

# Having a Baby at London Health Sciences Centre Handbook

[View our hospital tour, videos and information on our website](#)

[www.lhsc.on.ca/havingababy](http://www.lhsc.on.ca/havingababy)

[www.omama.com](http://www.omama.com) is another helpful resource. You can visit this website and download the “OMama” App



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## PART A: WELCOME TO LONDON HEALTH SCIENCES CENTRE

London Health Sciences Centre is a teaching hospital where approximately 6,000 babies are born each year. We have a variety of healthcare professionals and students involved in the care of our patients.

### Who We Are

You will be admitted under a(n):

**Obstetrician:** Doctors who specialize in pregnancy, birth & postpartum care

**Maternal Fetal Medicine specialist:** Obstetricians who specialize in high risk pregnancy care

**General Practitioner:** Family doctors who provide obstetrical and newborn care **or**

**Midwife:** A healthcare professional trained in the care of childbearing individuals and newborns

Other members of your hospital team may include:

**Neonatologists:** Doctors who specialize in premature and/or ill infants

**Pediatricians:** Doctors who specialize in infants and children

**Anesthesiologists:** Doctors who put in epidurals, put patients to “sleep” and specialize in pain control

**Residents and Fellows:** Doctors who have chosen Obstetrics as their specialty and are continuing their learning in the hospital setting, under the supervision of hospital Obstetricians

**Sonographers:** providers who complete all your ultrasounds

**Radiologists:** Doctors who read and report on ultrasound other tests

**Perinatal Nurses:** Trained to provide care during pregnancy, birth, postpartum as well as newborn care

**Nurse Practitioner** an autonomous advanced practice healthcare professional

**Clinical Nurse Specialist:** An advanced practice nurse who supports complex care planning

**Specialists:** Other care providers who specialize in certain conditions may also need to be on your medical team. For example, and Endocrinologist for Diabetes

**Social Workers:** providers who can support you with social, financial and/or emotional challenges

**Dieticians:** providers who can support you to get the most appropriate nutrients for your pregnancy

Many other staff members, such as registration clerks, personal support workers, cleaning staff, and porters, as well as hospital volunteers, may also be a part of your health care team.



## HOSPITAL SERVICES – VICTORIA HOSPITAL

### **OB/GYN Ambulatory Care**

Location: B5 (519) 685-8500 ext. 56342

Includes Obstetrics, Gynecology, Urodynamics, and Gynecology/Oncology, a Family Medicine self-referral Obstetrical Clinic, OB preadmission and other specialty services.

### **Obstetrical Care Unit (OBCU)**

Location: B4 Registration (519) 685-8500 ext. 58438

The OBCU includes 3 areas: ..... Location: B4- 100 and 200 wings Triage, Antenatal and the Birthing Centre.

**Triage:** Where you are to go if you have any urgent concern during your pregnancy after 20 weeks (instead of the Emergency department). You will be assessed by a nurse and doctor or your midwife, to determine the next steps for your care.

**Antenatal:** The antenatal area is for pregnant individuals who need to be cared for, and monitored more closely, in hospital, before giving birth. This area has all private rooms, a kitchenette and laundry facilities

**Birthing Centre:** This is where you will be *during* your labour, birth, cesarean section as well as early postpartum period. This area has our operating room suites, recovery area and is attached to our Neonatal team room.

### **Postpartum Care Unit (PPCU)**

Location: C4 - 100, 200 and 300 (519) 685-8500 ext. 52140

This is where you will go after your early postpartum period to learn to care for yourself and your infant(s) and prepare for transitioning to home. This area has both private, semi-private, and suites available.

[Postpartum Care Unit | LHSC](#)

### **Neonatal Intensive Care Unit (NICU)**

Location B4 (519) 685-8500 ext. 64427

The NICU is part of The Children’s Hospital at London Health Sciences Center. The NICU is a designated Level III Unit providing the highest level of medical care for your baby. The experienced medical team have special training in the care of newborns. If your baby has been admitted to the NICU for specialized care, you can learn more about the NICU by reviewing the “Welcome to the NICU” page on their website

[Neonatal Intensive Care Unit | LHSC](#)

### **Business Office**

Location: D3-400 (519) 663-3146

The Business Office responds to all financial inquiries, including daily hospital rates, insurance and accommodation questions and patient accounts information. Please contact them with any questions

### **Dietitian**

Location: B5 and Inpatient areas

Nutrition impacts the health of the pregnant person and the infant(s). The dietitian is available for prenatal nutrition counseling, advice on managing symptoms of pregnancy, nutrition-related health conditions in pregnancy and infant feeding. During your appointment, ask your health care provider for a referral to meet with the dietitian.

## **Patient Experience Office**

(519) 685-2036

LHSC's Patient Experience Specialists are available to assist patients and families with access to, and knowledge of, their rights and responsibilities. They act as a mediator between the patient/family and the health-care team to assist in resolving complaints and conflicts, as well as facilitate the sharing of compliments. <https://www.lhsc.on.ca/patients-visitors/patient-and-care-partner-feedback>

## **Paediatric Family Resource Centre**

Location B1- 006 North (519) 685-8500 ext.52604;

**Hours are Monday - Friday: 10 am – 4 pm.**

The Resource Centre staff is available to help clients and their families who want to be more informed about their health and medical care. There are many resources available with extensive coverage on most health and parenting issues. Free informational pamphlets and booklets are available.

[http://www.lhsc.on.ca/Patients\\_Families\\_Visitors/Childrens\\_Hospital/CFRC/index.htm](http://www.lhsc.on.ca/Patients_Families_Visitors/Childrens_Hospital/CFRC/index.htm)

## **Spiritual Care**

(519) 685-8500 ext.58418

The interfaith chaplains are committed to providing care of the human spirit that is sensitive to, and respectful of, all spiritual and religious needs, beliefs and practices. The Spiritual Care department has connections with all major Christian denominations, major world religions and First Nations elders for religious and ritual support. A Roman Catholic Priest and an Interfaith Chaplain are on call 24-hours a day and are committed to giving spiritual, religious, and emotional support. They are also available to affirm life and hope, and to facilitate rediscovery of inner resources to patients, family, and staff while in the hospital.

## **Social Work**

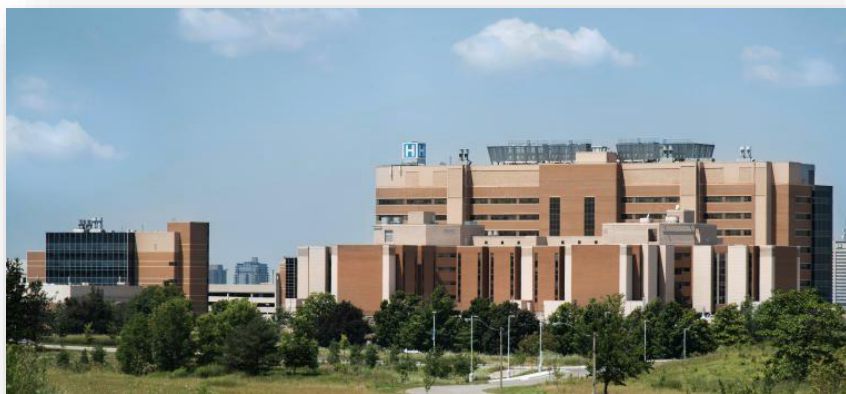
Location: B5 and Inpatient areas

Social Workers are professionally trained in providing individual, family and group therapy. Social workers seek to understand all patients in relation to their family needs, social supports and community ties. If you wish to speak to one of our Social workers, talk to your Physician/Midwife, Nurse or Clinic Assistant

## **Volunteers**

**(519) 685-8112**

London Health Sciences Centre has a dedicated group of over 800 volunteers who work alongside health care teams in 90 programs, including in our obstetrical areas. Volunteers help us at volunteer desks, as well as in waiting rooms, clinics, gift shops.



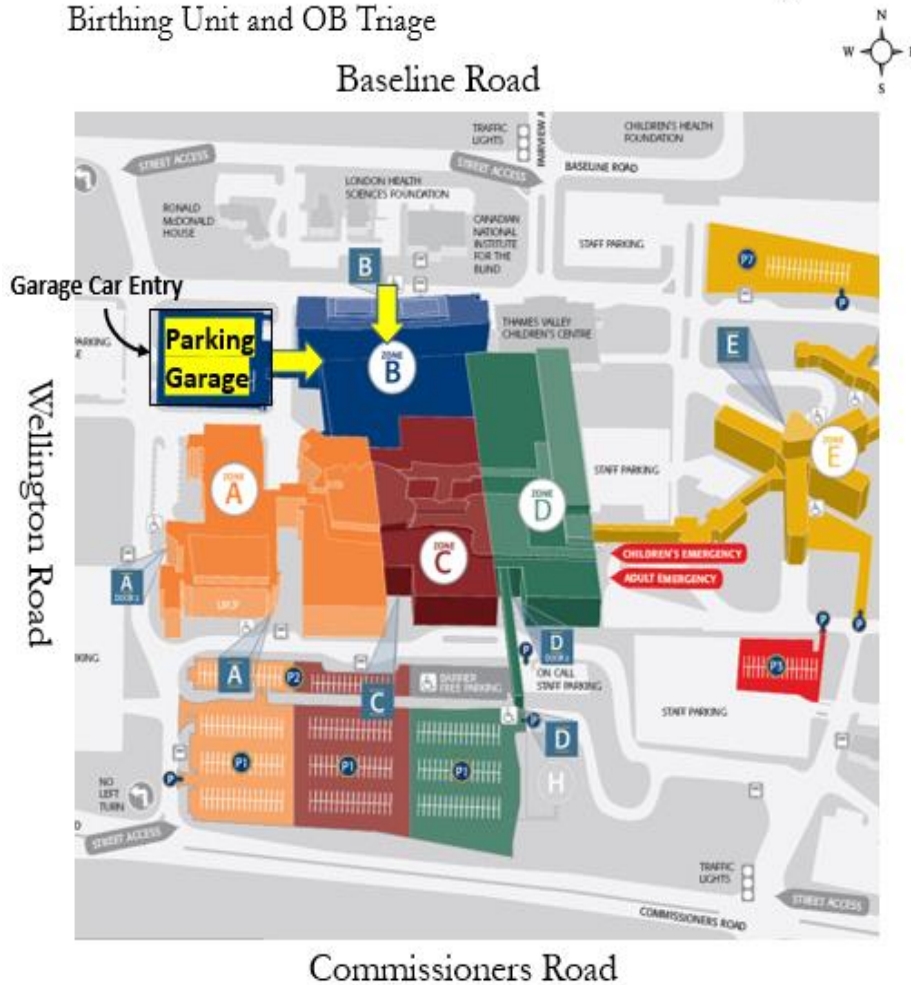
# Map of Victoria Hospital

LHSC is now Smoke-free. No smoking is permitted on hospital property

Use one of these two entrances indicated by the arrows → to get into B zone

You can park in the parking garage. Go to the ground floor, walk outside and enter the B zone

Once in B zone take the elevators to the 4<sup>th</sup> floor B4 to get to the Birthing Unit and OB Triage



B5	Obstetrics/ Gynecology Ambulatory Care Clinics
B4	Birthing unit (OBCU) OB Triage, Antenatal
B4	Neonatal Intensive Care Unit (NICU)
C4	Postpartum Care Unit (PPCU)
B2	Tim Horton's
D3	Faye's Cafeteria, Tim Horton's, Subway
B1 & C3	ATM
D3	Rm 400 Business Office
B1	Rm 006 N. Child and Family Resource Centre
D1	Emergency Room Child and Adult
C3	Sanctuary

\*\* To access the Birthing unit go to B zone main entrance which is open 24 hours

\*\* Visitors going to the Postpartum Care Unit can enter through the C entrance and proceed to C elevators

**\*\*Please remind all visitors to avoid coming to the hospital if they have a fever, cough, diarrhea, cold sores or are feeling unwell.**



## PART B: YOUR PREGNANCY

### Alcohol and Pregnancy

- There is no safe time to drink alcohol during pregnancy
- There is no safe amount of alcohol during pregnancy
- There is no safe kind of alcohol during pregnancy (wine, beer, coolers, spirits and other alcoholic beverages are all harmful during pregnancy)

To learn more please visit: [www.alcoholfreepregnancy.ca](http://www.alcoholfreepregnancy.ca)

### Marijuana in Pregnancy and while Breastfeeding

Cannabis is one of the most commonly used drugs among pregnant patients. There are over 400 active ingredients in cannabis. The main active chemicals are delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD). Both THC and CBD are known to cross the placenta during pregnancy. With legalization of cannabis in Canada, being aware of the potentially harmful effects on a healthy pregnancy and your baby's development is important. No matter how cannabis is used (e.g. smoked, vaped, eaten), the developing baby may be adversely affected by any amount taken. **Some studies have shown that the use of cannabis during pregnancy, and while breastfeeding may be associated with increased risk for the following issues:**

- Low birth weight
- Preterm (early) labour
- Stillbirth
- Long-term health problems related to cardiovascular (heart) and mental health
- Short- and long-term learning, development, and behavioural issues including low IQ scores, impulsivity and hyperactivity in childhood, some of which may persist into adulthood

While research still doesn't give us all the answers about the effects of cannabis or CBD on pregnancy and the baby's development, for now, **the only safe amount of cannabis to use while pregnant or breastfeeding is none.**

If you are using medical cannabis, or considering using cannabis during pregnancy to manage nausea, anxiety or pain, we encourage you to speak to your health care provider to discuss your situation and to explore the safer options available to you.

To learn more visit: [www.pregnancyinfo.ca/learn-more/](http://www.pregnancyinfo.ca/learn-more/)

[Best Start Resource: Risks of Cannabis on Fertility, Pregnancy, Breastfeeding and Parenting](#)

## When do I need to come to the hospital during pregnancy?

At any stage of your pregnancy, if you have any of the following experiences:

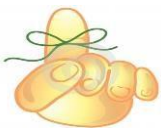
1. Call your health care provider, or
  2. If unable to reach them, go directly to:
    - a. Your local Emergency room if you are less than (<) 20 weeks pregnant
    - b. OB Triage, located on B4, if you are greater than or equal to ( $\geq$ ) 20 weeks pregnant
- Uterine contractions: Before (<) 37 weeks, contractions may feel like a dull aching, cramping, or pressure in the pelvis and/or lower abdomen or back. If contractions persist for 1 hour, or become regular and occur more than 4 times in 1 hour, this *could* be preterm labour
  - Uterine contractions: After (>) 37 weeks, contractions that are *regular*, occurring approximately every 5 mins, for 1 hour
  - Bright red bleeding from the vagina
  - Leaking, or any gush, of fluid from the vagina
  - A severe, unusual or constant headache
  - Blurry vision or seeing spots before your eyes
  - Severe pain in your stomach area or your right side
  - Sudden, unusual swelling, especially of the face and hands
  - Fever and/or chills (temperature above 38.3°C or 101°F)
  - Persistent nausea and vomiting; unable to keep any food or liquid down
  - Pain or any burning feeling when urinating (peeing)
  - A fall or any blow/hit to the abdomen (stomach/tummy)
  - A motor vehicle accident (Go to the Emergency room first if you have other injuries, then they will send you to OB Triage)
  - A decrease in fetal movement (see [Kick Counts](#))
  - Concerns about your safety
  - Concerns about how you are feeling or your ability to cope during pregnancy

**It is important to seek medical advice - No matter what the day or time**

**When you come to hospital to have your baby, and you have been cared for by an Obstetrician during pregnancy, you will be cared for by one of the Obstetricians on-call and available in hospital. This may not be the Obstetrician you have been seeing throughout your pregnancy.**

**If you are being cared for by a Family Doctor or Midwife during your pregnancy, they or their covering provider when you arrive at the hospital and they will be responsible for your care.**

You, together with your health care team, will decide if you need to be admitted to the hospital. Many individuals go home from OB Triage. If you do go home, you will need to check into OB Triage Registration each time you come to the hospital before you are admitted to the Birthing Centre.



If you have a triage appointment (ex. Rh Immune Globulin, Non-Stress Test) or for an Induction or Caesarean Birth, please register at OB Triage Registration on B4



**Recording Your Baby's Movements: Kick Counts**

An important way to monitor your baby's health during pregnancy is to be aware of your baby's movement pattern. Your baby will have times of activity and times of rest each day. To assist in monitoring your baby's health, you may be asked to count your baby's movements twice a day.

To do this, get into a comfortable position, concentrate and minimize distractions (i.e. quiet, no tv/music) and write down the date and time that you are starting. Concentrate on the baby's activity and place a checkmark in one box each time the baby moves. Keep counting until the baby has moved 10 times (so that one row of boxes is filled) and write down the time you finished.

**Your baby should move at least 10 times in 2 hours. If 2 hours pass and the baby has *not* moved 10 times, please go directly to the hospital as recommended by your health care provider.**

DATE (YYYY/MM/DD)	START TIME	MOVEMENTS										FINISH TIME	
		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		

## What do I bring to the hospital?

As you get closer to the arrival of your infant(s), you will want to be prepared. The items you need during labour should be kept handy. The items you do not need during labour could be packed separately and brought in to the hospital later.

**The hospital will supply the following items for use during your hospital stay:**

- ✓ Linens/pillows
- ✓ Towels/wash cloths
- ✓ Hospital gowns
- ✓ Sanitary pads and mesh underwear
- ✓ All medications
- ✓ Birthing balls / peanut balls
- ✓ Breastfeeding pillows
- ✓ Electric breast pumps, if required. The personal breast pump kits used with these pumps must be purchased

- ✓ Infant cot, bassinette or incubator
- ✓ blankets, gowns, sleep sack
- ✓ 6 infant diapers
- ✓ Washcloths
- (note: hospital does not use wet wipes)
- ✓ Petroleum jelly (Vaseline®) – one tube
- ✓ Additional feeding supplies, if needed
- ✓ Infant hat (you may take home)
- ✓ Infant body wash

\*No soothers are provided unless

# Packing your Bag Checklist

## Be sure to bring:

- Your Ontario Health Card
- Supplementary insurance information (i.e. your benefits information)

## Personal Items:

- Pens and notebook
- Kleenex
- Toothbrush, toothpaste, soap, shampoo, hairbrush, etc.
- Reusable water bottle
- Bra- Nursing or supportive (no underwire)
- Comfortable clothing (stretchy waist)
- Sleepwear that allows for breast/chest feeding and/or skin to skin contact easily
- Housecoat or robe is optional
- Non-slip footwear (i.e. washable flip flops, slippers or sandals)
- Pillows for self and for support person (plus a blanket for support person)
- Underwear x 5 large pairs (able to accommodate an x-large pad) and/or consider absorbent briefs
- Sanitary pads (adhesive, overnight, long) if you prefer
- Breast pump and pump kit if you have one (optional)

## Labour/Birthing Supply Suggestions:

- Lip balm, hard candy and/or chewing gum
- Hair elastics and/or hair bands
- Snacks and drinks for your partner/support person (in cooler bag)
- Swim suits (for self and support person if you wish to be accompanied in the shower or tub)
- Objects for a focal point (i.e. picture, lava lamp, anything you find pleasant to look at)
- Coping/stress kit (tennis ball, scent-free lotion or massage oil)
- Camera and/or phone with charger
- Music player and earphones

\*LHSC is a scent free facility

## For Baby:

- 3 - 4 infant sleepers
- Blankets and hat
- Diapers (1 package or minimum 20, only 6 are provided by the hospital)
- Car seat for discharge (with instruction booklet)
- Soothers/pacifiers (optional)
- Baby wipes (optional)

## PART C: LABOUR AND BIRTH

If you think you are in labour, proceed to OB Triage located on B4. You will be assessed by a nurse who will inform your most responsible health care provider of what is happening. A plan can then be developed.

### **What is an Induction?**

The process of "induction" is starting labour before it occurs on its own. Your physician or midwife will discuss with you the reason for your induction. How your induction will be done depends on many factors. Ask your healthcare provider for an information brochure on induction. You may also visit:

[Induction | LHSC](#)

### **Who can I have with me for support during labour?**

Research has found that birthing persons who feel supported during labour are more satisfied with their birth experience. It is important that the people you choose to stay with you during your labour /birth make you feel safe, confident, comfortable and supported. Your support person(s) can help by:

- Rubbing your back
- Staying with you
- Coaching your breathing
- Timing your contractions
- Getting you ice chips
- Helping with decision making

You may choose your partner, family member(s), friend(s), and/or doula to support you. The number of support persons allowed in the hospital are subject to change depending on ministry of health guidelines

### **What can I eat during labour?**

At home during early labour you may wish to eat light foods. For example:

- Toast or crackers
- Soup (clear)
- Ice cream or yogurt

Drink plenty of fluids. Nausea is very common while in labour. Eating light meals and drinking is helpful.

Once you are in the hospital, ask your healthcare provider what you can eat or drink. There is a fridge for foods that you can bring in for yourself and your partner. When you are in active labour, the hospital may provide clear fluids, including ginger ale, apple juice, popsicles, jello, and water or ice chips.

### **What comfort measures can I use during labour?**

There are many options to try during labour to support your comfort and relaxation:

- Back rubs/massage
- Changing positions (sitting/laying)
- Relaxation and breathing
- Shower or whirlpool tub
- Emptying your bladder every hour
- Listening to music
- Birthing ball or Peanut ball
- Walking
- Nitrous oxide "laughing gas"
- Epidural
- Narcotic medication (i.e. morphine) or remifentanyl

### What is Group B Strep Bacteria (GBS)?

GBS is common bacterium that 15 - 40% of pregnant individuals may have in the vagina and rectum. It can be passed to the infant(s) during a birth. All pregnant patients are tested around the 35th-37th week of pregnancy. To test for GBS a vaginal/rectal swab is done. For instructions on how to do your own GBS swab you can visit our website at [GBS Swab | LHSC](#)

- ❖ If the test comes back negative, GBS is likely not present and you may not require antibiotics during labour
- ❖ If the test comes back positive, which means GBS is present; you will receive antibiotics for the duration of your labour once admitted to hospital.
- ❖ These antibiotics are given through an intravenous (IV) line. Your infant(s) will be assessed for signs of infection while in hospital. You will be taught what to watch for once you go home.

Ask your provider for our GBS handout. You can also visit <http://www.cdc.gov/groupbstrep/>

### How will my baby (or babies) be monitored during labour?

Evidence shows that during a low risk labour, it is best to monitor baby heart rate(s) in regular intervals. This is called **Intermittent Auscultation** and consists of listening to the baby's heart rate for one full minute, after a contraction, every 15 minutes during active labour and every 5 minutes during pushing.

For labours with risk factors, **Continuous External Fetal Monitoring** is recommended. This method is non- invasive and consists of applying belts with monitors to your belly. The fetal heart rate is monitored continuously along with your contractions. This method can limit your mobility as you will need to stay in your room.

If external fetal monitoring is not working well you may need to have **Internal Fetal Monitoring**. This method is very accurate at monitoring fetal heart rate activity. It consists of an electrode applied to the scalp of the baby through the vagina. A pressure catheter may also be inserted through the vagina into the uterus to assess your contractions more accurately.

### What is an assisted birth?

Sometimes it is necessary to assist babies coming down the birth canal. The assistive device used depends on many factors and is a decision made together with the health care provider.

The following equipment may be used at LHSC:

#### Forceps:

Two slim, curved instruments that slide into the vagina and around baby's head



#### Vacuum Extraction:

A soft cup is placed on baby's head and forms a suction



## What is an Episiotomy?

An incision between the vagina and the anus may be needed. This is done only when needed to speed up the birth, for the *safety* of you or the baby, or to make room for their head and shoulders. If forceps will be used, you will usually have some anesthetic, either through an epidural, or a local injection (freezing).

## Cesarean Sections (C-section)

### Urgent/Emergent

During labour there can be situations that arise that make caesarean birth the safest option for either the birthing person or baby(ies). In most cases, there is time for a discussion with your provider, before a decision is made. Other times, however, there is no time to prepare. If either you or baby's health is at serious risk. If you required an urgent or emergency C-section, it is important to have a discussion with your health care team afterwards so you can understand the reasons for this decision and have all your questions answered. To learn more about cesarean births please visit the following websites

<https://www.pregnancyinfo.ca/birth/delivery/caesarean-section/>

<https://www.healthunit.com/caesarean-birth>

### Scheduled Cesarean Section

If a cesarean birth has been scheduled for you, please request a preadmission with a Nurse or let your OB Preadmit nurse know so that the information you need can be reviewed with you. If you had your Preadmit appointment before knowing that you required a C-section, please ask to speak with a nurse again so that additional information can be provided.

**C-sections are scheduled up to 30 days in advance and you will be given an information handout with instructions for the day of surgery.**



**TIP:** It is important that you arrive to register on B4- two (2) hours before your scheduled C-section time unless instructed otherwise.

### Immediately After the Birth of your Infant(s)

After birth you will have to deliver the placenta and you will be given medication to prevent too much bleeding. This medication is given either through a needle or an intravenous (IV) line if you have one. This is also the time for skin to skin, cuddling, holding, and feeding your infant(s).

You will stay in the Birthing Centre between one to three hours and a nurse will be making sure you and the infant(s) are safe after birth. This is also when you will receive help with feeding. When it is time to go to the **Post-partum Care Unit**, you and your infant(s) will be transferred together to your room, unless your infant(s) requires extra monitoring or care. If this is the case, he/she/they will go to the Neonatal Intensive Care Unit (NICU). The nurses in all areas are available to help you with your questions and/or any concerns you may have about yourself and/or your infant(s). Please always feel free to ask questions and request help.

### Can I have delayed cord clamping?

In most cases, yes. Talk to your health care provider

### Can I ask for cord blood to be collected for DNA banking?

Yes, but you will have to have this set up with a company ahead of time and bring a collection kit with you to the hospital before the birth



### Can I Take the Placenta Home with Me?

Yes. Sometimes the placenta needs to go to the pathology department first for analysis. You would need to get it from there after they are done. If you are wanting to take your placenta, please tell your care provider AND your nurse so you can sign the right paperwork.

Please be aware that Health Canada discourages the consumption of human placenta

### Skin-to-Skin after Birth

Everyone is encouraged to place their infant(s) ‘skin-to-skin’ (bare skin against yours or partner/support person) as soon as possible after birth.

The benefits of skin-to-skin include:

- Babies feel safe and may be more calm
- Helps babies stay warm
- Improves bonding
- Helps regulate baby’s heart rate, breathing and blood sugar
- Encourages breast milk production and promotes a good latch at the breast
- Allows you to feel more relaxed
- Helps build a baby’s immunity

### NICU Attendance at Birth

Everyone caring for you in the birthing centre is trained to help babies breathe outside the womb.

Sometimes our specially trained neonatal team is needed at the time of birth such as when a baby is preterm or there was meconium (stool from baby in utero) in the amniotic fluid. There are also times when it is at the request of your pregnancy care team because of other risk factors. The team may be called to your room just *before* birth and be present during the birth, or they may be asked to come *after* the birth. They will stay until they have assessed your infant(s) and are satisfied that he/she/they is breathing and doing well. If they are concerned, or need to do some extra tests they will decide whether or not to transfer the baby (babies) to the NICU for extra medical care.

## PART D: AROUND THE HOSPITAL

### We are Scent-Free!

All patients, staff and visitors must **refrain from using, wearing, and/or bringing any scented products into the hospital buildings, or onto its properties.** This policy includes perfumes, sprays, creams, and personal products, as well as strongly scented flowers (such as lilies,) and is in place to protect the health of patients and staff who have ***fragrance allergies and sensitivities***, which ***can be severe***.

This includes the use of aromatherapy products during labour. Please make sure anything is scent free

### Television/Telephone/Internet

Free WiFi is available. Connect your device to **LHSC Guest**. After connecting to a wireless network, guests must open a web browser and accept the WiFi Terms and Conditions to be granted internet access for up to 24 hours. Guests can renew this access by repeating this process once per day – there is no limit to the number of times guests can connect.

### **Cell Phone Use**

Cellular phones and other wireless devices are permitted, EXCEPT in prohibited areas. Signs indicating where cellular phones/wireless devices cannot be used are posted in areas of the hospital.

### **Cameras and Videos**

Cameras and video equipment are often used to record special moments. Please get permission to include any care providers in the pictures.

Using a cellular phone or other wireless technology to photograph, videotape or sound record another person on hospital premises, without his or her consent, is strictly prohibited. Please also keep this in mind when posting photos and videos to social media sites.

### **Gift Shop**

There is a gift shop on B1 with an ATM located near the shop.

### **Smoking**

LHSC is Smoke-free. **No smoking is permitted on hospital property.** If you choose to leave the hospital to smoke, you will be asked to sign a *waiver of responsibility*. There are resources available to you if you would like assistance to stop smoking: Speak to one of our hospital staff members.

If you would like to learn more about stopping or reducing smoking visit the following website:

<https://www.healthunit.com/quit>

### **Latex Safe**

LHSC tries to provide a latex safe place for you and your infant(s). This means that **No Latex Balloons** are allowed in the hospital. Anyone with latex balloons will be asked to take them home. Only balloons made from Mylar are permitted in the hospital. Please be sure to tell your health care provider if you have a known Latex allergy or sensitivity.

### **Valuables**

Please keep your valuables (i.e. cash, electronics and jewelry) at home if you can. The hospital cannot be responsible for lost, stolen, misplaced or damaged items. If you think you may have lost an item or left it behind please contact hospital security for lost and found.

### **Purple Armbands – Safety Awareness**

LHSC is committed to providing a safe place for patients, families, visitors and staff. Sometimes purple armbands are applied to patients to help members of the care team identify patients, visitors and families who need special approaches to care. Patients or family members may be given a purple armband if there is a note of unacceptable or violent behaviour from a past hospital visit, staff observe unacceptable or violent behavior, or, risk factors for this to possibly occur.

If you or a family member has been identified as at-risk for violent behaviour, you may appeal this decision. To submit an appeal, or obtain information about the appeals process, call the Patient Relations Office at (519) 685-8500 ext. 52036.

## Parking

If you are in labour, there are designated, short-term, metered spots outside the B building entrance. Please park here and have your partner/support person obtain a wheelchair, if needed, from the lobby to bring you to B4 Triage.

## Never leave anyone in labour unattended

There is public parking located around the hospital for longer parking needs:

1. P1 and P2 parking lots are on the Commissioners Rd. side of the hospital
2. P8 parking garage is off Baseline Rd

Hourly and maximum parking rates are posted at the parking lots. You will need to pay at a parking kiosk. Daily, weekly, and monthly parking passes are also available. These can be obtained from the parking office, located at the ground level of P8, near the elevators.

For parking rates go to : [www.lhsc.on.ca/About\\_Us/LHSC/Maps\\_Directions/VH/parking.htm](http://www.lhsc.on.ca/About_Us/LHSC/Maps_Directions/VH/parking.htm) or call the Parking Office: (519) 685-8500 ext. 53078 or 52709

## PART E: CARING FOR MYSELF AFTER THE BIRTH

### Post-partum Care Unit - C4-100, 200 & 300 wings

Nurses in the Post-partum Care Unit will help you care for yourself and your new infant(s). They will help you understand your baby's needs in their first few days to weeks of life.

Research has found that it is better for you and your infant(s) to be kept together in your room so that you can get to know each other. We encourage you to keep your infant(s) with you for 24 hours a day when possible, but are always available to help. **It is likely that you will be/become very tired so we suggest having your partner or support person assist you, especially in caring for your infant(s) when you sleep.** It is helpful if you can take turns resting and caring for the infant(s). **This is especially important in preventing you from falling asleep with your baby(ies) in your bed as this increases their risk of falling or experiencing problems.**



### How long will I stay in hospital?

The length of time you and your infant(s) stay in hospital depends on how both (or all) of you are doing after the birth.

- ❖ For most vaginal births, patients will stay until postpartum bleeding is stable and the infant(s) is/are adjusting to feeding. Many are ready to go home just 24 hours after birth, but some will stay up to 48 hours. We ask that you stay a minimum of 24 hours so your infant(s) can be assessed and have the required testing completed before you leave.
- ❖ For a caesarean birth, most patients go home 48 – 72 hours after the birth of their infant(s).
- ❖ Either type of birth may require a longer hospital stay for medical reasons.

### **Can I have a private room?**

All of our Antenatal, Labour and Birthing rooms are private rooms. Thus, while you are pregnant, in labour, or birthing you will have a private room. We have limited private rooms on our Post-partum Care Unit. Most of our rooms are semi-private meaning two patients with or without their infant(s) share the room and a bathroom. The beds are separated by a curtain.

There is also a limited number of “suites” available. These are larger private rooms. The monies for these rooms collected is directed right back into the unit.

Inform the registration clerk at OB triage of your accommodation preference so that the appropriate paperwork can be completed, if not yet done.

***\*\*\*Please be aware that we cannot guarantee you a private room or suite, even if you have insurance coverage. We apologize in advance if we are unable to accommodate your request.***

If you have questions or concerns about your room accommodations, insurance coverage or billing please contact the LHSC Business Office at 519-663-3146.

### **Can I have visitors?**

Since your stay in hospital is very short, it is best to use that time to rest, heal, and learn about your infant(s). Consider asking family and friends to visit after you are home. If you are sharing a room please be considerate of other patients and families. We do have a limited number of sleep chairs for one adult to stay with you overnight, for support: Availability is not guaranteed so please have an alternate plan in place.

**For everyone’s safety, please fold up any sleep chairs during the day**

**Please ensure that there is a responsible person designated to care for any visiting children.** After hours, we ask that all other children be taken home. If you have childcare concerns please ask to speak with one of our Social Workers.

When you do not wish to be disturbed, please ask your nurse for a **"Do Not Disturb"** sign to put on your door and silence your phone.

Please ensure you keep your area clean by putting garbage and soiled linen in appropriate containers.

### **Infection Control**

Hand washing is the best way to protect yourself and your baby(ies). **Encourage everyone touching/holding your baby(ies) to wash their hands prior to handling, even after you get home.** There are hand sanitizer dispensers at every entrance and throughout the hospital. Most germs in hospitals can be spread by unclean hands.

Once an infection starts, it can spread to you, other patients or, most importantly, your new baby. An infection could prolong your hospital stay and/or make your baby very sick.

### Everyone should clean their hands:

- ❖ Before and after touching you and your baby
- ❖ When hands are visibly soiled
- ❖ Before and after eating
- ❖ After using the bathroom
- ❖ After coughing or sneezing

You should also clean your hands before you leave your room and when you return. Families and visitors have a critical role in preventing infections and are asked to follow these guidelines to reduce the spread of germs.



It is important that family/friends do not visit if they have a cold, diarrhea, fever, cold sores any signs of infection or if they have had contact with someone with a communicable (contagious) disease such as Covid-19, measles, mumps, or chicken pox within the last month. These types of illnesses could be easily passed on to your baby since they have not yet developed their own immunity.

### Will I be in pain after I give birth?

Medication such as acetaminophen (Tylenol) and/or ibuprofen (Advil) can be taken together to provide relief for any discomfort following a vaginal birth. If you have had a Caesarean birth, you will likely have received pain medication during surgery that slowly absorbs over 18-24 hours. Additional medication will be given as needed. Your nurse will be asking you regularly about your pain and/or comfort level. Please ask questions and request pain medication as you feel you need it.

Each day, after birth, you should feel less discomfort but it is very common, during breast/chest feeding, to feel cramps. Breast/chest feeding makes your uterus contract so you may want to take medication for your discomfort *before* you breastfeed.



### Notify your health care provider if you have:

- ❖ Pain or cramping in your abdomen that does not seem to be getting better after 1 week
- ❖ Pain or burning when you urinate (pee)
- ❖ Pain in any stitches
- ❖ Pain in your calf (lower leg)
- ❖ Pain in your chest or breasts

### How much bleeding will I have?

Vaginal bleeding (flow) after birth is called “**lochia**” and can last up to six weeks.

- ❖ For the first 2-3 days vaginal flow will be red/brown and usually slightly heavier than a period
- ❖ Day 3-10 it changes to a lighter pink/brownish colour
- ❖ After 10 days it becomes clear or slightly yellow-white, and may continue for up to six weeks.
- ❖ You should not have bright red bleeding or any clots after the first few days.
- ❖ Your flow should not smell bad or make you itch.
- ❖ Change your pad *every time* you go to the bathroom. Wiping in a ‘front to back’ direction, is very important to prevent infection.
- ❖ It is common to have heavier red bleeding during breastfeeding and/or with increased activity. This should be short-lived and stop with rest.
- ❖ Do not use tampons in the first 6 weeks after giving birth.



### **Notify your health care provider, or go to the Emergency department, if you have:**

- ❖ Bleeding that soaks a pad in less than 1 hour and has not subsided with rest
- ❖ Blood clots – larger than the size of a golf ball
- ❖ Vaginal itch or flow with a bad odour

### **How do I care for my breasts/chest if I plan to breast/chest feed?**

Your body prepares for chest/breast feeding during pregnancy. Most breasts grow in size during the first few months, as milk-making structures develop. Some find that, as breasts get bigger, wearing a good supportive bra feels more comfortable. The nipple and areola (the dark area around the nipple) may also increase in size, and the colour will become darker. Small glands on your areola, that look like pimples, become more obvious during pregnancy: These release an oily fluid that lubricates and protects the nipples. It is *not* necessary to prepare nipples ahead of time as rubbing or trying to ‘toughen’ nipples only removes the protective oils.

After an infant(s) is born, prolactin (the milk-making hormone) sends a signal to the milk-producing cells to start making milk. Frequent /chest feeding helps to build up a good milk supply. The hormone prolactin also has the benefit of helping to enhance the feeling of calmness



For tips and information on breastfeeding, breast/chest care, and related concerns, read the breastfeeding information booklet, Breastfeeding Matters. You can access this booklet at: [http://www.beststart.org/resources/breastfeeding/breastfeeding\\_matters\\_EN\\_LR.pdf](http://www.beststart.org/resources/breastfeeding/breastfeeding_matters_EN_LR.pdf)

### **How do I care for my breasts if I do *not* plan to breast/chest feed?**

Milk will be made in your chest/breasts even if you plan to bottle feed. If there is no stimulation to the chest/breasts your body will gradually stop producing milk. As your body adjusts, wearing a well-fitted and supportive bra, *with no wires*, may help you feel more comfortable. For more information see the LHSC handout titled How to dry up your Milk Supply (Perinatal) This can be found at [www.lhsc.on.ca/havingababy](http://www.lhsc.on.ca/havingababy) and click on information handouts.

### **When does your period return after giving birth?**

If you are not chest/breast feeding or expressing milk with a pump, you may get your menstrual period as early as 4 weeks after birth. Your period may be longer, shorter, heavier or lighter than before pregnancy. It should return to what is normal for you after a few cycles. It may be a longer amount of time before you get your menstrual period if you are chest/breast feeding.



You can still get pregnant even if your period has not returned! Speak to your health care provider about contraceptive/birth control options that might be right for you.

### **How much rest do I need after giving birth?**

It is normal to feel tired after having a baby(ies). It takes time for your body to adjust after giving birth: It may take 6-8 weeks before your full energy level is back. During your stay with us, it is important to rest as much as possible. Rest when your infant(s) rests. It is also important to spend time alone with your baby to get to know one another, both before and after you go home.

### **Many parents find these suggestions helpful:**

- ❖ Keep visits short while in the hospital and at home
- ❖ Accept help from family and friends; meals, groceries, cleaning, looking after other children
- ❖ Rest during the day, especially when your infant(s) sleeps
- ❖ Eat well and drink plenty of fluids, especially if you are breast/chest feeding



### How can I help my other children adjust to a new baby (babies)?

Your other children may take a little while to adjust to the new addition in the family. Friends and family can help by:

- ❖ Bringing a small gift or treat for the child
- ❖ Reading a book or playing a game
- ❖ Helping them make something for the baby(ies)
- ❖ Hugging, cuddling and playing with them
- ❖ Teaching them how to be an older sibling; show them how they can help
- ❖ Taking your other children on a special outing (i.e. park, library, dinner, movie, or ice cream)

### **When can I resume sexual activities?**

It is your personal choice when you resume sexual activities or intercourse. Once your vaginal flow has stopped it is alright to have intercourse, but *only when you feel ready*. You will notice both physical and emotional changes in yourself as it takes time to adjust to having a new infant(s). You will probably use all your energy looking after your infant(s) and you may feel quite tired for the first few weeks. Your health care provider may advise you to wait 4-6 weeks, but you and your partner will know what is comfortable for you, as healing time is different for each person.

Changes in hormone levels can make your vagina feel dry after you have a baby(ies). This can last several months and may make intercourse more uncomfortable. To help with this, you can purchase and use a water-based lubricant, from the drugstore. You do not need a prescription for this.

### **What are the “Baby Blues?”**

You may feel a wide range of changing emotions after giving birth. This is usually normal, as more than 80% of all new mothers will have some feelings of sadness, known as the ‘Baby Blues’. These feelings can start a couple of days after giving birth and normally go away within two weeks, without any treatment.

These feelings will change with time. Love and support from your partner, friends, and family will help, so reach out to them. Also, take good care of yourself: Get plenty of rest, eat well, and talk about your feelings.

### **What are Perinatal Mental Health Disorders?**

You have likely heard of postpartum depression. However, approximately 20% of individuals can experience mood and/or anxiety, or mental health disorders including depression. This can occur during pregnancy and/or postpartum up to an infant(s) first year of life. This is even true after adoptions.

If these mental health concerns are not addressed it can affect your daily life, your infant(s) health and the well-being of the entire family.

If you are experiencing any of the things listed below or your partner/family have noticed these changes seek help right away. First time mothers, individuals who have a personal or family history of anxiety or depression, a difficult labour and birth, recent life stressors/changes or low social support are at most risk.



Talk to your doctor, midwife or nurse if you have experienced the following symptoms for over a week:

- ❖ Feel sad or numb (emotionally)
- ❖ Feel tearful, cry a lot or feel unable to control crying
- ❖ Feel exhausted, but not able to sleep even when your baby is sleeping
- ❖ Have changes in eating or sleeping patterns
- ❖ Feel overwhelmed and can't concentrate
- ❖ Feel anxious or can't stop worrying
- ❖ Seek constant reassurance from others, or the internet
- ❖ Have no interest or pleasure in activities you used to enjoy
- ❖ Feel hopeless or worthless
- ❖ Feel restless, irritable or angry
- ❖ Feel guilty and/or ashamed
- ❖ Avoiding spending time with family and friends
- ❖ Have scary thoughts about you and/or your baby

**IF you have thoughts of hurting yourself, other people or your baby seek help immediately from a healthcare professional even if that requires you to attend your nearest Emergency Department**

#### **Mental Health Resources:**

- ❖ **Reach Out** (24/7 Crisis Service) - *Call or Webchat* - 1-866-933-2023
- ❖ **First Nations and Inuit Hope for Wellness Help Line** (24/7 Crisis & Counseling Service) 1-855-242-3310
- ❖ **Mental Health & Addictions Crisis Centre** (24/7 Walk-in Service) 648 Huron Street, London (at Adelaide)
- ❖ **Support Line** (24/7 Therapeutic Listening) - 1-844-360-8055
- ❖ **Health Connection** (Speak to a Public Health Nurse) - 519-663-5317 Ext. 2280 You may also visit: <https://www.healthunit.com/pmh> for a list of services to find help.
- ❖ **Health811** – 24/7 access to live support over the phone or online chat. Access the service by calling 811, or you can learn more and use online chat at [ontario.ca/healthconnectontario](https://www.healthconnectontario)
- ❖ **The Mother Reach Support Group** – check <https://www.healthunit.com/pmh> for offerings

#### **When do I need to see my health care provider after discharge?**

You will need to see your healthcare provider or your family doctor approximately 6 weeks after giving birth. You may be instructed to make an appointment earlier, if it is necessary. **Before you leave the hospital, call to make your follow up appointment.**

- 🚩 If you have any concerns about yourself and your health, call to arrange a visit with your provider as soon as possible or go to your local Emergency Department
- 🚩 If you don't have a primary health care provider or midwife, mention this to your nurse as the hospital can arrange for you to be followed at a clinic that specializes in postpartum and newborn care.

## PART F: CARING FOR YOUR INFANT(S)

### Feeding your baby (or babies) – Breast/chest feeding

#### Why is Breast/chest feeding Important?

##### Breast milk is important for babies:

- ❖ It is the safest and healthiest food for babies.
- ❖ It is easy for your baby to digest.
- ❖ Breast milk and breast/chest feeding may help your baby's development – physical, emotional and intellectual.
- ❖ Breast milk has anti-infective properties that protect the baby from respiratory and gastrointestinal infections, such as pneumonia, ear infections and diarrhea. Breastfed babies have fewer infections when compared to babies who receive formula or formula supplements.
- ❖ Breast/chest fed babies are at a reduced risk from sudden infant death syndrome (SIDS).
- ❖ Breast/chest fed babies have fewer illnesses and visits to the doctor or hospital.
- ❖ Breast milk reduces the risk of diabetes, leukemia (a type of cancer), and adolescent and adult obesity.

##### Breastfeeding is important:

- ❖ It helps with bonding to babies.
- ❖ It helps with healing after the baby's birth.
- ❖ It may help with return to pre-pregnancy weight.
- ❖ It reduces the risk of breast cancer, and it may also decrease the risk of ovarian cancer and diabetes.

#### How will I be supported to breast/chest feed my infant(s) while in hospital?

Perinatal staff at LHSC support the breastfeeding policy implemented by the World Health Organization.

Please refer to the following handbook link for detailed information:

[http://www.beststart.org/resources/breastfeeding/breastfeeding\\_matters\\_EN\\_LR.pdf](http://www.beststart.org/resources/breastfeeding/breastfeeding_matters_EN_LR.pdf)

#### **Our staff is committed to:**

- Supporting and educating families on exclusive and direct breast/chest feeding and providing education on the negative effects of supplementation when not medically indicated
- Improving the health status of mothers and babies by promoting increased breast/chest feeding initiation rates and the duration of breast/chest feeding

**Breast milk is the only food or drink your baby needs for the first 6 months. Health Canada recommends exclusive breast/chest feeding for the first 6 months of life and continued breast/chest feeding along with solid foods up to 2 years of age or beyond.**

#### When do I breast/chest feed my baby?

Babies should be breast/chest fed, or offered breast milk, soon after birth – within the *first hour* if possible. Feed whenever your baby shows signs of hunger. Keeping your newborn close and providing skin-to-skin contact will help with breast/chest feeding, bonding, and adjusting to the new environment. It will also help your baby's development.

🚩 Please be aware that LHSC supports feeding newborns breast milk from their mother/surrogate only, unless donated, pasteurized and tested by a regulated milk bank. We discourage use of breast milk from other sources. If this is something you are considering please request a preadmit nurse appointment.

## How will I know when my baby is hungry?

During the first few months, your baby will feed about 8-12 times in each 24-hour day. Your baby may feed *more often* at times (known as ‘cluster feeding’). This often happens in the evenings or during growth spurts at about 3 weeks, 6 weeks, 3 months and 6 months of age. Allowing your baby to feed, and empty your breasts, more frequently, is how your body knows to produce more milk and keep up with baby’s growth.

Your infant(s) may have their own schedule for feeding and will show you hunger with cues, such as:

- ❖ Sucking their lips, tongue or hands
- ❖ Looking around with an open mouth: This is called ‘rooting’
- ❖ Lip smacking or yawning

**It is best to feed your baby when they are showing early signs of hunger. Crying is a late sign of hunger and it may be harder to get your baby to feed as easily if they are very hungry.**

**Let your baby decide when to feed and how long to feed each time – not the time or the clock**  
**Breast/chest feed early, often and effectively**

## Breast/chest feeding Tips

Right after your infant(s) is born, and for the first few days, your breasts will produce a small amount of *early* milk. This is called colostrum; a clear or yellow, sticky fluid containing antibodies that boost your baby’s immune system and provide protection from many infections. Milk production increases as feedings increase, so frequent feedings throughout the day and night will help to establish a milk supply. Everyone must both learn how to feed properly and your nurse will help you during your hospital stay. If there are continuing problems, or you have questions, a Lactation Consultant (LC) may be asked to help you.

It is important to remove milk from the breasts frequently in the early hours and days as this will impact the amount of milk you are able to produce by 6 weeks. While your baby is (babies are) learning to latch and feed, it may be necessary to hand express and/or pump your breasts to encourage effective milk production. Your nurses and/or the LCs in hospital will help you with this.

**🚩 All breast/chest fed babies need additional Vitamin D. Health Canada recommends they receive 400 IU of Vitamin D each day. Please talk to your health care provider about this.**














We encourage you to go to your family doctor, paediatrician, or midwife, and to attend a Health Unit drop-in or feeding appointment, within the first 1- 2 days after leaving the hospital. It is important to have your baby's weight checked *and* to ensure that baby is latching and feeding well. See the hospital’s [Breastfeeding Guidelines for the Newborn](#) for more information on how to know that your baby is feeding well. This can be found at [www.lhsc.on.ca/havingababy](http://www.lhsc.on.ca/havingababy) and [click on information handouts](#).

## Breast/chest feeding: Is my baby getting enough?

There are ways to help you know if your baby is getting enough. Here are some things to look for:

- ❖ Infant's body is aligned with, and close to your body
- ❖ Mouth open wide with lower lip turned outward and tongue cupped around the nipple
- ❖ Cheeks rounded and infant's chin touches the breast/chest.
- ❖ Swallowing is evident (may or may not be heard)
- ❖ Slow, deep sucks are evident, with pauses in between
- ❖ Infant stays calm, alert and attached to breast/chest
- ❖ Your baby should have more of the breast below the nipple in their mouth
- ❖ Enough wet and poopy diapers

## Guidelines for Breast/chest feeding

GUIDELINES FOR NURSING MOTHERS										
Your Baby's Age	1 WEEK							2 WEEKS	3 WEEKS	
	1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS	6 DAYS	7 DAYS			
<b>How Often Should You Breastfeed?</b> Per day, on average over 24 hours	 At least 8 feeds per day. Your baby is sucking strongly, slowly, steadily and swallowing often.									
<b>Your Baby's Tummy Size</b>	 Size of a cherry		 Size of a walnut		 Size of an apricot		 Size of an egg			
<b>Wet Diapers: How Many, How Wet</b> Per day, on average over 24 hours	 At least 1 WET	 At least 2 WET	 At least 3 WET	 At least 4 WET	 At least 6 HEAVY WET WITH PALE YELLOW OR CLEAR URINE					
<b>Soiled Diapers: Number and Colour of Stools</b> Per day, on average over 24 hours	 At least 1 to 2 BLACK OR DARK GREEN		 At least 3 BROWN, GREEN, OR YELLOW			 At least 3 large, soft and seedy YELLOW				
<b>Your Baby's Weight</b>	Most babies lose a bit of weight in the first 3 days after birth.				From day 4 onward, most babies gain weight regularly.					
<b>Other Signs</b>	Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding.									
<p><b>best start meilleur départ</b> by/par health nexus santé</p> <p>Breast milk is all the food a baby needs for the first six months.                      You can get advice, help and support from:                      – Your health care provider.                      – 24/7 breastfeeding support line at 1 866 797 0000.                      – Bilingual Online Ontario Breastfeeding Services directory at <a href="http://www.ontariobreastfeeds.ca">www.ontariobreastfeeds.ca</a>.</p>										

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## **Feeding your baby (or babies) - Formula feeding:**

If you have carefully chosen to feed your baby formula here are some things you should know. When selecting a formula for your baby please ensure that it is approved by Health Canada. LHSC discourages the use of any unapproved infant formula.

### **Is my baby getting enough formula?**

Follow your baby's cues. Infants may take as little as 1 ounce (30 mL) at a feeding. Most babies take about 2 to 4 ounces (60 to 120 mL) each feeding during the first month. Babies gradually have more until they are taking about 6 to 8 ounces (180 to 240 mL) at a time.

Do not be too concerned about the amount of formula, and do not force your baby to finish the bottle if they are not interested. Stop feeding when your baby shows signs of fullness such as closing his/her mouth, turning away from the bottle, pushing away from the bottle or the person feeding, or falling asleep.

See the hospital's [Formula Feeding Guidelines](#) for more information. This can be found at [www.lhsc.on.ca/havingababy](http://www.lhsc.on.ca/havingababy) and [click on information handouts](#).

More information is also available at: [www.healthunit.com/infant-formula](http://www.healthunit.com/infant-formula) and [Best Start: Formula Guide – What You Need to Know](#)





# London Health Sciences Centre

## Patient Information

# FORMULA PREPARATION

It is important to get all the facts before deciding to feed your baby formula. That way you can make an informed decision. When feeding formula, use an iron fortified cow's milk formula. When adding water to formula, using too little or too much water can make your baby very sick. Always follow the package directions.

### Water for Formula Preparation

Sterilized tap water should be used to make infant formula. Do not use carbonated or mineral water to make formula. Distilled water is not recommended. Put cold tap water in a pot on the stovetop and let it boil hard and bubble for 2 minutes to get rid of germs. Sterilized water can be stored in a covered pot at room temperature for 24 hours or covered in the fridge for 2-3 days. Always use sterilized water when preparing formula, even for the older baby.

### Well Water

Well water should be tested regularly for bacterial and chemical contamination. Water that has tested safe can be used to make infant formula. Always sterilize well water as long as you offer formula to your baby. If your well water is unsafe, use ready to feed formula or formula made with bottled water that has been sterilized. For information contact MLHU Environmental Health at 519-663-5317 ext. 2300 or visit [www.healthunit.com](http://www.healthunit.com).

### Cleaning & Sterilizing Equipment

Wash all equipment with a brush in hot, soapy water. Rinse well. Throw out any feeding equipment that is worn (e.g. sticky) or damaged (e.g. cracked). Place clean feeding equipment and hand held can opener (and anything else that will touch the formula) in a large pot. Cover with water and let it boil hard and bubble for 2 minutes. Remove from pot with sterile tongs and let air dry on a clean towel. Continue to sterilize feeding equipment for the duration you are formula feeding. Electric kettles and dishwashers do not sterilize equipment.

*For All Formula types: Check the manufacturer's instructions for how long prepared formula can be kept in the fridge and how long you can safely use opened cans of prepared/unprepared formula. Always check and use formula before the expiry date. To find out about infant formula recalls, go to:*  
[www.healthycanadians.gc.ca](http://www.healthycanadians.gc.ca)

### READY-TO-FEED FORMULA

Ready-to-feed formula does not require the addition of water and can be poured into a sterilized container\* to feed.

### LIQUID CONCENTRATE FORMULA

When using a liquid concentrated formula, you must always add water before feeding to your baby. Use room temperature sterilized water (as directed above) to add to the concentrate and follow the preparation directions on the label.

## POWDERED FORMULA

Powdered formula is not sterile. Harmful bacteria called *E. Sakazakii* can be found in powdered formula and can cause illness. This is rare and is less of a risk for babies that are healthy and born full term. Avoid using powdered formula for babies who are premature, have a low birth weight or a weakened immune system if possible.

### *Preparing powdered formula for term infants*

Boil water for 2 minutes and then let it cool to body temperature or room temperature.. Pour the required amount of water into a sterilized container\* and, right before feeding, add the powder according to package directions. Feed immediately.

### *Preparing powdered formula for premature infants*

Boil water for 2 minutes and then let cool for approximately, but no longer than 30 minutes so the temperature does not go below 70 degrees F. Pour the required amount of hot water into sterilized containers\* and add the powder according to the package directions. Cool the containers of formula\* to between room and body temperature by quickly placing the container\* of prepared formula under cold running water or into a container of cold or ice water. You can store prepared powdered formula in the fridge for up to 24 hours.

In some cases, powdered infant formula cannot be prepared with boiled water cooled to 70°C because of potentially heat-sensitive ingredients, such as human milk fortifiers or formulas for special medical purposes. This will be under the advice of your health care provider and can be prepared the same way as powdered formula for a term infant.

## Formula at room temperature

Formula should not be left at room temperature for longer than 2 hours. Once you begin feeding your baby, use the formula within 2 hours. All leftovers should be thrown out. Bacteria can grow in the used formula container that can make your baby sick.

## Warming Prepared Formula

The safest way to warm formula is to place the container in a dish of hot water. Be sure that no formula leaks from the container and that no hot water leaks into the formula. Never microwave plastic or glass containers, bags or nipples because the plastic could melt and leak into the formula or result in burns due to unevenly heated formula. Before feeding test the formula on the back of your hand. It should feel warm, not hot.

*See Formula Feeding Guidelines for the Newborn for suggested feeding amounts and infant stomach size.*

\*This handout refers to feeding containers. The method of feeding should be determined by parents and based on an informed decision. Talk to your health care provider about your options.





References: Health Canada ([www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)), Breastfeeding Committee for Canada ([www.breastfeedingcanada.ca](http://www.breastfeedingcanada.ca))  
Government of Canada ([www.healthycanadians.gc.ca](http://www.healthycanadians.gc.ca))

Created and distributed by the Middlesex London Breastfeeding Coalition with representation from London Health Sciences Centre and, Strathroy Middlesex General Hospital - November 2014

## Baby's feeding behaviours and stomach size

Baby's First Week of Life	Baby's Behaviour and Number of Feedings	Minimum Number of Stools in 24 Hours	Minimum Number of Wet Diapers in 24 Hours
Day 1	<ul style="list-style-type: none"> <li>• May be sleepy</li> <li>• May not feed much the first day</li> <li>• Wake baby up and offer the breast every 2-3 hours (at least 8 times in 24 hours)</li> </ul>	<ul style="list-style-type: none"> <li>• 1 black</li> </ul>	<ul style="list-style-type: none"> <li>• 1 - 3</li> </ul> <p><b>Note:</b> Due to absorbency of diapers, place a tissue in the diaper to check wetness</p>
Day 2	<ul style="list-style-type: none"> <li>• May still be sleepy or want the breast frequently</li> </ul>	<ul style="list-style-type: none"> <li>• 1 blackish/green</li> </ul>	<ul style="list-style-type: none"> <li>• 2 - 3</li> <li>• It is common to see uric acid crystals in the urine</li> </ul>
Day 3	<ul style="list-style-type: none"> <li>• Baby shows more interest in feeding</li> <li>• Should hear swallowing with every 1 or 2 sucks</li> </ul>	<ul style="list-style-type: none"> <li>• 1 blackish/green</li> </ul>	<ul style="list-style-type: none"> <li>• 3 soaked</li> <li>• Uric acid crystals may still be present</li> </ul>
Day 4	<ul style="list-style-type: none"> <li>• At least 8 feeds, but not necessarily evenly spaced</li> <li>• Same as Day 3</li> </ul>	<ul style="list-style-type: none"> <li>• 2 colour changes to a brownish/yellow</li> </ul>	<ul style="list-style-type: none"> <li>• 4 soaked without uric acid crystals</li> </ul>
Day 5	<ul style="list-style-type: none"> <li>• Same as Day 3</li> </ul>	<ul style="list-style-type: none"> <li>• 2 yellow</li> </ul>	<ul style="list-style-type: none"> <li>• 5 heavily soaked</li> </ul>
Day 6	<ul style="list-style-type: none"> <li>• Same as Day 3</li> </ul>	<ul style="list-style-type: none"> <li>• 2 - 5 yellow/seedy</li> </ul> <p><b>Note:</b> After 6 weeks stools can become less frequent</p>	<ul style="list-style-type: none"> <li>• 6 - 8 and will remain this way for many months</li> </ul>

## YOUR BABY'S STOMACH SIZE

1 WEEK							2 WEEKS
1 DAY	2 DAYS	3 DAYS	4 Days	5 Days	6 Days	7 Days	
							
Size of a cherry	Size of a walnut	Size of an apricot	Size of an egg				

Adapted with permission from <http://www.beststart.org/resources/breastfeeding/pdf/breastfdeskref09.pdf>

## When do I feed my baby solid foods?

Babies will require solid foods at about 6 months of age. For more information on feeding your baby solids please visit: [www.healthunit.com/feeding-your-baby](http://www.healthunit.com/feeding-your-baby).

## Newborn Care

[http://www.beststart.org/resources/hlthy\\_chld\\_dev/pdf/parent\\_attachment\\_eng.pdf](http://www.beststart.org/resources/hlthy_chld_dev/pdf/parent_attachment_eng.pdf)

Parent-child attachment develops primarily during the first year but it continues to develop throughout life. This link is to a booklet for parents of children aged 0 to 3 years of age and for anyone who is taking care of a young child.

### How will you keep my infant(s) safe while in the hospital?

Your baby's safety is very important to us. You and your infant(s) are given identification (I.D.) bands that must be worn, at all times, during your hospital stay. The baby's I.D. band will have the *same last name as the birthing person's I.D. band*. These bands are checked with you at the time of birth, then daily, and, if your baby leaves your room with a nurse, they will be checked again when baby returns to your room. In some cases (baby in NICU) an access CODE or swipe card is given to parents to have access to the NICU.

Your baby will also have a monitored security band applied once on the Postpartum Care Unit (PPCU). You can walk around the PPCU but look for the **STOP** signs that signal you are going too far from the area. This device must remain on your baby at all times while in hospital. It will be removed prior to discharge.




All hospital staff should be wearing an LHSC I.D. badge at all times. Make sure to check the photo and identification of all hospital staff before allowing anyone to remove your infant(s) from your room.

🚩 We kindly ask that if you need to take your infant(s) to another area that you move them lying in their cot, as opposed to in your arms. This is to reduce the chances of a fall occurring in the hallway.

🚩 **Never leave your infant(s) alone in your hospital room. If you cannot watch your newborn(s), inform a nurse who will help you identify an alternative solution.**

### Should I bring a car seat to the hospital?

**Yes, please bring your car seat (and the manual) to the hospital.** It is provincial law that all infants be in an approved car seat, at all times, while travelling in a personal vehicle. Although a car seat is not *required* when using public transportation (ie. taxi, bus), it is still recommended for your infant's safety.

 Health Canada recommends selecting a car seat that meets the following criteria:

- ❖ Infant meets height and weight requirements for the car seat
- ❖ Canadian motor vehicle safety (CMVS) approval (sticker will be on car seat)
- ❖ Car seat is not expired (If the expiry date is not listed on the label or the car seat itself, check the manufacturer's manual or call the manufacturer directly to obtain the expiry date)
- ❖ No recalls on car seat
- ❖ Car seat has not been in a motor vehicle crash
- ❖ Chest clips are not bent or broken, and straps are threaded properly, not twisted

Install the car seat before coming to the hospital. Follow car seat manual instruction for proper installation. Register the car seat with the manufacturer in order to receive information about a recall.

### **How do I install a car seat?**

For car seat education or to book a car seat consultation visit [www.lhsc.on.ca/trauma/car-seat-education](http://www.lhsc.on.ca/trauma/car-seat-education)

### **What tests and procedures will my infant(s) have while in hospital?**

All babies will have routine care/tests/screenings, as listed below, while in hospital. Some infants require additional screening/testing. Ask your doctor, midwife or nurse if you have any questions about any tests.

You can help to keep your infant more comfortable during and after any painful procedure by holding your baby skin-to-skin or feeding. Ask your nurse about this.

#### Erythromycin:

It is the law that all infants receive this antibiotic ointment in their eyes to assist in the prevention of some eye infections. With routine screening in pregnancy for Chlamydia and Gonorrhoea, it is likely not clinically indicated. By law there is a process to “opt out” of this. Ask your provider.

#### Vitamin K:

All babies receive a needle with Vitamin K, in their leg muscle, after birth. Vitamin K is necessary in the blood clotting process and can prevent babies from bleeding.

#### Hearing screening:

Infant(s) will be tested for possible hearing problems. If this test is not able to be completed in hospital, give your consent to be called at home to set up an appointment in the community.

#### Bilirubin Screen:

Bilirubin is the by-product of red blood cell breakdown and can lead to jaundice, (yellowing of skin). Too much bilirubin can be harmful. We screen all babies, prior to discharge, to see what their bilirubin level is. A non-invasive tool called a transcutaneous bilimeter (TcB), is placed on the baby's forehead 3 times. A special light shines and gives us an average reading of their bilirubin. Based on this result, you will be told if the baby will need another test or not. Most babies clear their bilirubin on their own and never need treatment. Some babies have higher bilirubin levels and need treatment called phototherapy. Phototherapy involves placing the baby under a special light: The light is absorbed by your baby's skin and helps break down the bilirubin in their blood so that levels return to normal.



### Newborn Screen:

In Ontario, all babies are screened to check their risk of having a number of rare diseases, including some metabolic and blood disorders. Screening is done for many diseases that can cause developmental disability, illness, and even death if not treated. It is important to identify these disorders early because affected babies can appear healthy at birth but gradually become ill over time. Early detection allows further testing, diagnosis, and treatment, which is more effective than follow-up *after* symptoms are seen.

The test involves taking a small sample of blood from your baby's heel between 24 and 72 hours of age. If done in hospital, the hospital will receive the results in about two weeks. You will only hear back about results if your baby screens positive or a repeat sample is needed. This does *not* mean your baby has an illness but that more testing may be needed. For more information speak to your doctor, midwife or nurse, call (1-866-532-3161 or TTY 1-800-387-5559) or visit <https://www.newbornscreening.on.ca/>

### Screening for Congenital Heart Defects:

Some infant heart defects are found on ultrasound during pregnancy, but some can't be found this way. A heart defect at birth *could* cause serious complications in your baby, if not found. Therefore, your baby's oxygen level will be checked, between 24 and 48 hours of age. This is to identify those with a higher chance of having a heart defect. If your baby screens positive it does not mean they have a heart defect. They may require further testing. Most congenital heart defects can be treated.

For more information visit: <http://www.cdc.gov/ncbddd/heartdefects/cchd-facts.html>

### Weight

Your baby's weight may be checked during your hospital stay to help assess how well your baby is feeding. Every baby will be weighed at discharge. It is normal for infants to lose some weight after birth.

### Screening my baby's poop for Biliary Atresia

Biliary atresia is a rare but serious disease of the liver and bile ducts that affects approximately 1 in 17000 babies. Bile is a digestive fluid that is made in the liver and empties into the intestine to help digest food. It enters the stool (poop) giving it a darker colour. In biliary atresia, bile cannot get from the liver to the stool, causing acholic (pale in colour) stool. This blockage causes buildup of bile in the liver, which can damage it and surgery may be needed.

You can screen for biliary atresia by looking at the colour of your baby's poop. The hospital will give you an [infant stool colour card](#) to help identify pale stools, which are often an early symptom of biliary atresia. Parents will compare their baby's stool colour to the images on the stool colour card during regular diaper changes for the first month of life. If you detect pale stool, you can contact Newborn Screening Ontario by going to [newbornscreeningontario.on.ca/poop](http://newbornscreeningontario.on.ca/poop). When identification and treatment start early, babies with biliary atresia can have a better chance to grow and develop normally.

### **Additional screening tests a baby may need:**

#### Hypoglycemia screening:

Some babies are at risk for developing low blood sugar after birth due to certain conditions in pregnancy. Blood will be taken from your baby's heel to test their blood sugar. The nurses will tell you if this is needed. You can help by feeding the baby regularly. Once blood sugars are normal they can stop this testing.

#### Other bloodwork and/or ultrasounds:

These will be discussed with you so you can understand why they are necessary and what to expect.

#### Additional measurements of baby's head:

Your baby's head may be measured if they were born with help from forceps or a vacuum. Head measurements can identify any early signs of problems.



## How do I bathe my baby?

The latest research shows us the first bath can be delayed until at least after 24 hours after birth. Delaying the first bath may help their immunity. It can also prevent them from getting cold which can cause stress and a drop in their blood sugar before they are feeding well. There may be certain times when it is necessary to bath a baby before 24 hours. If this is best your nurse will explain this to you

Many new parents may feel worried about bathing their baby for the first time. The nurses can demonstrate a bath for you as needed and will do their best to perform this as close to 24 hours as possible. There is also additional information available to you, including a video, from the Middlesex-London Health Unit that you may find helpful: <https://www.healthunit.com/bath-time>.

It is suggested that you use a plastic baby tub instead of the large family tub. Have all your supplies close by before you begin.

- ❖ Use warm water: Test the temperature with your wrist or elbow before placing your baby in the tub.
- ❖ Always start with washing the face with *only water*, starting at the eyes.
- ❖ Use a small amount of mild soap to wash the baby's body. It is okay if the baby's umbilical cord becomes wet.
- ❖ Dry the baby off quickly and keep them warm and dry afterwards.
- ❖ Support and hold your baby's head up during the bath.
- ❖ Babies can be very slippery when wet. Have someone help you the first few times.



**Never leave a baby alone in a bath or water, even for one second.**

## A baby does not need to be bathed everyday

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

The stump of the umbilical cord usually dries out and falls off in 1 - 2 weeks after birth, but they have been known to stay on for up to one month. Keep the cord area clean and dry to prevent infection. It does NOT need to be cleaned with alcohol, and should be left open to the air. Do not cover it with the diaper.

**Notify your health care provider if the area around the cord is red, swollen or you notice an unusual smell or discharge.**

Safe sleep for babies

The Canadian Pediatric Society recommends that a baby should be:

- ❖ **Placed on their back to sleep** until 12 months old, this may protect against Sudden Infant Death Syndrome (SIDS).
- ❖ **Sleeping in their own crib**, with nothing else in the crib: No pillows, bumper pads, toys or excessive bedding.
- ❖ **Sleeping in their parents/caregivers' room** for the first 6 months of life.
- ❖ Placed in different positions (tummy and side) when they AND you are awake. This gives the baby a new perspective, prevents flattened areas on their head and helps with development (i.e. crawling).
- ❖ Sleeping in a smoke-free home.

There are many ways to make sleep safe for your infant(s). Visit <https://www.healthunit.com/safe-sleep>

## Swaddling & Sleep Sacks

The Canadian Pediatric Society suggests that swaddling is safe if done properly.

- ❖ Do not cover the nose and mouth.
- ❖ Do not overdress. They may overheat. Light blankets are best.
- ❖ Avoid soft bedding/blankets, especially near the baby's face.
- ❖ Be sure your baby can still move his/her legs while swaddled.
- ❖ Stop swaddling - Once your baby shows signs of rolling over.

For more information please visit: <https://www.caringforkids.cps.ca/handouts/swaddling>

The hospital has sleep sacks available. Your baby will need to wear a sleeper under the sleep sack. Sometimes new babies prefer to be swaddled and settle easier when wrapped tightly. Some hospital sleep sacks have a built-in swaddle option or your nurse may help you to swaddle your baby while in hospital.

You may switch to a sleep sack once at home and the baby is ready. The sleep sack needs to meet the height/length and weight requirements and have no Health Canada recalls. A sleep sack that is too large can put your baby at risk for suffocation. You can check for recalls at [www.healthycanadians.gc.ca](http://www.healthycanadians.gc.ca)

## How much will my baby sleep?

Newborn babies may sleep as many as 16 hours a day, but some may sleep more, and others, less. Newborn babies will often sleep between each feeding for the first couple of weeks. During the first 24 - 48 hours of age, before your milk supply is established, breast/chest fed babies will feed often and may only sleep 1 - 2 hours between each feed. Around the 4th week of life your infant(s) will begin to stay awake longer between feedings.

🚩 **Call your baby's healthcare provider if you are concerned about your baby's sleep.**

## Can we get a circumcision for my infant(s) in hospital?

If you decide to have your baby boy(s) circumcised, this procedure is not covered by Ontario health insurance because it is not medically indicated. This means there will be fees. Please ask your doctor or nurse for procedure and payment information. The nurses in the hospital will provide you with our hospital information handout "Care of Circumcision" and will teach you how to care for the circumcision site before going home. Visit [www.caringforkids.cps.ca/handouts/circumcision](http://www.caringforkids.cps.ca/handouts/circumcision) for more information to help you with the decision to have circumcision performed or not.

## How do I get an Ontario Health Card (OHIP) for my infant(s)?

To register your *eligible* infant for an Ontario health card, the hospital will give you a special form. Once complete, **keep the bottom portion of the form to use as your baby's temporary health card.** Give the top portion to your nurse: The hospital will send it in and you will receive a replacement card by mail within 6 weeks. If your baby was *not eligible* to receive an Ontario health number from the hospital you will be given a proof of birth letter with instructions to take with you to Service Ontario where you can apply.

🚩 Visitors, tourists and surrogacies are *not* eligible and must contact the LHSC business office.

## How do I get a birth certificate and apply for child benefits?

The hospital will submit Form 1 of the registration at the time of birth. You then will go online and continue with the registration through the website below. You can also apply for some other government services at that time. Write down who delivered the baby so you can fill this in accurately.

Newborn Registration service [www.ServiceOntario.ca/newborn](http://www.ServiceOntario.ca/newborn)

- ❖ Apply for a Birth Certificate
- ❖ Apply for a Social Insurance Number
- ❖ Apply for Canada Child Benefits

The online service is fast, secure and simple to use. If you do not have a computer you can use a computer available in our Pediatric and Family Resource Centre (located on level B1) or your local library. You may also contact **Service Ontario 1-800-267-8097** for a paper application.

### **Immunizations for baby**

Most babies will receive their first immunizations at 2 months of age. There are some circumstances where babies will receive immunizations while still in hospital. To learn more about immunizations visit:

<https://www.healthunit.com/immunization-babies-and-preschool-children>

### **When does my infant(s) need a check-up after we leave the hospital?**

All babies should be seen by their doctor, midwife or a health care professional skilled in feeding and newborn care (ie. public health nurse or lactation consultant) within 2 – 3 days. Babies born early (35 to 37 weeks) should see a healthcare provider within 48 hours after discharge. Call your providers office prior to leaving the hospital to make the appointment.

🚩 Ensure you find a provider who is accepting a new infant patient before you come in to hospital. For many parents this is their own primary care practitioner

🚩 **If you are having difficulty finding one, visit [Ontario.ca/healthconnectontario](http://Ontario.ca/healthconnectontario) or [www.health.gov.on.ca](http://www.health.gov.on.ca)**

Our PPCU website has links to important information you may find helpful once at home. **Go to [Information Handouts for Postpartum and Newborn Care | LHSC](http://Information Handouts for Postpartum and Newborn Care | LHSC)** [www.lhsc.on.ca/havingababy](http://www.lhsc.on.ca/havingababy) and click on information handouts.

## PART G: ADDITIONAL RESOURCES

### BABY'S SECOND NIGHT

You've made it through your first 24 hours with a new baby. Maybe you have other children, but you are a new to this all over again.....and now it is your baby's second night.

All of a sudden, your little one discovers that he's no longer back in the warmth and comfort of your womb where he has spent the last 8½ or 9 months. He isn't hearing your familiar heartbeat, the swooshing of the placental arteries, the soothing sound of your lungs or the comforting gurgling of your intestines. All sorts of people have been handling him, and he's not yet used to the new noises, lights, sounds and smells. He has found one thing though, and that's his voice and you find that each time you take him off the breast where he comfortably drifted off to sleep, and put him in the bassinet/crib he protests, loudly!

In fact, each time you put your baby back on the breast he nurses for a little bit and then goes to sleep. As you take him off and put him back to bed - he cries again...and starts rooting around, looking for you. This goes on - seemingly for hours. A lot of the time we are convinced it is because our milk isn't "in" yet, and the baby is starving. However, it may not be that, but the baby's sudden awakening to the fact that the most comforting and comfortable place for him to be is at the breast. It's the closest to "home" he can get. It seems that this is normal among babies. Caregivers all over the world have noticed the same thing.

So, what do you do? When he drifts off to sleep at the breast after a good feed, break the suction and slide your nipple gently out of his mouth. Don't move him except to place his head more comfortably on your breast. Don't try and burp him - just snuggle with him until he falls into a deep sleep where he won't be disturbed by being moved. Babies go into a light sleep state first, and then cycle in and out of deep sleep about every ½ hour or so. If your baby starts to root and act as though he wants to go back to breast, that's fine, this is his way of settling and comforting.

Another helpful hint.....your baby's hands were his best friends in utero....he could suck on his thumb or his fingers anytime he was the slightest bit disturbed or uncomfortable. Be sure that your baby's hands are free. Babies need to touch - to feel and even his touch on your breast will increase your oxytocin level which will help boost your milk supply! If your baby happens to scratch himself, it will heal very quickly.

By the way- your baby might be fussy every once in a while, at home too, particularly if you've changed the environment such as going to the doctor's, to church, to the mall, or to the grandparents! Don't let it worry you sometimes babies just need some extra snuggling at the breast, because for the baby, the breast is "home".

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## Public Health Nurses: We're here to help!

The Middlesex-London Health Unit has a wide range of programs and services to support you and your family in the months to come. For more information, visit: [www.healthunit.com/babies](http://www.healthunit.com/babies). Here are a few of our services below for residents of the city of London and Middlesex County:

### Telephone Support – Health Connection:

- 519-663-5317
- Monday – Friday, 8:30 a.m. - 4:30 p.m.
- *Speak with a Public Health Nurse about...*
- Infant feeding support
- Coping as a new parent
- Information on growth & development
- Local supports and services for families
- Referrals to the **Healthy Babies Healthy Children** home visiting program for new parents who are eligible (visit [www.healthunit.com/home-visits](http://www.healthunit.com/home-visits))
- Assessment & referrals for **Breastfeeding Home visits or Drop-ins**
- Car seat safety and much more!

### For after-hours

Get 24/7 access to live support over the phone or online chat by calling 811, or go to

[ontario.ca/healthconnectontario](http://ontario.ca/healthconnectontario)

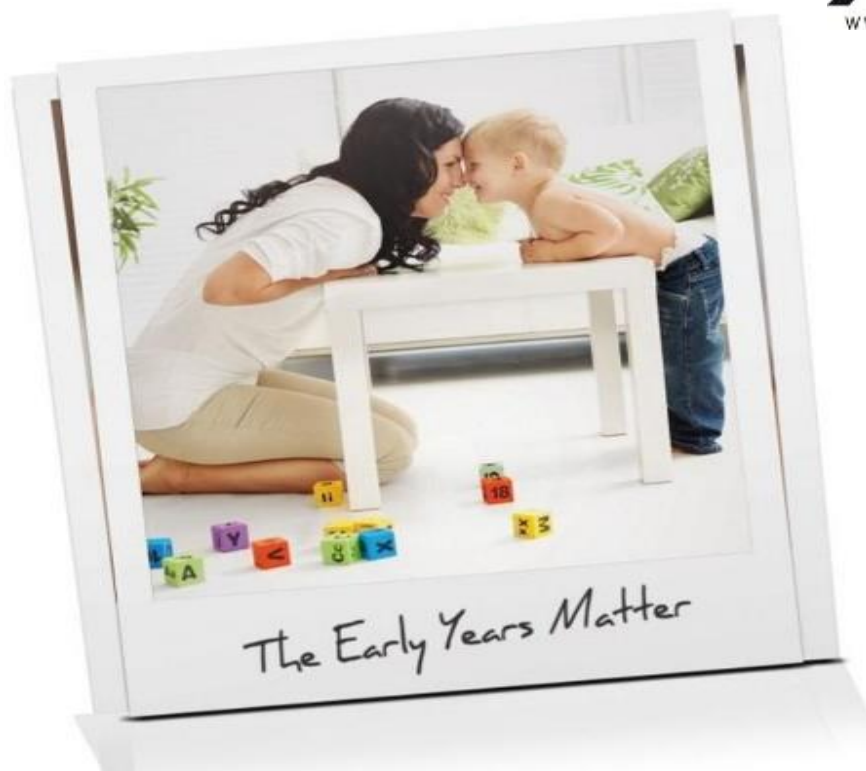
### Healthy Start Infant Drop-Ins:

To ensure that newborns get off to a good start, we offer drop-ins for infants up to 6 months of age. Visit an Infant Growth/Development & Breastfeeding Drop-in near you and ask a Public Health Nurse about child development, infant feeding, community support, adjustment to parenthood, parenting and more. For a full schedule of Drop- Ins, please visit [www.healthunit.com/infant-growth-development-breastfeeding-drop-ins](http://www.healthunit.com/infant-growth-development-breastfeeding-drop-ins)

### Breastfeeding Home Visits

The Middlesex-London Health Unit is now offering home visits for families with infants under six weeks of age who are experiencing breastfeeding challenges. Use Health811 by calling 811 to see if a breastfeeding home visit is right for you. You will meet one-on-one with International Board-Certified Lactation Consultants (IBCLC) and/or Public Health Nurses with expertise in lactation support. It's important to get early help as research shows that early in-home, one-to-one breastfeeding support can help you achieve your breastfeeding goals.

## Building Healthy Brains to Build a Healthy Future



Visit: [www.healthunit.com/early-child-development](http://www.healthunit.com/early-child-development) to view:

- **The Healthy Baby Healthy Brain Video Library**
- **Let's Grow** Parenting e-newsletters from Newborn to age 5
- **Early Child Development** information, resources, and more...





## HELPFUL RESOURCES AND SERVICES

### Pregnancy/Birth Resources

- Society of Obstetricians and Gynecologists of Canada.....<https://www.pregnancyinfo.ca/>  
OMama (Information on pregnancy, birth and early parenting).....<http://www.omama.com>  
The Birth Partner.....P. Simkin  
Pregnancy, Childbirth and the Newborn.....P. Simkin  
Your Baby and Child: From Birth to Age Five.....P. Leach  
Mothering Multiples: Breastfeeding and Caring for Twin.....Karen Kerkhoff Gromada  
Parent Books (A full selection of books).....<http://www.parentbooks.ca/>  
Best Start.....<https://www.beststart.org/>  
PARmed-X for Pregnancy (guidelines for physical activity and readiness).....<http://www.csep.ca>  
Prenatal Support Network.....<http://www.sidelinescanada.org>  
First Nations, Inuit, and Aboriginal Health.....<http://www.hc-sc.gc.ca/fniah-spnia/index-eng.php>

### Breast/chest feeding

- Breastfeeding.....<http://www.healthunit.com/breastfeeding.aspx>  
Breastfeeding Matters.....<https://resources.beststart.org/product/b04e-breastfeeding-matters-book/>  
Breastfeeding Committee for Canada.....<http://www.breastfeedingcanada.ca/>

### Perinatal Mental Health Resources

- Best Start.....<http://www.beststart.org/lifewithnewbaby/> or 1 800 397- 9567  
Middlesex London Health Unit.....<https://www.healthunit.com/pmh>  
Postpartum Support International.....<https://www.postpartum.net>  
Heartspace.....<http://adstv.on.ca/our-programs/heartspace/>

### Child health and Development

- Newborn Screening.....<https://www.newbornscreening.on.ca/>  
About Kids Health.....<http://www.aboutkidshealth.ca/>  
Caring for Kids.....<http://www.caringforkids.cps.ca/>  
Child Health.....<http://www.children.gov.on.ca/>  
Healthy Brain Development.....<http://www.beststart.org/healthybabyhealthybrain/>  
Baby Safe – Emergency response for caregivers.....St. John Ambulance (519) 432-1352

### Compliments, Comments and Concerns

We want to hear from you if you have any compliments, comments or complaints. We are always looking for ways to improve the care we provide. If you know of anything we could do different or better, please let us know. If we have done something well, we would love to hear about it as well!

The Managers are available at the following extensions: (519) 685-8500  
Obstetrical Care Unit (OBCU): ext. 55288 Postpartum Care Unit (PPCU): ext. 74908  
Ob/Gyn Ambulatory Care (including the preadmission clinic): ext. 55224

This information handbook has been developed by Nursing staff in the Women’s Program at London Health Sciences Centre, London, Ontario.

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