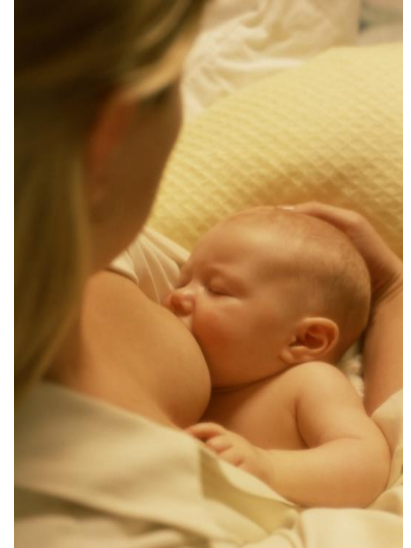
Keeping Your Breasts Healthy

Sore nipples

Sore or damaged nipples can happen if a baby is not latched deeply or is not in a good position. If you have cracked, bleeding, scabbed, or blistered nipples get help with breastfeeding right away. **Refer to Breastfeeding Support on pages 77-78.**

To prevent and improve sore nipples make sure:

- Your baby has a wide open mouth and is latched on to the areola and not just your nipple. **Refer to Latching Your Baby page 34.**
- Your baby's tongue is under the nipple and the lips are flared out.
- Your baby's head is tilted back a little so he can open his mouth wide.
- Your hand is positioned back from the nipple area and your fingers are not touching your baby's cheeks or lips.



What You Can Do:

- Breastfeed on the least sore side first until your nipple feels better.
- Try laid-back breastfeeding, or a different feeding position. **Refer to Breastfeeding Positions on pages 31-33.**
- If you are sitting up, support your breast during the feeding.
- Express drops of breast milk on your nipple before you latch baby.
- Get help to make sure your baby has a deep latch or to check what is causing your nipples to be sore.
- Rub expressed breast milk on your nipples after feeding.
- Air-dry your nipples following feedings. You may find it more comfortable to leave your bra flaps down as much as possible between feedings and wear a loose cotton T-shirt. You can also leave your nipples open to air while you are sleeping.
- Keep your nipples dry and change damp nursing pads often.

Engorged Breasts

Breasts usually begin to feel larger and heavier on day 2 to 4 after the baby's birth. This can last about 2 days. If your breasts become engorged, your breasts may feel warm to touch, swollen, firm and tender. Engorged breasts may make it more difficult to latch your baby deeply. Engorgement usually happens during the first week of breastfeeding, when your milk starts to change from colostrum to milk. It can also occur if you miss feedings.

To prevent engorgement, make sure you:

- Breastfeed whenever baby shows feeding cues, which will be about every 1-3 hours (8 or more times in 24 hours). If baby is very sleepy you may have to wake your baby.
- Avoid supplementing with formula and/ or using a soother. Your baby will not feed as often and it may affect the way they latch at the breast.
- Place warm wet cloths on your breasts for **2-5 minutes** before feeding. This will help your milk to start flowing. Massage your breasts. Latch baby deeply and listen for swallows.
- Use both breasts at every feeding. If your baby will not take the second breast, and it feels very full, express enough milk from that side to make you feel comfortable. After a few days your breasts will feel more comfortable.

If You Have Engorged Breasts:

- Breastfeed your baby often, 8 or more times in 24 hours.
- If your baby will not latch, express breast milk to soften the areola then try to latch baby again. **Refer to pages 39-41 for Expressing Breast Milk.**
- If you wear a bra it should not be too tight or have underwire.
- Between feedings apply ice packs, wrapped in a towel, on your breasts. Keep the ice pack on for 10 to 15 minutes at a time.

Once engorgement has gotten better your breasts will feel softer and more comfortable. This is because the swelling has gone away. It does not mean milk supply decreased. If engorgement is not improving and your baby is not feeding well express both breasts until they feel softer and get help. **Refer to Breastfeeding Support pages 77-78.**

Plugged Ducts

A plugged duct is caused by breast milk that is not drained well from one area of the breast. You may feel a tender lump in the breast. The skin may be red and warm to touch. The best thing to do is keep breastfeeding.

What You Can Do:

- Breastfeed whenever baby shows feeding cues, which will be about every 1-3 hours (8 or more times in 24 hours). If baby is very sleepy you may have to wake your baby. **Refer to Feeding a Sleepy Baby and Breast Compression on page 46.**
- Before feeding, take a shower or place warm wet cloths on your breasts. This will help to get your milk flowing.
- Gently, but firmly, massage the breast just above the lump and towards the nipple before breastfeeding, while you breastfeed and after breastfeeding.
- Feed on the breast with the blocked duct first. Your baby is more likely to suck stronger when they are hungry.
- Drain breast well before switching sides.
- Breastfeed your baby in different positions to help remove all milk from your breast. **Refer to Breastfeeding Positions pages 31-33.**
- Express milk from your breasts by hand or with a pump if they are still lumpy and uncomfortable after feeding. **Refer to Expressing Breast Milk pages 39-41.**
- Avoid supplementing your baby with formula and/ or using a soother. Your baby will not feed as often and can cause plugged ducts to get worse.
- Get as much rest as possible and drink whenever you're thirsty. Make sure your clothing is loose. Wear a supportive bra with no underwire.

Get breastfeeding help if a plugged duct is not improving with these steps. **Refer to Breastfeeding Support pages 77-78.**

Mastitis

Mastitis is a breast infection. It can happen suddenly and usually occurs in one breast only.

Symptoms include:

- pain, redness and heat on your breast.
- red streaking on your breast.
- fever and flu-like symptoms.
- feeling achy and run down.
- feeling nauseated.

Mastitis may be caused by:

- a sudden decrease in the number of times you breastfeed.
- untreated engorgement or a plugged milk duct.
- being over-tired and increased stress.
- cracked nipples.
- tight fitting clothes or wearing a bra with underwire.

Contact a nurse, lactation consultant, doctor, or midwife if you think you have mastitis.

Medications may be needed to treat mastitis.

What you can do:

- **Do not** stop breastfeeding. Your milk is safe for baby to drink.
- Before a feeding apply warm wet cloths or have a shower to help the milk to start flowing. Gently massage the affected area while applying the heat.
- Feed every 2 hours or more often.
- Breastfeed from the sore breast first if possible. If it is too sore breastfeed the other side first and then the sore breast. Be sure baby is latched and positioned well on the breast. Try different breastfeeding positions. This helps empty the breast completely.
- Wear loose clothing and avoid tight fitting bras with underwire.
- Get lots of rest.
- Take medications as prescribed by your doctor.
- Express milk from the affected breast if the baby is not feeding well.

Refer to Breastfeeding Support pages 77-78 to find help in your community.

Thrush

Thrush is caused by yeast that grows in moist dark areas such as the mother's nipples and milk ducts and the baby's mouth and diaper area. Even after weeks or months of breastfeeding without pain, thrush can happen suddenly.

Signs and symptoms for mom:

- sudden nipple pain
- sore, cracked nipples that are not healing
- flaky, itchy, red, shiny, and/ or burning nipples and areola
- shooting or burning pain in the nipple and/ or breast during and after feedings

Signs and symptoms for baby:

- diaper rash that is red and patchy and does not improve with diaper creams
- baby fussy at breast, pulling on and off the breast or refusing to eat
- gassy baby
- white patches on the inside of his mouth, cheeks, or tongue that does not wipe off with a cloth
- some babies do not have any symptoms

What you can do:

See a doctor, midwife or nurse practitioner. Both you and your baby need treatment.

- Continue to breastfeed.
- Keep fingernails clipped short. Wash hands before and after breastfeeding, handling your breasts or expressing milk, and diaper changes.
- Wash pump parts, soothers or bottle nipples after each use with hot soapy water, rinse and air dry. After 1 week of treatment, throw away soothers and artificial nipples and replace with new ones as needed.
- Toys that have been in baby's mouth should be washed with hot soapy water and rinsed well.
- Freshly pumped breast milk can be fed to your baby. Do not freeze milk at this time as **thrush can live in frozen milk.**
- Rinse your nipple area with warm water after each feeding, pat dry, then air dry.
- Change nursing pads as soon as they are wet to keep your nipples dry.

Refer to Breastfeeding Support pages 77-78 to find help in your community.

Caring For Newborns

Having a baby is a special time in your life. This section helps you learn to care for your new baby. It talks about the common features of a baby, baby care, baby safety, and potential warning signs. Use this book as a guide to help give your baby a healthy start.



Children Learn What They Live

If a child lives with criticism, he learns to condemn.

If a child lives with hostility, he learns to fight.

If a child lives with ridicule, he learns to be shy.

If a child lives with shame, he learns to feel guilty.

If a child lives with tolerance, he learns to be patient.

If a child lives with encouragement, he learns confidence.

If a child lives with praise, he learns to appreciate.

If a child lives with fairness, he learns justice.

If a child lives with security, he learns to have faith.

If a child lives with approval, he learns to like himself.

If a child lives with acceptance and friendship, he learns to find love in the world.

Dorothy Law Nolte

Warning Signs for Babies

Watch for these important warning signs. Contact a, doctor, midwife, nurse practitioner or HealthLine (811) right away or go to the hospital if you have any concerns about your baby's health.

- If baby has a temperature of 38.0°C or 100.4°F or higher and is 0-6 months of age. **Refer to Temperature information on page 54.**
- If baby seems to be breathing fast, over 60 breaths in a minute or has a blue coloring to their lips or inside of their mouth that does not go away. This is not normal. Newborns normally will have irregular breathing rates, so you need to count their breaths for a **full minute**. There should be no pauses longer than about 5-10 seconds between breaths. If a baby is making wheezing, grunting, or whistling sounds while breathing this is also not normal. Call for help immediately. **Refer to breathing information on page 56.**
- If a baby looks yellow to their face, whites of their eyes and chest when you see them in good daylight and is very sleepy and not feeding well. If the baby has a darker skin color, check to make sure the inside of their mouth is pinkish. **Refer to page 68 for Jaundice information.**
- If baby is crying excessively, or is irritable or twitching (jittery) and does not settle with cuddling and comfort. **Refer to Comforting Your Baby on page 61.**
- If baby is so sleepy they cannot be awakened to feed. **Refer to Feeding a Sleepy Baby page 46.**
- If baby shows signs of sickness (for example, cough, diarrhea, pale color).
- If baby is not having the normal amount of pee's and poop's for their day of age- **Refer to Typical Pee and Poop Chart on page 37.**
- If there is redness around the umbilical cord or a bad smell from the cord. **Refer to Umbilical Cord Care page 66.**

Temperature

Normal body temperature for a newborn is 36.6-37.3° C or 97.8-99.1°F. A fever is a higher than normal body temperature, it is usually a sign of infection. If your baby has a fever, watch for other signs of illness.

Take your baby's temperature under the **armpit**. **Electronic digital thermometers are recommended**. Place the tip of the thermometer in the center of your baby's bare armpit. Tuck baby's arm snugly against the body. Leave the thermometer in place until it is done reading or beeps.

If your baby's temperature is high dress your baby in light clothing and re-check the temperature in 15-20 minutes. If your baby is 0-6 months of age and has a fever of 38° C (100.4° F) or higher, call your doctor, midwife, nurse practitioner or Health Line immediately.

Common causes of increased temperature in newborn babies:

- ✓ Infection
- ✓ Dehydration - not enough liquids
- ✓ Too many clothes or the room is too hot

What you can do:

Hold your baby skin to skin with you or keep your baby lightly dressed. Do not cover your baby with heavy blankets. Bath your baby in lukewarm water (never cold water) for less than 15 minutes. Keep the room temperature no warmer than 20 to 21°C or 68 to 70°F. Feed your baby often to keep them hydrated. Write down dates and times when you take your baby's temperature. **Contact a nurse, doctor, midwife or a pharmacist before you give your baby medicine for their fever.**

If you think your baby is sick, you can do one of the following:

- 1) Call the 24 hour HealthLine for advice and information at 811.
- 2) Call your doctor or midwife immediately.

Ear (tympanic) thermometers are quick but the results may not be accurate. Forehead strips, pacifier (soother) and disposable thermometers are not accurate and should not be used. Glass thermometers can cause mercury poisoning if they break.

Source: Caring for Your Child's Fever Government of Saskatchewan June 2016

Common Features of a Newborn

Head

Your baby's head may be a funny shape after the birth. Be patient. It will go back to a normal shape within a week.

Newborns have 2 soft spots called **fontanelles** one on top of their head and one at the back of their head. Soft spots allow room for the head and brain to grow. The soft spot on the back of the head closes soon after birth. The soft spot on top of your baby's head closes when the baby is 9 to 18 months old.

Sight

You baby can see objects that are about 20-30cm (7-11 inches) away. They like to look at black and white objects, and the human face. Over time their vision clears and they can see objects farther away.

It is common for a baby's eyes to cross for short periods of time. Their eye muscles are weak and will get stronger as they grow. If you have concerns, talk to a doctor, nurse, or midwife.



Hearing

Newborns have sensitive hearing. They often jump or startle when they hear sudden loud noises.

Babies recognize voices they know. They like people to use a soothing voice, and to talk and sing to them.

Babies' ears have wax that protects their ears. **Do not** insert Q-tips® into their ears. This may damage the eardrums.



Breathing

Newborns breathe through their nose. When they breathe, their chest and stomach moves in and out. A newborn's breathing often is irregular, and changes speed and depth. A newborn can take 30-60 breaths in one minute.

It is normal for babies to sneeze often. They do not have a cold. They sneeze to clear mucous from their nose. You should not clean their nose with Q-tips.

If your baby's nose is stuffed up, try a humidifier in their room or take baby into a bathroom after a shower. The mist helps to loosen the mucous so they can sneeze and clear out their nose.

Skin

Baby's skin may seem puffy around their eyes, legs, genitals, and the back of their feet and hands in the first few days after birth.

A greyish, white, cheese-like substance called **vernix** covers the skin at birth. It may come off on its own during a bath. It may be absorbed like a lotion and disappear in about 48 hours. You do not need to scrub it off.

Babies often have dry skin that may peel and crack. Talk to your nurse, doctor or midwife about lotions.

Newborns have sensitive skin. They may have a rash during the first weeks of life that can come and go. It looks like reddened bumps with a white head in the middle. You do not need to treat the rash. Wash your baby's clothes in mild unscented detergent if you feel your baby has sensitive skin.

You may see white dots on your baby's cheeks, chin, and nose. This is called **milium** or clogged oil glands. Milium usually disappear in a few weeks. Do not squeeze them.

Breasts

Newborns may have swollen breasts. You may see a few drops of milk come out of the nipple. This goes away within 3 weeks after the birth. Hormones your baby received through the placenta cause the swelling and milk.

Genitals

The genitalia (sexual organs) of male and female infants may appear swollen at birth. This can be due to exposure to hormones made by both the mother and the baby; bruising and swelling of the genital tissues can be from birth trauma, and the natural course of development of the genitalia.

Newborn girls may have a white mucousy or bloody vaginal discharge in the first few days of life this will disappear on its own once hormones have been metabolized or absorbed.

In boys, the scrotum (the sack containing the testicles) can look swollen in the first few days to weeks of life. Both testicles should be felt in the scrotal sack.

Circumcision

Circumcision is the surgical removal of the skin that covers the head of the penis (foreskin). If you decide to circumcise your child, you will need to pay a fee for this service. Circumcision is not covered by health benefits. Talk to your doctor, midwife or nurse practitioner for more information.

Personality

Babies have their own personality, right from birth. Some babies sleep and eat regularly, do not cry much, and are generally easy to care for. Some babies sleep and eat less regularly, often cry and fuss, and are generally a challenge. Most babies fall somewhere in between.

Take time to get to know your baby. You will start to learn what things will work best for you and your baby. Keep in mind what works for one baby might not work for another.



Infant Care

Sleep and Rest

Newborns usually sleep 16 -18 hours a day in blocks of 2-4 hours. Your baby's sleep patterns will change as they get older.

Try to change baby's schedule gently. If baby sleeps for a long time during the day and is awake all night try to talk, sing, and play with your baby during the day. Keep night time feedings quiet and the lights low.

Babies sleep best when:

- ✓ they are well fed and burped.
- ✓ they are warm but not hot.
- ✓ they have dry, clean clothing and a quiet place to sleep.



Sudden Infant Death Syndrome (SIDS)

Creating a safe sleep environment for your baby will lower the risk of injury and sudden infant death syndrome (SIDS). Although the causes of SIDS are not known, there are certain things we can do to keep babies safer.

SIDS is more common in babies whose parent's smoke and babies who sleep on their stomach.

To create a safe sleep environment:

- 1) Lay your baby on their **back to sleep**. Do not lay them on their side or stomach. Do not use sleep positioners or rolled up blankets to keep your baby on their back they increase the risk of suffocation.
- 2) For the first 6 months the safest place for your baby to sleep is in your room, beside the bed, alone in a crib or bassinet. **Sharing a bed with baby is not recommended.**
- 3) Make sure your crib meets Canadian Safety Standards. Use a firm mattress that fits the crib. Crib sheets should fit tightly. Soft surfaces such as adult beds, sofas, and armchairs can increase the risk of suffocation.



- 4) Do not place soft objects in your baby's sleep area such as pillows, plush toys, comforters, thick blankets, or bumper pads as they increase the risk of suffocation.
- 5) Baby swings, bouncers, strollers and car seats are not made for safe sleep. Sleeping in a sitting position can cause your baby's head to fall forward which can make it hard for your baby to breathe.
- 6) Make your home **smoke free**.
- 7) Do not overheat your baby with too many clothes or blankets. A sleeper is all the clothing your baby needs for sleep time. If you use a blanket, choose a thin blanket and tuck it firmly under the bottom end of the mattress. The blanket should only reach your baby's chest leaving the arms free. Do not swaddle baby or cover baby's head with the blanket.
- 8) Breastfeeding can protect your baby from SIDS.

Talk to your support person(s) and baby caregivers and ask them to follow your sleep routine and these safe sleep practices when putting baby to bed.

For more information, visit the Public Health Agency of Canada website www.phac-aspc.gc.ca **search for Safe Sleep**.

Tummy Time

Daily tummy time when your baby is **awake** is good for your baby. Tummy time means your baby will lie on his or her stomach. It helps develop healthy muscles in their neck, back, chest and arms. It can help to prevent your baby from getting a flat spot on the back of their head. Start with short periods of tummy time 1 minute 2-3 times a day and slowly work up to 10-15 minutes 3 times a day as your baby gets older.

You can do tummy time on your chest, when you carry your baby or on a firm flat safe surface such as the floor or a play mat. **Never leave your baby alone during tummy time**. Look at your baby, talk or sing, rub your baby's back, legs and arms. Show your baby pictures in a book, or play with toys during this time.

Flat Head

A baby's skull is soft and the bones can be affected by pressure. Babies also have weak neck muscles and usually turn their heads to one side when placed on their backs. **Back to sleep is safest** but this may cause a flat spot to develop on the back or side of the baby's head. It is called flat head. A little bit of a flat head will go away on its own. More serious flat head may become permanent. This **will not** affect your baby's brain or development.

Contact a nurse, midwife or doctor if you are worried about your baby's head shape, or if your baby holds their head to one side often, or has trouble turning their head.

Tips to Prevent Flat Head

- ✓ Change baby's head position occasionally if they tend to keep it to one side until they are able to move their own heads and reposition themselves.
- ✓ Give your baby supervised tummy time when awake. **Refer to Tummy Time on page 59.**
- ✓ Do not leave your baby for a long time in a car seat, baby seat, swing, or other place where their head stays in the same position.
- ✓ Give your baby lots of upright 'cuddle time'.

Skin to skin

Skin to skin helps you bond with your baby. Your bare chest is the best place for your baby to be! A baby who is skin to skin can hear you, smell you, and see you. It helps you get to know your baby. Your baby will feel calmer and more settled.

Skin to skin should start right after the birth of your baby and as much as you can during the first few weeks of life. Both parents can do skin to skin time! Skin to skin benefits healthy full term and premature babies.

How to Do Skin to Skin

Place your baby wearing only a diaper, with their tummy on you or your partner's bare chest. If you wish, you can place a light blanket over both of you.

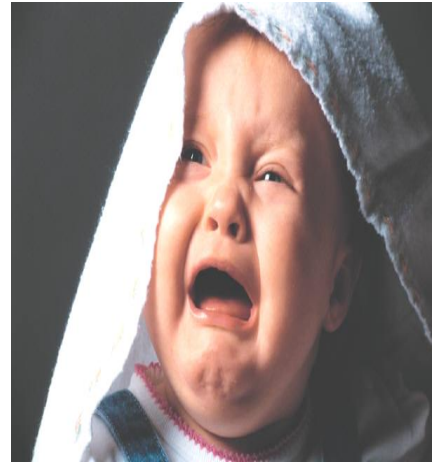
Place your baby in a safe sleep environment if you become too tired to hold your baby. **Refer To Create a Safe Sleep Environment page 58.**

Comforting Your Baby

Crying is normal. It is how babies talk to you. Some babies cry more than others. Babies may cry for many reasons. They cry because they are hungry, they have a dirty diaper; they may be feeling hot or cold, tired or bored. A baby may be fussy if they feel gassy or are in pain. Your baby needs to know you will respond to them and give them comfort.

Things to try to comfort and calm your baby:

- ✓ Feed your baby. Even if you only fed a short time ago, your baby may still be hungry.
- ✓ Hold your baby close, try placing your baby skin to skin with you. This close contact often will stop your baby from crying.
- ✓ Try burping your baby.
- ✓ Change diapers if wet or dirty.
- ✓ Take a walk, sway from foot to foot, rock your baby, or take him for a stroller or car ride. Use a baby carrier, snuggly, or baby sling that holds baby close to you.
- ✓ Talk or sing quietly to your baby.
- ✓ Dress baby in the same number of layers of clothing that you are wearing.
- ✓ Dim the lights in the room.



Be patient and stay calm. If one idea does not work try the next and repeat it over and over.

***If you feel frustrated from your baby's crying and think you might hurt your baby, put your baby in safe place such as a crib. Take some time for yourself and call a family member or friend, or the emergency number for your area to get help. Most parents get frustrated with their baby at one time or another.**

Never Shake Your Baby

Colic

Babies who cry for long periods of time, day after day for weeks or months may be called 'colicky'. There is no specific cause for colic and it can actually be a normal part of a baby's development. Your baby should continue to eat and grow normally. All babies go through a period early in life when they cry more than at any other time. It usually starts between 3-6 weeks of age and ends by the time a baby is 3-4 months of age. Get help from family and friends to make this time easier for you and your baby. Talk to your doctor, or midwife or nurse practitioner about your concerns.

Infant Feeding

- ✓ Mothers and babies learn to breastfeed together. **Refer to the Breastfeeding Section of this booklet** for more information.
- ✓ If you are feeding infant formula, ask your healthcare provider for more information and refer to the Saskatchewan Government pamphlet "**Infant Formula Feeding**" www.saskatchewan.ca search for **Infant Formula Feeding**. Or refer to the Best Start Ontario Booklet "**Infant Formula Feeding What You Need to Know**"- <https://www.beststart.org/cgi-bin/commerce.cgi?preadd=action&key=B19-E>
- ✓ It is normal for babies to eat often- 8 or more times in 24 hours.
- ✓ Breast and bottle fed babies eat on demand this means whenever they seem hungry. Your baby may cue you by crying, putting fingers in their mouth, or making sucking noises. **Refer to Baby Feeding Cues on page 29.**
- ✓ Babies have can **cluster feed** and they will have **growth spurts refer to page 28** for more information.
- ✓ Solid foods can safely be started around 6 months of age. Your healthcare provider will give you more information when needed.
 - Babies who get solid foods too early may overfeed, not get the milk they need, or may develop digestive problems.

Feeding time is an excellent time to bond with your baby. Make the most of this time by holding your baby close, doing skin to skin time, talking softly and looking into your baby's eyes.

Pacifiers

It is your personal choice to use a **pacifier (soother)** or not. Most babies will not need to use one. If you are breastfeeding, it is not recommended to use a pacifier in the first 4-6 weeks while your baby learns how to breastfeed. Never force your baby to take a pacifier.

If you use a pacifier, offer it after feeding and between feedings. The pacifier should be soft enough to flatten out against the roof of the baby's mouth. Clean pacifier frequently and sterilize once daily. **Do not** put pacifiers in your own mouth, or dip it into a sweet solution. Check often for tears or cracks and replace if any damage is seen.

Burping

To burp your baby gently but firmly pat or rub baby's back or rock baby until you hear a burp after feedings. These 3 positions may help your baby to burp:

- 1) Hold the baby up to your shoulder.
- 2) Lay the baby, on his tummy, across your lap.
- 3) Hold the baby sitting up on your lap and support their chin with your hand.

Spitting Up

Spitting up is very common in newborn babies. Some babies do it more than others. They may have air in their stomachs that pushes up some of the milk. Sometimes the muscle at the top of their stomach is a little weak. A baby may spit up if they are moved around too much after a feeding. Spitting up can be normal and should get better as the baby gets older. Talk to your doctor, nurse, or midwife if:

- ✓ baby cries loudly each time spit up happens.
- ✓ spitting up happens more often and becomes projectile- for example, the spit-up flies across your lap and onto the floor

Hiccups

Newborns often hiccup, especially after feeding. You do not need to do anything. Hiccups usually stop fairly quickly on their own. Sometimes getting the baby to suck can stop the hiccups. Hiccups do not hurt babies

Pee and Poop

Pee- is pale yellow in colour and has a mild smell. In the first 1-4 days of life a baby may have red or orange colour in their pee. This is normal to see, it is called uric acid crystals and it happens when the pee is still coming in small amounts. By 5 days of age you should no longer see uric crystals in your baby's pee and your baby will have 6 or more heavy wet diapers every day.

Signs of dehydration:

- decreased number of pees per day
- pee looks darker in color and has a strong smell
- dry chapped lips
- A late sign is the soft spot on the top of your baby's head will look sunken in.

Poops- At birth poops are black, sticky and tar-like. This is called meconium. After a few days the colour changes from green to brown to golden yellow. The softness and firmness of the poops can vary. Often poops will seem loose and runny. Your baby may grunt, groan or turn red in the face when they are having a poop, this is normal.

Constipation and Diarrhea:

- **Constipation** is when your baby's poops are firm, dry and difficult to pass. Constipation is rare in babies.
- **Diarrhea** is poop that is watery and more frequent than their usual poops. Continue to feed your baby to keep him or her hydrated.

Talk to your nurse, midwife or doctor if you have concerns about your baby's pees and poops. For more information, refer to **Typical Pee and Poop Chart on page 37**.

Bath Time

Babies do not need a bath every day. A bath every second day is recommended. Use a baby bath, clean sink, or bath the baby with an adult in the bathtub. You can bath your baby before the cord on the belly button area falls off.

Here are a few basic steps to follow:

- ✓ Collect everything you need before you start – mild baby soap, towels, wash cloths, diaper, and clean clothes.
- ✓ Bath baby before a feeding to lessen the chance of spitting up.
- ✓ The room should be warm and draft free.
- ✓ Remove rings, watches or other jewelry that may scratch your baby.
- ✓ Fill the tub with 2-3 inches of warm water (37 to 38 °C or 98.6 to 100.4 F). Test the water temperature on the inside of your wrist, inner arm, or elbow. It should feel warm, not hot.
- ✓ Bath baby from the “cleanest to the dirtiest areas” (face and head first, bum last). There is no need to use soap to clean baby’s face.
- ✓ Wash eyes from inner corner to outer corner with clean water. Use a new area of cloth for each eye. Do not use a Q-tip® in eyes, ears or nose.
- ✓ Wash baby’s hair with mild soap 1-2 times a week. Rub in a gentle circular motion. Keep your baby's head tilted back so the shampoo doesn't run into their eyes. Rinse shampoo out of hair.
- ✓ Dry baby well, especially in the armpits and skin folds. Your baby will cool down quickly when wet; have clothes ready to dress baby.
- ✓ For girls clean from front to back in the genital area. For boys, do not pull or force back the foreskin if uncircumcised. Wash penis and scrotum with a wash cloth. Wash the bum last.
- ✓ The cord will get wet during a bath. Dry after the bath with a cloth or Q-tip®.

Have fun. Talk, sing, and play with your baby at bath time.

Always be safe. Never leave your baby alone during bath time.

Nail Care

Nails grow quickly and may need trimming often. Keep baby's nails clean and short. Do not trim nails with an adult nail clipper. It is safest to file the nails. Use a small emery board after a bath or when the baby is quiet and alert or sleeping.

Mouth Care

It is never too early to start caring for your baby's mouth. To clean your baby's mouth:

- ✓ Use a soft, wet cloth. Wrap the cloth around your pointer (index) finger.
- ✓ Hold your baby in your arms. Gently wipe baby's gums from back to front, rubbing them and taking away any leftover milk.
- ✓ A small wet and soft toothbrush can be used as soon as teeth begin to appear in the child's mouth

Umbilical Cord Care

The umbilical cord falls off on its own usually within the first 2 weeks of life.

- ✓ Keep the cord open to the air as much as possible by folding down the top of the diaper.
- ✓ Clean the cord daily. Clean around the base of the cord with a Q-Tip ® soaked with warm water and then dry with a dry Q-tip®. It does not hurt the baby to touch the cord.
- ✓ Expect a bit of blood for a day or two after the cord falls off. Clean the belly button area until there is no more blood and it is dry.

Consult a nurse, midwife or doctor if the skin around the cord gets red, warm, swollen, or smells bad with or without yellowish green discharge. It may be infected.

Cradle Cap

Babies with cradle cap have crusty patches of scaly skin on the top of their heads. Sometimes babies will have some redness around the scales. Wash scalp and hair every 1-3 days with mild shampoo. With a soft brush gently brush off scales and flakes. Cradle cap may come and go in the first few months. Consult your nurse, midwife, or doctor if you have concerns.

Diaper Area

Clean baby's genitals and bum with each diaper change.

For females clean with a warm wet cloth from front to back in the genital area. Wash well between skin folds and creases.

For males, wash the penis and scrotum with a warm wet cloth. Do not pull or force back the foreskin (this is the piece of skin that covers the end of the penis). For most boys, the foreskin is retractable by school age.

Apply a barrier such as petroleum jelly to baby's diaper area until the black poop have stopped, this helps prevent the poop from sticking. Do not use powders or cornstarch.

Diaper Rash

Diaper rash is a common red rash on the baby's diaper area. This area is a great place for germs to grow because it is dark, warm, and damp. If your baby has diaper rash:

- ✓ Change diapers often
- ✓ Rinse the area with warm water and dry carefully and well
- ✓ Do not use petroleum jelly (Vaseline)
- ✓ Expose baby's bum to air as much as possible
- ✓ Try diaper creams with zinc oxide
- ✓ If redness persists or you have concerns, contact your nurse practitioner, midwife or doctor.

Jaundice

Jaundice is very common in newborn babies. When babies have jaundice, their skin and the whites of their eyes may look yellow. Babies get jaundiced when they have too much bilirubin in their blood.

Bilirubin is made when red blood cells break down in the body. The liver helps the body get rid of the bilirubin by breaking it down further so it can be passed in a baby's poops. However, sometimes a newborns can makes too much bilirubin. The bilirubin builds up in the blood stream and will start to turn the baby's skin a yellow color.

Jaundice is usually seen between the 3rd to 5th days of life. Jaundice does not usually harm the baby unless the bilirubin levels get very high. All newborn are checked for jaundice. This is done by pricking the baby's heel and testing a few drops of blood.

A simple treatment called **phototherapy** may be recommended by your baby's doctor or midwife if the bilirubin levels are too high. Phototherapy happens at the hospital. The baby is placed under special lights wearing only a diaper and a cover to protect their eyes. The phototherapy light will help to lower the level of bilirubin.

To help prevent jaundice:

- ✓ Feed your baby soon after birth and on demand when they show early feeding cues. This will be 8 or more times in 24 hours or approximately every 1-3 hours. **Refer to page 29 for Baby Feeding Cues.**
- ✓ Keep track of how often your baby is peeing and pooping so your healthcare provider can check this with you at baby visits either in your home or at their medical office.

Contact your doctor, a nurse or midwife if your baby is very sleepy and does not wake up for feedings, if you are experiencing any breastfeeding problems, if your baby is not peeing and pooping a normal amount for their day of age or baby's skin or whites of their eyes turns yellow in color.

Vitamin D

Vitamin D supports healthy bone development.

Breastfed babies need a Vitamin D supplement every day until they eat foods with Vitamin D added. Babies that are formula feeding usually do not need a Vitamin D supplement because it has already been added to the formula.

Vitamin D supplements may be recommended if:

- Baby's mother is Vitamin D deficient.
- Baby has a darker skin color.
- Baby lives in a northern community and is not exposed to enough sunlight.

There are different brands of Vitamin D available, check with the Pharmacist to make sure you buy Vitamin D that is meant for a baby. If you have any questions about the Vitamin D supplement, how much to give, and when to stop giving it to your baby, talk to your nurse, midwife, or doctor.



Car Seat Basics

It is **the law** for baby to be in a Canadian Government approved car seat when they are in a vehicle. Always follow the directions for your car seat.

- Use a government approved car seat. Look for a Canadian Motor Vehicle symbol (CMVSS) somewhere on the seat. If you are not sure, check with SGI to make sure your car seat meets the law's safety standards.
- All car seats sold in Canada have an expiry date or useful life date on them. If you are unable to find this date, contact SGI at 1-800-667-8015(ext. 6042)
- Use a car seat that is the right size. Check the manufacturer's instructions. All babies placed in a rear-facing car seat until they are one year of age, 22 pounds (10kg) and can walk unassisted. Do not rush to move your baby forward-facing. A rear-facing seat is the safest way for your child to travel.
- Replace your car seat if it has been in a car accident, if baby is over the weight and height limits of the car seat, if it is missing pieces, or if it is passed the expiry date.
- Make sure the car seat fits into your vehicle. Not all car seats will fit into all vehicles.
- Secure the car seat using the Universal Anchorage System (UAS or LATCH), which is now mandatory in all car models. If the UAS system does not secure the seat properly, use the seat belt. Follow both the car seat and vehicle manual instructions.
- **Never** put the baby's car seat in the front seat of a vehicle or in a seat that has an air bag.
- Check your car seat for recalls. Public notices will be issued **online** www.tc.gc.ca/eng/menu.htm search for **Car Seat Recalls** or call toll free **1-800-333-0371**. Make sure you fill out and send in your warranty card.

If You Buy a Used Car Seat Make Sure:

- The manufacturers expiry date is not expired
- The Canadian Motor Vehicle symbol (CMVSS) is on the label.
- The manufacturer's instructions are included.
- All parts are present and in good working order.
- You are aware of the car seat's history. If the car seat has been in a car crash do not use it.

Never leave a baby alone in a vehicle - not ever, not for any reason.

How to Strap Your Baby in the Car Seat

- ✓ Baby's bottom and back should be flat against the car seat back.
- ✓ Adjust the shoulder straps and chest clip. The shoulder strap should come through the back of the seat at the baby's shoulders, or slightly below them. Adjust the shoulder strap as the child grows, to keep them comfortable and safe.
- ✓ The shoulder straps should fit snugly. You should get no more than one finger between the strap and the baby's collarbone. The chest clip should be level with the baby's armpits. It keeps the shoulder straps in place.
- ✓ Put a rolled up blanket or towel on either side of the baby's head and body for support, if needed. Never add any extra padding to the baby's car seat such as harness padding, bunting bags, bulky snow suits, or homemade head rolls.
- ✓ If the baby needs a blanket to keep warm, strap the baby in the car seat first, then put the blanket over the baby. Never put a blanket between the baby and the harness.
- ✓ All straps that go through a slide should double back so they do not slip. If a strap slips, it might get slack or come undone.



Car Seat Clinics

Attend a car seat clinic to have a technician check that your car seat is in the vehicle properly:

To see when clinics are in your area visit www.sgi.sk.ca search for **Child Car Seats** or call **306-775-6042** or toll free **1-800-667-8015 (ext. 6042)** for information.

Watch this video on how to install a car seat

<http://skprevention.ca/passenger-and-vehicle-safety>

Childhood Immunizations

Immunizations or vaccinations protect you, your baby and family from many diseases. Public health nurses provide immunizations in Child Health Clinics. **Get all immunizations on time.** Babies get their first immunizations at 2 months of age. Ask your public health nurse about immunizations. **Refer to Immunization Resources on page 80 for more information.**

Safety Tips for Babies

Your newborn baby is not as fragile as you might think. Handle your baby gently, not just for safety, but also to keep them feeling safe and secure.

Safety tips include:

- ✓ When holding your baby, support their head. A baby's neck muscles will be weak in the first 4-6 months of life.



- ✓ New and used baby products such as a crib, stroller, toys, and a car seat need to meet Canadian Safety Standards.
- ✓ Keep emergency phone numbers near the phone.
- ✓ Make sure you have working smoke and carbon monoxide detectors and a fire extinguisher in your home. Plan an escape route, in case of fire.
- ✓ Take a first aid course. Learn how to help your baby in an emergency.
- ✓ Dress your baby for the weather. For example, in cold weather protect their fingers, toes, and nose from frostbite.

Shaken baby syndrome

This is when a baby gets injured from shaking. Any shaking or quick motion can make a baby's head roll or snap back and forth, and cause injury to baby's body and/or brain. If you feel that you want to shake or hurt your baby, put your baby down in a safe place such as the crib and get help immediately from a friend, relative, health professional.

Never shake a baby

Falls

- ✓ Use safety straps to secure you baby into a stroller, car seat, and baby seat or change table.
- ✓ Watch for wet floors, icy stairs, loose rugs, and other places you can slip or trip when you carry your baby.
- ✓ The safest place to leave your baby alone is in a crib, bassinet or playpen with the sides up and secured in place.
- ✓ Never leave your baby alone especially if they are on a raised surface such as a bed, sofa or change table.

Poisoning

- ✓ Check labels and measure carefully every time you give your baby medicine.
- ✓ Keep diaper cream, cleaning products, alcohol, drugs, and other poisons in a place your baby can not reach.



Burns and Scalds

- ✓ Keep the temperature of the hot water heater below 50° C or 122° F.
- ✓ Test the bath water on the inside of your wrist before you put your baby in the bath. It should feel warm, not hot.
- ✓ Do not use a microwave to heat breast milk, or formula. Microwaves heat milk unevenly and make “hot spots” that can burn your baby’s mouth. Bottles with plastic liners can explode when heated in the microwave. Microwaves destroy nutrients in your baby’s milk.

Choking and Suffocation

- ✓ Do not give babies toys that can be pulled apart.
- ✓ If using a sling or sleep sack make sure baby's face is not blocked.
- ✓ Hang mobiles so babies can see them, but can not grab them.
- ✓ Take off any ties and ribbons from babies' clothes and toys.
- ✓ Avoid putting anything around your baby's neck like a teething necklace or a pacifier (soother) cord.

Smoking

Second hand smoke from cigarettes can cause serious problems for your baby's health. Protect your baby from second hand smoke.

- ✓ Make your home and car **totally smoke free**, for everyone - family, friends, and visitors.
- ✓ Always smoke outside your home or car.
- ✓ Quit smoking. Talk to your nurse, doctor, or midwife if you need help to quit smoking.
- ✓ Never take your baby into a smoke filled room.
- ✓ Children are more likely to have asthma if their parents smoke 10 or more cigarettes a day.

Babies exposed to second hand smoke may:

- ✓ Cough and wheeze more.
- ✓ Have more ear infections.
- ✓ Get sick more often with respiratory illnesses such as bronchitis and pneumonia.

Partner's Role

Fathers and other partners play an important role in the life of a new baby. They can be deeply involved in a baby's physical care and emotional growth. Pregnancy, labour, and the first few weeks after birth are emotional times. Parents and children form special bond during this time.

Life changes in many ways after the birth of a baby. It takes patience, time, and practice to learn how to feed, care for, and parent a baby.

Fathers and other partners can do many things to get involved:

- ✓ change the baby's diapers
- ✓ bathe the baby
- ✓ spend time skin to skin with baby
- ✓ talk, cuddle, and play with the baby
- ✓ be kind, patient, and loving
- ✓ help with cooking and cleaning
- ✓ accept help from friends and family

While having a baby can be exciting, fathers and partners may worry about money, lifestyle changes, and where they fit into the family. This is normal. Share these feelings with others.

Refer to Fatherhood Resources on page 82.

New Siblings in the Home

The arrival of a new baby can bring many changes to a family. Your older child or children may experience a range of emotions during this time as they adjust to the addition of a new family member. Their emotions may range from excitement to jealousy or even resentment.

Once the baby is home, you can help your other kids adjust to the changes. Include them as much as possible in the daily activities involving the baby so that they don't feel left out.



Internet Tips for Parents

Using the Internet is a great way to get up-to-date information about parenting and childcare. Some websites, however, can give confusing and old fashioned information. So how do parents know which sites to trust? Here are some helpful hints:

Check the website's purpose - Is the information based on solid scientific research? Does it include many points of view or is it one person's opinion?

Check the website's sponsors - Are the sponsors easily identified?

Check the organizations that support the website - Is it endorsed by a health agency or association that you trust?

Check to see how the website is maintained - When was the last time the website was updated?

Check the authors' name(s) on the website - The authors' name should appear on the site. What is their background and training?

Check who is making the statement - Information should be provided based on solid scientific research and not on opinion. Are there references and links to support its statements?



Community Resources and Websites

Crisis Services/ Emergency Numbers

Emergency- medical, fire, police.....911

HealthLine.....811

- 24 hour professional health advice and information line
- <http://www.saskatchewan.ca/residents/health/accessing-health-care-services/healthline>

Child Abuse Line.....(306) 569-2724

Family Services Regina.....(306) 757-6675

- For victims of domestic violence
- <https://familyserviceregina.com/>

Mobile Crisis Services.....(306) 757-0127

- A community-based program that provides social and mental health crisis intervention services 24-hours 7-days a week <http://www.mobilecrisis.ca/>

Poison ControlCentre.....1-866-454-1212

Crisis Suicide HelpLine.....(306) 525-5333

- Offers 24 hour assistance

Breastfeeding Support

Maternity Visiting Program.....(306)766-3700

- Public Health Nurses available to provide support with breastfeeding in the first 14 days after the birth of a baby.
- www.rqhealth.ca search for **Maternity Visiting Program**.

Primary Health Care-Public Health Nursing(306)766-7500

- Public Health Nurses available to support breastfeeding 2 weeks after the birth of a baby and beyond.
- www.rqhealth.ca search for **New Parents or Breastfeeding**

Four Directions Community Health Centre.....(306)766-7540

- www.rqhealth.ca search for **Four Directions**.

Parent Café All Nations' Healing Hospital.....(306)332-2673
Fort Qu'Appelle

- Every Thursday morning in the Women's Health Centre

La Leche League.....(306) 584- 5600

- Mother-to-mother breastfeeding support and educational opportunities
- Information sheets (other languages i.e. Arabic, Chinese, French, Spanish)
www.lalecheleague.org or www.lllc.ca/find-group_saskatchewan

Cindy & Jana

- Registered nurses in Saskatchewan who are also International Board Certified Lactation Consultants
- Provide online videos about breastfeeding, information and advice about wading through the wide number of breastfeeding products from bras to breast pumps
- <http://cindyandjana.com>

Breast Feeding Inc www.breastfeedinginc.ca

- Breastfeeding information from Dr. Jack Newman and colleagues includes fact sheets, videos and an online parenting course.

Breastfeeding Committee of Saskatchewan

- Saskatchewan's Breastfeeding Resource www.thebcs.ca click Fact Sheets

Saskatchewan Lactation Consultant Association

- www.skslca.com click Find an IBCLC near You

Canadian Lactation Consultant Association

- <http://clca-accl.ca> click Find an IBCLC

Electric Breast Pump Rentals

- Ask your nurse in hospital or a Public Health Nurse in the area you live for a list of rental sites.

Nutrition While Breastfeeding

- Health Link BC provides information about nutrition while breastfeeding
- www.healthlinkbc.ca search for Nutrition While Breastfeeding

Mother's Milk and Substances:

Motherisk Help Line Toronto's Sick Kids Hospital.....1-877-439-2744

- Information on the risks and safety of substances and mother's milk
- www.motherisk.org

Saskatchewan Drug Information Line.....1-800-665-3784

- Licensed Pharmacists provide information about medications and their safety with breastfeeding
- <http://medsask.usask.ca/>

Infant Risk Center

- Information about medication safety with breastfeeding
- www.infantrisk.com

Community Health Services

Maternity Visiting Program.....(306)-766-3700

- www.rqhealth.ca search for **Maternity Visiting Program**

Primary Health Care Public Health Nursing.....(306)766-7500

- www.rqhealth.ca search for **Public Health Nursing**

Four Directions Community Health Centre.....(306)766-7540

- www.rqhealth.ca search for **Four Directions**

Al Ritchie Health Action Centre.....(306)766-7660

- www.rqhealth.ca search for **Al Ritchie**

Regional Public Health Services

- www.saskatchewan.ca/residents/health/understanding-the-health-care-system/saskatchewan-health-regions/regional-public-health-offices

RQHR Rural Public Health

Fort Qu'Appelle.....(306)332-3340

Indian Head.....(306)695-4014

Grenfell.....(306)697-4040

Moosomin.....(306)435-6279

RQHR City Hospitals

- **Regina General Hospital.....(306)766-4444**
- **Pasqua Hospital.....(306)766-2222**

Rural RQHR Health Centers

- **All Nations' Healing Hospital.....(306)332-5611**
- **Broadview Hospital.....(306)696-5500**
- **Indian Head Union Hospital.....(306)695-4000**
- **Southeast Integrated Care Centre.....(306)435-3303**
- **Wolseley Memorial Integrated Care Centre.....(306)698-4440**

Saskatchewan Pelvic Floor Pathway.....(306)766- 0401

- Offers education, assessments, and support for incontinence and pelvic organ prolapse (vaginal bulge) **by referral only**
- www.sasksurgery.ca/patient/pelvicfloor.html

Immunization Resources

CANImmunize Mobile App - <https://www.canimmunize.ca/>

- Free bilingual tool to track immunizations on your smartphone and help you get vaccinated on time – can provide a digital immunization record for the whole family

Immunization Action Coalition - <http://www.immunize.org/vis>

- Has information about immunization in a number of different languages

Immunization Canada - <https://www.immunize.ca/>

Saskatchewan Immunization Schedule

- Identifies which publicly funded vaccines are recommended at specific ages focusing on children: <http://www.saskatchewan.ca/immunize>
- Child Health Clinic locations in Regina Qu'Appelle Health Region:
<http://www.rqhealth.ca/department/immunization/childhood-immunization>

Specialty Immunization & Travel Health Centre.....(306)766-7904

- For publicly funded vaccines for special populations, adults, vaccines for purchase for non-publicly funded vaccines and for travelers: <http://www.rqhealth.ca/department/adult-immunization/adult-immunization>

Children with Special Needs

RQHR Child and Youth Services.....(306) 766-6700

- Part of RQHR Mental Health and Addictions Services
- Autism Centre
- <http://www.rqhealth.ca/departments/child-and-youth>

Wascana Rehab- Children's Program.....(306)766-5710

- Services for children and youth with physical disabilities, developmental challenges, and/or communication difficulties
- www.rqhealth.ca/rqhr-central-files/children-39-s-program-wascana-rehabilitation-center

Daycare/ Child Care

Client Service Centre.....1-800-667-7155

General Information- www.saskatchewan.ca/residents/family-and-social-support/child-care

Subsidies- www.saskatchewan.ca/residents/family-and-social-support/child-care/paying-for-child-care

Financial Assistance

Federal Benefits - www.canada.ca/en/services/benefits

- Maternity and Parental
- Family

Provincial Benefits- www.saskatchewan.ca/residents/family-and-social-support/financial-help

Parent Support

211 Saskatchewan <http://sk.211.ca>

- Is a free, confidential, and searchable website of thousands of community, social services, non-clinical health, and government services available across Saskatchewan
- categories of listings include, but are not limited to, mental health and addictions, homelessness, income support, health care, food security and community programs

Kids First.....(306)766-6790

- KidsFirst is a program designed to support children and families by enhancing parenting knowledge, providing support and building on family strengths.
- <http://www.kidsfirstregina.com>

Rainbow Youth Centre.....(306)757-9743

- Teen & Young Parent Program, Young Parent Support Groups
- www.rainbowyouth.com

Regina Parents of Multiples Association www.rpoma.org

- Support for parents of twins, triplets or more

Early Years Family Centers www.reginakids.ca/home

- Free drop-in program for families with children from newborn - 6 years
- 3 locations: Miller High School, Dr. Hanna School & Sacred Heart School
- Safe, learning environment and opportunity for parents to meet others in the community

Four Directions Community Health Centre.....(306)766-7540

Reclaiming Our Lives – Rebuilding Our Tipis

- Parenting program based on the 15 poles that form a tipi.

Parenting Plus Grenfell.....(306) 697- 4048

- is a home visitation and family support program for parents with newborns in Rural RQHR
- <http://www.rqhealth.ca/department/primary-health-care/parenting-plus>

Fatherhood

Four Directions Community Health Centre.....(306)766-7540

Focus on Fathers

- Weekly support and parenting group for dads that promotes healthy father-child relationships

Dad Central Ontario www.dadcentral.ca

- information for fathers

Fathers and Dads online Magazine www.dadmag.com

- Online magazine with helpful and entertaining articles for men with kids

24 Hour Cribside Assistance www.newdadmanual.ca

- A site for dads, by dads

National centre for fathering

- Inspires and equips men to be involved fathers and grandfathers
- www.fathers.com

Family Planning

Planned Parenthood.....(306)522-0902
1920 B Francis St.

- Birth control and family planning information
- www.plannedparenthoodregina.com

Sexuality and U (The Society of Obstetricians and Gynecologists)

- Information about birth control, sexually transmitted diseases, and sexual health
www.sexualityandu.ca

Sexual Health Clinic – 2110 Hamilton Street.....(306)766-7788

- Drop-in clinic which provides STI, HIV testing, counselling & treatment, safer sex information, needle exchange and counselling, immunization, pregnancy testing, Pap smears
- <http://www.rqhealth.ca/departments/sexual-health-clinic>

Women’s Health Centre – Regina General Hospital.....(306)766-0586 or 1-8000-563-9923

- Pregnancy Options Counselling Services

Maternal Mental Health and Postpartum Support

Primary Health Care-Public Health Nursing.....(306)766-7500

Four Directions Community Health Centre.....(306) 766-7540

Al Ritchie Health Action Centre.....(306) 766-7660

Mental Health Services & Crisis Response Team.....(306) 766-7800

Rural Mental Health Services.....1-866-367-8743

Health Line.....811

Mobile Crisis.....(306)757-0127

- 24-hours 7-days a week www.mobilecrisis.ca

Crisis Suicide Helpline..... (306) 525-5333

- Offer 24 hour assistance

YMCA Perinatal Programs (Sally Elliott ext. 242).....(306)757-9622

- Postpartum Support Group, Y’s Moms
- <http://regina.ymca.ca/post-partum-support-group>

Employee Family Assistance Program.....(306) 787-7567

- Offers free counseling services through your employer. Inquire through your workplace.
- <http://www.employeeservices.gov.sk.ca/efap>

MotherFirst Maternal Mental Health-

- Online resource for maternal mental health in Saskatchewan
- <https://sites.google.com/site/maternalmentalhealthsk/>

University of Regina Online Wellbeing Course.....(306)337-3331

- Free online cognitive behavior therapy for depression and/or anxiety
- www.onlinetherapyuser.ca

Family First Doula Service & Maternal Wellness <http://familyfirstdoulas.com> click PPD/Anxiety

- Offers Postpartum Support Sessions

Catholic Family Services Regina..... (306) 525-0521

- Counselling and support for individuals and families www.cfsregina.ca

Family Services Regina.....(306) 757-6675

- Counselling and support for individuals and families
- www.familyservicesregina.com

Women of the Dawn Counselling Centre Inc..... (306) 522-6040

- Offers postpartum counseling for First Nations women
- <http://www.reginacity.com/fnac/wotd.htm>

The Caring Place.....(306) 347-2273 or toll free 1-877-522-7464

- Offers counseling services
- www.thecaringplace.ca

**Canadian Mental Health Association.....(306)525-9543
www.sk.cmha.ca**

Postpartum Support International <http://www.postpartum.net>

Saskatchewan Prevention Institute www.skprevention.ca

Safety

Canadian Red Cross Society.....(306) 721-1600

- Offers CPR and First Aid classes, child safety, babysitting courses, and abuse prevention services
- <http://www.redcross.ca/in-your-community/saskatchewan.aspx>

St. John Ambulance..... (306) 522-7226

- First aid, CPR, and babysitting courses
- www.sja.ca

Health Canada Recalls and Safety Alerts www.canada.ca/en/services/health.html

Car Seat Safety SGI.....(306)775-6042 or 1-844-855-2744

- <https://www.sgi.sk.ca> = information about car seats and car seat clinics
- Video = How to install a Car Seat <http://skprevention.ca/passenger-and-vehicle-safety>

Safe Kids Canada.....1-888-723-3847

- www.safekidscanada.ca

Saskatchewan Prevention Institute www.skprevention.ca

- Provides information such as car seat and booster seat recommendations, how to properly fit a bicycle helmet, safety with bicycles and bicycle carriers, videos on child safety

Parachute: Preventing Injuries, Saving Lives – www.parachutecanada.org

- A prevention minded organization to educate and empower Canadians to lead safe and injury-free lives
- Focus on motor vehicle collisions, sports and recreation (i.e. concussions) and senior's falls
- Includes content from SafeKids Canada, Safe Communities Canada, SMARTRISK, and ThinkFirst Canada

Other Trusted Websites:

Ministry of Health www.health.ca

Caring for Kids Canada www.caringforkids.cps.ca

- Canadian Pediatric Society site including pregnancy and babies, healthy bodies, growing and learning, safety, about illnesses, immunization, behavior and parenting

Baby's Best Chance www.vch.ca/media/babybestchance.pdf

- Parent's Handbook of pregnancy and baby care

The Canadian Foundation for the Study of Infant Death

- Sudden Infant Death Syndrome information
- www.sidscanada.org

Period of Purple Crying www.purplecrying.info

- A new way to understand your baby's crying

Caring For Kids (Canadian Paediatric Society)

- Information regarding keeping kids safe, healthy bodies, food and nutrition, immunization, and when your child is sick
- www.caringforkids.cps.ca

Health Canada Food and Nutrition

- Canada's Food Guide
- <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/myguide-monguide/index-eng.php>

In Motion Saskatchewan.....(306)780-9248 or toll free-1-866-888-3648

<http://www.saskatchewaninmotion.ca>

Public Health Agency of Canada www.phac-aspc.gc.ca

- Information regarding health and safety

Best Start Resource Centre http://en.beststart.org/for_parents/are-you-looking-resources-languages-other-english-and-french

- The Best Start Resource Centre has resources on prenatal health and early childhood development in 26 languages



This booklet is available online go to www.rqhealth.ca search for Caring for Yourself and Newborn in the First Month

Patient Advocate Services

The Regina Qu'Appelle Health Region is committed to providing Patient and family Centered Care. Each patient/ family member is a valuable partner on the health care team. As a team we need to communicate and work together to create the most satisfactory care experience.

If you have questions or concerns about the care or services provided to you or a family member during your stay, you should:

- Speak first with the staff and doctor involved in your care.
- If you still have questions or you are not comfortable speaking to those directly involved in your care, speak with the Unit Manager.
- If you require further assistance, speak with a Patient Advocate.

Patient Advocate Services
Toll Free Outside Regina: 1-866-411-7272
Regina Residents: 306-766-3232
www.rqhealth.ca/patientadvocate



Patient Advocates assist you with your concerns if you are unable to get the answers you are looking for. An advocate ensures your concerns are reviewed and informs you of your rights, options, and responsibilities. They can help you navigate through more than one service and connect you with the people or information you need.

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