



## TAKING CARE OF YOURSELF AND YOUR NEWBORN BABY



### *Questions once you go home?*

**\*If your baby is younger than 2 months, call Healthy Beginnings Hotline at 780-413-7990.**

**\*If your baby is 2 months or older, call Health Link Alberta at 811.**

### WHEN TO GET HELP FOR YOUR BABY

**CALL 911 (OR THE EMERGENCY PHONE NUMBER IN YOUR AREA) OR GO TO THE NEAREST EMERGENCY DEPARTMENT IMMEDIATELY IF YOUR BABY:**

- Has stopped breathing.
- Is having trouble breathing or is wheezing.
- Is choking and cannot catch his/her breath.
- Is making a moaning sound like he/she is sick.

### **AND/OR**

Has blue skin color:

- If you are not sure, look inside his/her mouth for blueness (tongue, lips, gums).

**CALL YOUR HEALTH CARE PROVIDER RIGHT AWAY IF YOUR BABY:**

- Has a body temperature of over 37.5° Celsius or less than 36.5° Celsius.
- Does not want to eat or is throwing up a large amount after two or more feedings.
- Is not having enough pees or poops according to how many days old he/she is. See table on page 6.
- Has very little energy and is not moving much. He/she does not wake up on his/her own and is very sleepy when he/she is awake.
- Is looking yellow (jaundiced).
- Has a bad smell coming from the umbilical cord, the area around the cord is red, or is draining fluid.
- Is crying most of the time.

## WHEN TO GET HELP FOR YOURSELF

**CALL 911 (OR THE EMERGENCY PHONE NUMBER IN YOUR AREA) OR GO TO THE NEAREST EMERGENCY DEPARTMENT IMMEDIATELY IF YOU:**

- Have trouble breathing or chest pain.
- Have heavy vaginal bleeding: Bright red bleeding from the vaginal area (between your legs) that completely soaks one or more maxi pads in one hour and does not slow or stop with rest.

**CALL YOUR HEALTH CARE PROVIDER RIGHT AWAY IF YOU:**

- Pass blood clots that are larger than a dollar coin (a “loonie”) and your vaginal bleeding becomes heavier and does not slow or stop with rest.
- Have pain in your abdomen (sharp and stabbing).
- Feel unwell and/or have a fever over 38.5° Celsius.
- Have a bad-smelling vaginal odour.
- Have a red, sore area on your breast that may be swollen and painful.
- Have unusual pain, redness, or swelling in one or both legs.
- Have pain or burning when you pee or find it hard to pee.
- See changes in your C-Section cut such as redness or discharge coming from the cut on your lower tummy, or a bad smell.
- Have a very bad headache, blurry vision, dizziness, or very bad pain under your rib cage.

**A Public Health Nurse will call you in approximately 24 to 48 hours.  
The nurse may also arrange a visit to your home.**

## POSTPARTUM MOOD DISORDERS

There are different levels of mood changes that new mothers can experience after giving birth due to hormonal changes in the body. They range from feeling sad for a few days or weeks, to serious changes that can impact the health and safety of both mother and baby.

**Seek help if you:**

- Cry often and/or for no obvious reason.
- Have frequent mood changes (swings).
- Feel angry, agitated, irritable, restless, or resentful.
- Feel tired and/or have trouble relaxing/sleeping.
- Have poor concentration.
- Have trouble coping with daily activities.
- Do not feel like doing anything.
- Constantly worry about your health or your baby’s health.
- Have thoughts of harming yourself or baby, killing yourself, or wanting to escape.
- Have erratic/unpredictable, unusual or extreme behavior that is out of character.

**What can help?:**

- Rest when baby sleeps.
- Ask for and accept offers of help.
- Eat regular, healthy meals.
- Decide how many visitors you want and when.
- Do things you find relaxing, even for a short time.
- Seek professional help from a counselor/therapist.
- Medications may be recommended by your health care provider.
- Attend parenting classes and/or peer support groups.

**If you are having difficulty coping or caring for your baby, call the AHS Mental Health Help Line at 780-424-2424 or visit an Emergency Department.**

## WHEN YOUR BABY CAN'T STOP CRYING

Babies cry for many reasons – they may be hungry, need a diaper change, need to be cuddled, not feeling well, or need to release tension. All babies will have times when they cannot stop crying no matter what you do to try to soothe them. It does not mean that your baby is being bad or that he/she is angry with you. It also does not mean that you are a bad parent. It is important for you to plan ahead, so you are ready for the times when the crying becomes too much:

- **Make your baby as comfortable as possible** – hold your baby close to your chest; try feeding; make sure your baby is not too hot or too cold; keep your baby clean and dry; give your baby a gentle back rub.
- **Provide gentle motion** – walk or rock with your baby; use a baby swing; carry your baby in a sling or front carrier; take your baby for a car ride in a safely secured infant seat.
- **Provide soft music or other relaxing sounds** – try humming or singing a lullaby; the sound of a vacuum cleaner, clothes dryer, or dishwasher can sometimes calm a baby.
- **Feed your baby slowly and burp him/her often** – gas in your baby's tummy can be painful; if you think that your baby's crying may be linked to his/her feedings, talk to your health care provider or public health nurse.
- **Keep yourself calm; take a break** – before your emotions get out of control, place your baby in a safe place like a crib, leave the room, and shut the door; take a 15-minute break to relax and calm down before you try to console your baby again.
- **Plan ahead with someone you trust** – make a plan to have someone you trust come over right away if the crying becomes too much to handle; try to arrange breaks from child care and get some rest.

**NEVER SHAKE A BABY FOR ANY REASON. TAKE A BREAK, DON'T SHAKE.**  
Even a few seconds of shaking can cause serious damage to a baby.

## HYGIENE

- Wash your hands before handling your baby or after changing the diaper.
- Bath your baby with mild soap and warm water. Be careful not to get soap in your baby's eyes.
- Dry skin folds well. Do not use baby powder. Lotions are not usually needed, but if you choose to use lotion, use a fragrance-free, hypoallergenic one.
- Clean the diaper area well with every diaper change.
- If the diaper area skin looks red or like it has a rash, use a barrier cream (such as a zinc-based product).
- If the redness or rash does not get better or gets worse, see your health care provider.

## YOUR BABY'S PEES AND POOPS

DAYS/HOURS	WETS / PEES PER DAY	STOOLS / POOPS PER DAY
<b>First 24 Hours</b>	*Minimum 1 pee *Small amounts of pee are normal *Small amount of dark pee with orange or rust are also normal in the first few days	*Black sticky poops (meconium)
<b>1 to 2 (24 to 48 Hours)</b>	*Minimum 1 to 2 pees *Small amount of dark pee with orange or rust are also normal in the first few days	*Black sticky poops *1 to 3 the size of your baby's palm
<b>2 to 3 (48 to 72 Hours)</b>	*Minimum 2 to 3 pees *Small amount of dark pee with orange or rust are also normal in the first few days	*Transitional poops (black, green-yellow) *2 to 3 the size of your baby's palm
<b>3 to 4 (72 to 96 Hours)</b>	*Minimum 3 to 4 heavy (large) pees *The amount of pee will increase and turn light yellow	*Yellow seedy poops *4+ poops the size of your baby's palm
<b>5 to 7</b>	*Minimum 4 to 6 heavy pees	*Yellow seedy poops *4+ poops the size of your baby's palm
<b>7+</b>	6+ heavy pees	*Yellow seedy poops *4+ poops the size of your baby's palm

Adapted from 'Healthy Parents Healthy Children Pregnancy and Birth', and 'Early Years'. If you have any concerns about your baby's pees or poops, please contact your health care provider.

## UNDERSTANDING YOUR BABY'S FEEDING CUES

### HOW TO KNOW YOUR BABY IS HUNGRY

- Sucking motions.
- Smacking lips.
- Putting fist or fingers into the mouth.
- Searching with an open mouth.
- Crying (late sign).

### HOW TO KNOW YOUR BABY IS FULL

- Slows or stops sucking or swallowing.
- Baby is content and relaxed when coming off the breast.
- Opens and relaxes arms alongside their body.
- Falls asleep at the end of feeding.

## YOUR BABY'S TUMMY SIZE

DAY	BABY'S TUMMY SIZE
<b>Birth to 24 Hours of Age</b>	Cherry
<b>1</b>	Cherry
<b>2</b>	Walnut
<b>3</b>	Walnut
<b>4</b>	Apricot
<b>7 +</b>	Egg

*Adapted from 'Riordan, J. & Wambach, K. (2010). Breastfeeding and human lactation (4<sup>th</sup> ed.)'.*

## CORD CARE

- Your baby has a small piece of umbilical cord attached to his/her belly button.
- When your baby was born, your health care provider put a clamp on the cord and then cut the cord. The clamp will be on your baby's cord when you go home from the hospital and will remain on until the cord falls off.
- Wash your hands before and after cleaning/handling the cord.
- Look at your baby's cord 2 to 3 times a day. If there is pee or poop on or around the cord, it must be cleaned off.
- Use a cotton swab or clean cloth soaked with water to clean the base of the cord. Dry well. Cleaning the cord is not painful for your baby.
- You may bathe your baby in a bathtub while the cord is on.
- After cleaning, fold the diaper below the cord to help the cord dry.
- Your baby's cord will dry up and fall off in 1 to 3 weeks after birth. When the cord falls off, you may see a small amount of blood.
- If the cord is still attached when your baby is 3 weeks old, tell your health care provider.

### **Call your health care provider if the cord or the skin around the cord:**

- Continues to bleed.
- Is red, warm, or swollen.
- Has discharge that smells bad.
- Is very wet and draining clear discharge.

## SAFE SLEEP

To reduce the risk of Sudden Infant Death Syndrome (SIDS) and prevent other sleep-related injuries and deaths in babies up to 1 year old:

Put your baby on his/her **back to sleep, every sleep.**

- Use a **crib, cradle, or bassinet** that is **free of clutter.**
- Keep your baby **warm, not hot.**
- Keep spaces **smoke-free** before and after birth.
- **Breastfeed** your baby.
- **Share a room. Do not share a bed, sofa, or any other sleep surface** with your baby.
- Offer **tummy time** several times a day when your baby is **awake and with you.**
- **Do not use playpens, car seats, swings, bouncy chairs, etc.** for sleep.

## SKIN-TO-SKIN CARE

- Kangaroo care = skin-to-skin care.
- Semi-upright skin-to-skin, chest-to-chest placement of your baby.
- Remember! Naked baby (with diaper and hat) on bare chest for at least 1 hour a day.

### **Benefits for baby:**

- Less crying/reduces stress.
- Encourages breastfeeding – warm, calm babies latch better and hunger cues are more obvious.
- Improves sleep.
- Regulates breathing, heart rate, and temperature.
- Enhances baby's immune system.
- Promotes bonding.

### **Benefits for mom:**

- Reduces stress, depression, and anxiety.
- Increases production of breast milk and helps mom to understand baby's feeding cues.
- Helps to control postpartum bleeding and pain.
- Regulates blood pressure.
- Promotes bonding.

### **Benefits for partner:**

- Promotes bonding.

## JAUNDICE

- Jaundice is a condition that makes the skin and sometimes the whites of the eyes turn yellow.
- After birth, newborns have extra red blood cells that they do not need. These cells breakdown and release a substance called bilirubin.
- Your baby gets rid of most of the bilirubin in the first few days through his/her stools (poops). If the bilirubin builds up in the body, it causes jaundice.
- Babies are more likely to develop jaundice if: they are born less than 37 weeks; are not feeding well; babies and mothers have certain blood types.
- The most common type of jaundice happens on the second or third day after birth and affects about half of all term newborns (greater than 37 weeks gestation).
- Jaundice should start to go away after your baby is 4 to 5 days old and is gone by 10 to 12 days.
- At low levels, jaundice will not harm your baby. In rare cases, very high levels of jaundice can cause brain damage.

### **What can help?**

- Feed your baby often and for as long as he/she wants to eat.
- Make sure your baby is latching well and removing milk when breastfeeding.
- Keep track of your baby's pees/poops (see table p. 6).
- Babies with jaundice can become more sleepy and may not feed as well. If you are concerned:
  - Wake and feed your baby at least every 2 to 3 hours while he/she is jaundiced (total of 8 to 12 feeds within 24 hours).
  - Talk to your health care provider or Public Health Nurse.
- Your health care provider will check your baby for jaundice by:
  - Assessing your baby's feeds, pees/poops.
  - Using a jaundice meter to tell how much bilirubin is in the body. The meter uses a flash of light on the forehead or chest and does not harm the baby.
  - Requesting a blood test, if needed.
- If your baby needs treatment, he/she will need to be in the hospital for a few days under special lights (phototherapy).
- Do not place your baby in the sun.

## **BREASTFEEDING YOUR BABY**

Breast milk is the only food and drink your baby requires for the first 6 months for healthy growth and development. At 6 months, begin to offer solid foods. It is recommended that you continue to breastfeed baby for 2 years or more.

Your baby is unique. It will take time and practice for mom and baby to learn to breastfeed. It usually takes 4 to 6 weeks for most moms to feel confident with breastfeeding. ***Please remember that it is your right to breastfeed anywhere, anytime.***

- Let your baby guide the number and length of feedings.
- Breastfeed whenever your baby shows signs of hunger; baby will stop feeding when full.
- Offer the breast before your baby cries by watching for early signs of hunger (sucking motions, smacking lips, putting fist or fingers into mouth, searching with an open mouth).
- It is normal for breastfed babies to feed at least 8 times in 24 hours.

## **HOLDING YOUR BABY**



**LAI D BACK**



**FOOTBALL**



**CRADLE**



**CROSS-CRADLE**

## **BREAST MILK SUPPLY**

- Breast milk supply is established by feeding often and for as long as your baby wants during the day and night.
- The more breast milk your baby drinks, the more milk you will make.
- All babies grow differently. Growth spurts often occur at 3 weeks, 6 weeks, 3 months, and 6 months.

## **HELPING YOUR BABY LATCH WELL TO THE BREAST**

- Make sure your baby is facing you, tummy-to-tummy and face-to-breast.
- Support your baby behind the neck and shoulders. Do NOT push on the baby's head.
- Wait for baby to open their mouth wide like a yawn with tongue down.
- Bring baby to the breast; chin first, with head slightly tipped back. The baby's nose will be close to the breast but will still have room to breathe.
- Baby will have a large portion of areola in their mouth when they have a good latch.
- The baby's cheeks will look full and rounded.
- Breastfeeding is comfortable when your baby has a good latch.



## **SIGNS THAT YOUR BABY IS TAKING ENOUGH BREAST MILK**

- You can hear or see your baby swallowing and can see jaw movements.
- You may hear your baby's "ca" sound.
- Baby is content and satisfied after feeding.
- Baby pees and poops appropriate amounts.

## EXPRESSING BREAST MILK

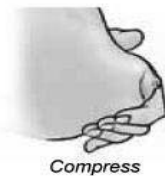
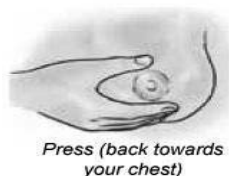
- You can express breast milk manually by hand or by using a breast pump. Removing milk from your breasts will help stimulate and maintain your milk supply.

You may need to express your breast milk to:

- Provide breast milk if your baby isn't able to latch.
- Provide breast milk for your sick or preterm baby.
- Provide breast milk if you are away from your baby.
- Soften your breasts before breastfeeding if your breasts are full or engorged.
- Maintain your milk supply if you aren't able to breastfeed.

## HOW TO HAND EXPRESS YOUR BREAST MILK

- Wash your hands well.
- Hold baby skin-to-skin prior to hand expression. Gentle stroking and massaging of the breasts will help to begin the flow of milk.
- Position the thumb and index finger approx. 1 to 1.5 inches outside the areola. Press back towards the chest wall.
- Roll fingers toward the nipple. Avoid pulling on the nipple as this can cause trauma.
- Relax pressure on the breast.
- Repeat rhythmically moving around the breast, to express the entire breast. Continue until the flow of milk stops. Switch hands, if needed, and move from one breast to the other.



## OTHER WAYS TO GIVE YOUR BREAST MILK TO YOUR BABY

### Cup feeding may be used:

- As a **temporary** method of feeding when a mother is not able to breastfeed her baby
- If an infant needs supplementation in addition to breastfeeding
- To avoid 'nipple confusion'
- Please ask your nurse for instruction / assistance

### Equipment:

- Small clean cup and cloth



### How to cup feed:

- The baby should be calm and awake.
- Wrap the baby securely to prevent baby's hands from bumping the cup.
- Place cloth under baby's chin.
- Pour recommended amount of expressed breast milk or artificial baby milk into the cup.
- Hold the baby in an **upright** sitting position on your lap. Make sure that you are both comfortable.
- Let edge of cup touch baby's lower lip.
- Tip cup until milk reaches baby's lips. **DO NOT** pour milk into baby's mouth.
- Baby will lick milk with his/her tongue or may sip it.
- Keep the cup in the same position during the feed. The baby may pause during the feeding; do not remove the cup when the baby stops sipping.
- Burp baby after every 15mL (1/2 oz).

Adapted from 'Breastfeeding Committee for Saskatchewan Cup Feeding Your Baby (2015).'

## STORING FRESHLY EXPRESSED BREAST MILK GUIDELINES

ROOM TEMP	FRIDGE	FREEZER COMPARTMENT OF ONE DOOR FRIDGE	SEPARATE FREEZER COMPARTMENT IN FRIDGE	DEEP FREEZER (-18°C)	INSULATED BAG WITH FROZEN GEL PACK
4 HOURS	48 HOURS	UP TO 2 WEEKS	3 TO 4 MONTHS	12 MONTHS	24 HOURS

### THAWING FROZEN BREAST MILK

- Use the breast milk that has been frozen longest, first.
- To thaw breast milk, put it under warm running water or in the refrigerator.
- Thawed breast milk must be used within 24 hours. After 24 hours, it must be thrown out.
- Do NOT refreeze breast milk.
- Do NOT thaw or warm breast milk in a microwave. Microwaves heat unevenly, forming hot spots that can burn your baby, and destroy the immune components in breast milk.

## BREAST HEALTH

### BREAST ENGORGEMENT

- Engorgement means very full breasts – it is not normal.
- It happens when milk is not taken out of the breasts often enough or in large enough amounts, usually between 2 to 5 days after birth.
- One or both breasts will have signs that you can see:
  - \*Very full, heavy, hot, red, painful, or tender
  - \*May feel lumpy; breast tissue under your arm may feel lumpy
  - \*Nipples become flatter

### PREVENTING ENGORGEMENT

- Latch your baby correctly to the breast.
- Feed your baby well – at least 8 times in 24 hours.
- Respond to your baby's early feeding cues.
- Do not use soothers or bottles.
- Express milk from your breasts (using your hands or a pump) only if you miss a feeding.

### CARING FOR ENGORGEMENT

- Call the Healthy Beginnings Hotline at 780-413-7990 or your lactation consultant for help.
- Before feeding: If milk is dripping and/or you are able to express milk, apply warm, moist heat to breasts for 2 to 5 minutes; massage breasts gently in a circular motion (start under your arm and move towards the nipple); hand express or pump milk from the breast.
- Between feedings: Apply cold compress to breasts; wear a supportive bra; use pain medication – take about 20 minutes before feeding.

**FIND A BREASTFEEDING BUDDY.** This person is someone who has had a positive breastfeeding experience and can help give you tips and share breastfeeding knowledge and experiences to help support you to breastfeed.

## THRUSH

Candidiasis, also known as thrush, is an infection caused by a fungus or yeast called *Candida albicans*. Candida thrives in warm, moist environments. Mothers and infants who have had antibiotics in labour, or while breastfeeding, are at increased risk for thrush. Both the mother and the infant may have signs and symptoms that may include:



## Mother:

- Red, sore, cracked, itchy, burning, painful nipples, which may have white patches.
- Red, swollen, flaky/scaly or shiny-looking areolae (area around nipples).
- Nipple condition does not heal, although there is no concern related to positioning and latching or effective sucking/swallowing.
- Sudden painful nipples (may feel like a paper cut along the base).
- Severe nipple pain (during and after breastfeeding session).
- Sharp, shooting or burning pain in breast during or after feeds.

## Infant:

- Visible white patches or plaque on tongue, gums, inner cheeks or soft palate (cannot be wiped off).
- Change in breastfeeding behaviour, breast refusal.
- Change in temperament (e.g., gassy, cranky).
- Slow weight gain.
- Sore mouth indicated by non-rhythmical sucking and/or refusal to breastfeed.
- Diaper rash that has raised, red, sore-looking pustules or red, scalded-looking buttocks.

Once the nipple has been damaged or cracked, it is at risk for infection by bacteria such as *S. aureus*. The following strategies may prevent more complications:

- Wash nipples with soap and water once a day to help prevent bacterial growth.
- Air dry nipples between feeds.
- Do not apply or leave expressed breastmilk on a nipple with a fungal infection (fungi grow well in breastmilk because of the natural sugars).
- Use specialized nipple creams, as prescribed by a physician (use as per physician or pharmacist recommendation).
- Wash bras and washable breast pads in hot soapy water.

*Adapted from 'Alberta Health Services STORC: Managing Breastfeeding Challenges and Supplementation Module (2017, June, rev. 2018, April)'.*

## BABY FALLS

- Babies can easily fall from furniture and other surfaces by kicking and wiggling. It can happen very fast – even when you are in the same room and before you think your baby is able to move much.
- Babies have large heads compared to their bodies – during a fall, a baby's head will often hit the ground first and take the impact.

### Protecting your newborn baby from falls:

- Gum for Mums: Chewing gum while holding your baby can prevent you from falling asleep and possibly dropping your baby, as a result.
- Always stay with your baby when he/she is on a high place, such as a change table. Keep at least one hand on your baby at all times.
- Change diapers on the floor.
- Place car seats, baby chairs, and bassinets on the floor instead of on a counter, bed, or sofa.
- Use safety straps when available.
- Supervision is the best prevention! Being at your baby's side is the best way to prevent falls. If you need to leave for a moment when your baby is on a raised surface, move your baby to the crib, playpen, or the floor.

## CAR SEAT SAFETY

- A child is safest in a **rear-facing car seat in the back seat until he/she is at least 2 years old or reaches the maximum weight or height limit for the rear-facing seat** (as stated by the manufacturer).
- Read your car seat and vehicle owner's manual so you know how to correctly install your CSA (Canada Standards Association) approved car seat.
- Never place the car seat in front of an airbag.
- Always place the carry handle in travel position when in a vehicle.
- Stop every 1 to 1½ hours when driving. Take your baby out of the car seat and let him/her rest flat for 30 minutes.
- Use car seats only for travelling in a vehicle.
- Never leave your baby alone in a car seat or in a vehicle.

## NORMAL CHANGES TO YOUR BODY AFTER DELIVERY

### TIREDDNESS

#### **What you can do:**

- Rest or nap when your baby is sleeping.
- Take a warm bath to relax.
- Take time to eat healthy snacks and drink plenty of fluids.
- Do only the tasks you need to.
- Leave the housework.
- Let others help you.

### CRYING

- You may cry easily or for no reason.
- This need to cry is usually caused by hormonal changes in your body.
- The feeling may come and go and last up to two weeks.

#### **What you can do:**

- Remember that crying is normal and that the feeling should pass.
- Rest and relax as much as possible.
- Accept help from other people.
- Talk to someone.
- If you feel you cannot care for yourself or your baby, **call the Healthy Beginnings Hotline at 780-413-7990 or Health Link Alberta at 811** for help.

### SWEATING

- You may sweat more than normal, especially at night because your body is getting rid of extra fluid from the pregnancy.

#### **What you can do:**

- Wear cotton pajamas.
- Take a lukewarm shower or bath.
- Fever/chills may be sign of infection. Be sure to check with your health care provider.

### BIG TUMMY

- Your tummy may be swollen for a while after delivery.
- You may feel after-pains (cramps).

#### **What you can do:**

- Wear comfortable, non-restrictive clothing.
- Consult with your health care provider about safe exercises.
- Taking short walks is a safe and effective way to start moving.

### BLEEDING

- You will have a heavy flow of dark red blood for the first 1 to 3 days.
- This flow will be heavier than your normal menstrual flow.
- During days 4 to 10 your flow will become pink or brownish and should decrease a bit each day.
- You may have a gush of blood when you stand up from sitting or lying down.
- You may see a few blood clots. These blood clots are usually the size of a dollar coin (“loonie”) or smaller.

#### **What you can do:**

- Wear a maxi pad. Change your maxi pad at least every 1 to 3 hours in the first few days.
- Fill a squeeze bottle with warm water and use it to clean your vaginal area (the area between your legs).
- Rest or nap when your baby is sleeping.
- Talk to your health care provider about when you can resume sexual intercourse.

### PAIN BETWEEN YOUR LEGS

- The area between your legs may be sore, bruised, and swollen.
- If you have stitches, you may feel more pain.

### **What you can do:**

- Moisten a clean maxi pad and freeze it. Put the frozen maxi pad in your underwear for 20 minutes at a time. Use a thin tissue or cloth between you and the pad if it feels too cold.
- Take a warm bath.
- Take medicine for pain. If you have questions, talk to your health care provider.
- Use deep breathing to help you relax.

### **PEEING**

- You may pee often.
- You may find it hard to start peeing.
- It may sting when you pee.

### **What you can do:**

- Use your squeeze bottle filled with warm water and pour over the area between your legs *every time* you pee.
- Pee in a warm shower.

### **BOWEL MOVEMENTS**

- You may not have a bowel movement (poop) for 2 to 3 days after your baby is born.
- It may be hard or painful to poop.

### **What you can do:**

- Drink lots of water or fruit juice.
- Eat foods that have a lot of fiber (bran cereals, bran muffins, fresh fruit and vegetables).
- Take short walks (inside or outside).
- A stool softener may help. Ask your pharmacist. **Stool softeners should not be used long-term.**

### **HEMORRHOIDS**

- You may feel grape-like lumps around your anus (bowel opening where your poop comes out).
- These lumps may be painful or itchy.

### **What you can do:**

- Moisten a clean maxi pad and freeze it.
- Put the frozen maxi pad in your underwear.
- Use a hemorrhoid cream and/or towelettes.
- Lay down when you can. This will take the pressure off the hemorrhoids.
- Keep your bowel movements soft (see above).

### **FULL OR TENDER BREASTS**

### **What you can do:**

- Wear a well-fitting bra, not tight.
- Take a warm shower or apply warm wet towels to help your breasts release milk before feedings. Cold compresses between feeds may be helpful.
- Feed your baby well and often if you are breastfeeding.
- If you are having troubles with breastfeeding, please get help right away.

### **PUFFY FEET AND ANKLES**

- You may have puffy feet and ankles for two weeks or longer after delivery.

### **What you can do:**

- Drink at least 8 glasses of water per day.
- Put your feet up on a stool when you are sitting.
- Wear support stockings and comfortable footwear.
- Do not wear clothes or socks with tight elastic.
- Do not cross your legs when you are sitting.

## CESAREAN SECTION

- You will have a cut on your lower tummy that may be painful.
- You may see a bit of blood or pink fluid draining from the cut.
- You may feel gas pains.
- You should not lift anything heavier than your baby for six weeks.

### What you can do:

- Hold a pillow to your tummy when you stand up or move in bed.
- Take slow, deep breaths when you move.
- Take short walks in your home.
- Unless you have been given other instructions by your health care provider, take a shower daily and be sure to keep your incision area clean and dry.
- Take medicine for pain. If you have questions, talk to your health care provider.
- If you cannot take a good look at your incision, have someone check it for you.

Talk to your health care provider about when you can start driving again.

## CRITICAL CONGENITAL HEART DISEASE

### What is Critical Congenital Heart Disease?

Critical Congenital Heart Disease (CCHD) means that the heart or major blood vessels did not form correctly before birth. The heart may not work well. A baby with CCHD may not have enough oxygen in the blood. The body needs oxygen to grow and be healthy.

### What problems can CCHD cause?

CCHD is different for each baby but needs urgent care. Some babies with CCHD may have:

- Fast, difficult breathing
- Grunting sounds with breaths
- Bluish coloring of lips
- Poor eating
- Extreme sleepiness
- Heart murmur

### Screening for CCHD

**All babies** will be screened for CCHD between 24 to 36 hours of age or as close to discharge from the hospital as possible. Screening includes:

- Pulse oximetry test to measure oxygen in the blood (a small sensor is placed on the baby's right hand and one foot).

A low blood oxygen level means that your baby **may** have critical congenital heart disease or other problems. Different types of tests may be needed:

- Heart ultrasound (also called "echocardiogram" or "heart echo")
- Blood tests
- Chest x-ray
- Tests for infection

### What if my baby has CCHD?

Babies with CCHD should see their regular doctor and a doctor who specializes in children with heart disease (called a "pediatric cardiologist"). Your baby's medical team will talk to you about treatment options, if needed.

Treatment can include:

- Medicine
- Medical procedures
- Surgery

Prompt and careful treatment helps most babies with CCHD live healthy lives.

## EARLY HEARING DETECTION AND INTERVENTION

Alberta's Early Hearing Detection and Intervention (EHDI) program is a province-wide service that identifies permanent hearing loss as early as possible in a baby's life.

### **Babies are never too young to have their hearing checked!**

Permanent hearing loss is one of the most common conditions in newborns. Even though a baby may respond to sounds, they may not hear well enough to develop speech and language. Having your baby's hearing screened soon after they are born is the best way to find hearing loss early and get the support needed to help your baby build speech, language and learning skills.

### **How is hearing screening done?**

While your baby is quiet or sleeping, soft sounds are played into your baby's ears and a computer measures how your baby is hearing sound. Screening is quick, safe, and won't hurt your baby.

### **When is hearing screening done?**

It is done soon after birth, either before your baby is discharged from the hospital or at a community screening site.

### **When will I get the results?**

You will get the results as soon as the screening is done. The result of the test is pass or refer.

### **What does a pass result mean?**

It means that your baby is hearing well on the day of the screening. It is a good idea to monitor your baby's hearing, even after a pass result.

### **What happens if my baby does not pass the hearing screening (refer result)?**

Your baby will need to go for a more specialized hearing test to confirm or rule out hearing loss. Most babies who need further testing are found to have normal hearing, but some are found to have hearing loss. This test is done by a pediatric audiologist (a health care provider who specializes in children's hearing).

*Adapted from 'Alberta Health Services Early Hearing Detection and Intervention (2018, November).'*

## MEDICATION AND IMMUNIZATION

### **Prescription:**

**Mom:**  Yes \_\_\_\_\_  No

**Baby:**  Yes \_\_\_\_\_  No  Vitamin D 400 IU by mouth every day.

*Due to the lack of sunshine in our colder climate, sometimes Vitamin D is prescribed in a higher dose (400-800 IU) by your physician.*

**Vaccinations start at 8 weeks of age. Call your local public health unit soon after you get home to make an appointment for your baby.**

APPOINTMENTS	
NAME	
TIME/DATE	
WHERE	
PHONE	

## FEEDING AND DIAPERING CHART

Birth Date: \_\_\_\_\_

Birth Time: \_\_\_\_\_

Parent notes: Begin charting feeds and diaper changes at your baby's birth time. Feed as often as your baby shows signs (page 7). It is ok for your baby to have more wet or soiled diapers in a 24-hour period than the chart shows.

DATE	DAYS/HOURS	MINIMUM # OF WET DIAPERS	MINIMUM # OF SOILED DIAPERS	FEEDING ATTEMPTS (√)
	0 (0 to 24)	<input type="checkbox"/>	<input type="checkbox"/>	
	1 to 2 (24 to 48)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	2 to 3 (48 to 72)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	3 to 4 (72 to 96)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	5 to 7	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**Active feed: Several bursts of continued sucking at each feed, rounded cheeks, flanged lips, see and hear swallowing.**

## QUESTIONS FOR MY NURSE / HEALTH CARE PROVIDER

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## RESOURCES

- Alberta Health Services Mental Health Help Line: 780-424-2424
- Alberta Health Services Healthy Beginnings Hotline (baby under 2 months): 780-413-7990
- Alberta Independent Lactation Consultants: <http://www.ailec.ca>
- B.E.S.T Breastfeeding Café: 780-395-2626 or [www.edmontonsouthsidepcn.ca](http://www.edmontonsouthsidepcn.ca)
- Best Start Resource Centre: <https://www.beststart.org>
- Breastfeeding Clinics
  - ❖ **Grey Nuns Community Hospital: 780-735-7346**
  - ❖ **Misericordia Community Hospital: 780-734-2577 or 780-735-2731**
- BreastFeeding Inc: <https://www.breastfeedinginc.ca>
- Canadian Mental Health Association Edmonton Distress Line: 780-482-HELP (4357)
- Canadian Pediatric Society: <https://www.cps.ca>
- Global Health Media: <https://globalhealthmedia.org>
- Health Link Alberta (baby over 2 months): 811
- Healthy Parents Healthy Children: [www.healthyparentshealthychildren.ca](http://www.healthyparentshealthychildren.ca)
- La Leche League Canada: <https://www.lllc.ca>
- My Health Alberta: <https://myhealth.alberta.ca>
- Natural Breastfeeding: <https://www.naturalbreastfeeding.com/>
- Parent Link Centres: <https://www.parentlinkalberta.ca>

Booklet adapted from: Alberta Health Services / Covenant Health patient information handouts unless referenced otherwise.