

Having a Baby at London Health Sciences Centre

Handbook

Video Birthing at LHSC's Women's Care Program

View our hospital tour and information at website:

www.lhsc.on.ca/havingababy

BORN Ontario is another helpful resource.

Visit www.omama.com for information and to download their "OMama" App



London Health Sciences Centre

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PART A: WELCOME TO LONDON HEALTH SCIENCES CENTRE

London Health Sciences Centre is a teaching hospital where up to 6,000 babies are born each year. We have a variety of healthcare professionals and students involved in the care of our patients: Many are available 24 hours a day, 7 days a week.

Obstetricians (pregnancy/birth doctors)

Maternal Fetal Medicine (MFM) Specialists (high risk pregnancy/birth doctors)

Neonatologists (baby doctors who specialize in premature babies) **and/or Pediatricians** (baby doctors)

Anesthesiologists (doctors who put in epidurals, put patients to “sleep” and specialize in pain control)

Residents (doctors who have chosen Obstetrics as their specialty and are continuing their learning in the hospital setting, under the direction of hospital Obstetricians)

Medical clerks (doctors in training)

Many other health care providers, such as family doctors, midwives, nurses, dietitians, social workers, and specialists, also care for patients in the hospital.

In addition, you will meet other staff, including registration clerks, personal support workers, cleaning staff, porters and our hospital volunteers during your stay.

Hospital Services – Victoria Hospital

Women’s Ambulatory Care (WAC).....Location: B5 (519) 685-8500 ext. 56342

WAC includes the Women’s Ambulatory Clinics (Obstetrics, Gynecology, Urodynamics, and Gynecology/Oncology), a Family Medicine self-referral Obstetrical Clinic and other specialty services.

Obstetrical Care Unit (OBCU).....Location: B4 Registration (519) 685-8500 ext. 58438

<http://www.lhsc.on.ca/havingababy>

The OBCU includes 3 areas: 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 dept.). You will be assessed by a nurse and doctor to determine the next steps for your care.

Antenatal: The antenatal area is for pregnant women who need to be cared for, and monitored more closely, in hospital, before giving birth.

Birthing Centre: This is where you will be *during* your labour and birth.

Mother Baby Care Unit (MBCU).....Location: C4 - 100, 200 and 400 and D4 -100 (519) 685-8500 ext. 52140

http://www.lhsc.on.ca/Patients_Families_Visitors/Maternal_Newborn/MotherBabyCareUnit.htm

Nurses in the Mother Baby Care Unit will help you to care for yourself and your infant(s) and to prepare for transitioning home. We encourage parents to actively participate in newborn care to support your learning. This area has both private and semi-private rooms available.

Neonatal Intensive Care Unit (NICU).....Location B4 (519) 685-8500 ext. 64427

http://www.lhsc.on.ca/Patients_Families_Visitors/Childrens_Hospital/Programs_and_services/NICU/index.htm

This is where your newborn(s) will be cared for if he/she requires any extra monitoring or care. If you have an infant(s) in NICU please go to the link above for the “Welcome to the NICU” package for specific information

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.

Dietitian.....Location: B5 and Inpatient areas
Nutrition impacts the health of the mother and her 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.

Paediatric Family Resource Centre.....Location B1- 006 North (519) 685-8500 ext.52604
http://www.lhsc.on.ca/Patients_Families_Visitors/Childrens_Hospital/CFRC/index.htm
The Resource Centre staff is available to help clients and their families who want to be more informed about their own 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.
Hours are Monday - Friday: 10 am – 4 pm.

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. We offer emotional support to our patients, families and staff, amidst the joy, challenges and uncertainties of the birth journey.

The Spiritual Care Department has connections with all major Christian denominations, major world religions and First Nations elders for religious and ritual support. There is specific religious coverage for the Roman Catholic, Presbyterian and Pentecostal churches. 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.

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, and the newborn photo area.

Business Office.....Location: D3-400 (519) 663-3146
The Business Office responds to all financial inquiries, including daily hospital rates and patient accounts information. Please contact them with any questions.

Patient Experience Office.....(519) 685-2036
http://www.lhsc.on.ca/Patients_Families_Visitors/LHSC/Your_Stay_At_LHSC/Concerns_Patient_Relations.htm
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.

Map of Victoria Hospital

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



B5	Women's Ambulatory Care Clinics (WAC)
B4	Obstetrical Care Unit (OBCU), OB Triage
B4	Neonatal Intensive Care Unit (NICU)
C4 & D4	Mother Baby Care Unit (MBCU)
B2	Tim Horton's
D3	Faye's Cafeteria and Tim Horton's
B3	Purr Cafeteria
B1 & C3	ATM
C4 & B9	Carillion pay stations for purchasing TV, phone and internet cards
D3	Rm 400 Business Office (accounts receiving)
B1	Rm 006 N. Child and Family Resource Centre
D1	Emergency Room Child and Adult
C3	Sanctuary

PART B: YOUR PREGNANCY

When do I need to come to the hospital?

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 him/her, 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 (≥) 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 anything down
 - Pain or any burning feeling when urinating (peeing)
 - A fall or any blow to the abdomen
 - A motor vehicle collision (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 on page 7)
 - 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, she/he will be called when you arrive at the hospital and she/he 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 women 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 Area.



If you have a triage appointment (ex. Rh Immune Globulin, Non Stress Test) or are booked for an Induction or Caesarean Birth, please register at the OB Triage Registration desk 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 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 to the hospital later.

******Please pack this book and any breastfeeding information you have. The information it contains is important and will be reviewed during your stay in the hospital.**

The hospital will supply, for use during your hospital stay:

- ✓ Linens/pillows
- ✓ Towels/wash cloths
- ✓ Hospital gowns
- ✓ Some sanitary pads
- ✓ Medications
- ✓ Birthing balls
- ✓ Breastfeeding pillows
- ✓ Electric breast pumps, if required.
The personal breast pump kits used with these pumps must be purchased

- ✓ Infant cot, blankets and gowns
- ✓ 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

Remember to bring this booklet with you when you come to the hospital

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.
- Favorite pillow
- Reusable water bottle
- Nursing or supportive bra (no underwire)
- Watch or a small clock
- Comfortable clothing and sleepwear that allows you to breastfeed easily
- Housecoat or robe and *non-slip* footwear (slippers or sandals)
- Pillow and blanket for your support person
- Maternity or large comfortable underwear that can accommodate an x-large pad (At least 5 pairs)
- Extra socks
- At least 1 package of sanitary pads (adhesive, overnight, long)
- Breast pump and pump kit if you have one (optional)
- Clothes to go home in (comfortable, stretchy waist)

Labour Supplies:

- This Obstetrical Preadmission Handbook
- Lip balm
- Snack and drinks for your partner
- Partner's swimsuit (if you wish to be accompanied in the shower or tub)
- Focal point (picture, object, anything you find pleasant to look at)
- Hard candy
- Camera (and batteries)
- Portable Music player and earphones
- Anything to help with your coping in labour (tennis ball, **scent-free** lotion or massage oil)

For Baby:

- Clothes to go home in (and for photos, if desired)
- Blankets and hat to go home in (according to the season)
- Diapers (Only 6 are provided by hospital)
- Car seat for discharge with instruction booklet

Note: We do not provide soothers/pacifiers or baby wipes in the hospital

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 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 health care provider 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:

http://www.lhsc.on.ca/Patients_Families_Visitors/Maternal_Newborn/Labour_Birth/Induction.htm

What can I eat during labour?

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

Toast	Yogurt
Soup (clear)	Crackers
Ice cream	

If you do not feel like eating, make sure you drink plenty of fluids. Nausea is very common while in labour so eating light meals and drinking fluids is helpful.

Once you are in the hospital, ask your nurse or doctor what you can eat or drink. There is a fridge in the OBCU 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.

Who can I have with me for support during labour?

Research has found that women 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 make you feel safe, confident, comfortable and supported. Your support person(s) can help by:

Rubbing your back	Timing contractions
Staying with you	Getting you ice chips
Coaching your breathing	

You may choose your partner, family member(s), friend(s), and/or doula to support you.

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	Listening to music
Practicing relaxation	Taking a shower or bath
Changing sitting/laying position	Walking
Relaxation and breathing	Nitrous oxide
Shower or whirlpool tub (available in OBCU)	Epidural
Emptying your bladder every hour	Narcotic medication
Birthing ball	

What is Group B Strep Bacteria (GBS)?

GBS is a common/normal bacteria that 15 - 40% of pregnant women in the vagina and rectum. It can be passed to the infant(s) during a vaginal birth so all pregnant women are tested around the 35th-37th week of pregnancy. To test for GBS a vaginal/rectal swab is done. If the test comes back positive, which means GBS is present; you will be treated with antibiotics when admitted to hospital in labour. This is to help protect your infant(s) from becoming infected during birth. These antibiotics are given through an intravenous (IV) line throughout your entire labour. Your infant(s) will be assessed for signs of infection while in hospital. Your nurse will teach you what to watch for once you go home.

For more information ask your provider for our GBS handout. You can also visit the following website:

<http://www.cdc.gov/groupbstrep/>

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

Evidence shows that during normal 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.

Many women require “**Continuous External Fetal Monitoring**” to monitor the baby(ies). This method is non-invasive and consists of applying belts with monitors to your abdomen. The fetal heart rate is assessed 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**” applied. This method is very accurate at monitoring fetal heart activity. It consists of an electrode applied to the scalp or buttocks of 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 selected depends on many factors and is a decision made together with the health care provider.

The following items 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?

Often babies are born with little, or no, tearing of the mother’s perineum (skin at the bottom of the vaginal area). Some women may have a tear while others may require a cut, which is called an episiotomy. This is done only when needed to speed up the birth, for the *safety* of your baby, or to make room for his/her head and shoulders. A local anesthetic is used to numb the area so it cannot be felt.

Urgent/Emergent Cesarean Birth (C-section)

During labour there can be situations that arise that make caesarean birth the safest option for either mom or baby(ies), such as when your health care provider believes the birth needs to happen more quickly. 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 mom or baby’s health is at serious risk. If you require 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.

What if I am booked for a Cesarean Birth (C-section)?

If a cesarean birth has been scheduled for you, please let your OB Pre-admit 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 2 hours before your scheduled C-section time.

After the Birth of your Infant(s)

After birth you will have time for skin to skin, cuddling, holding, and feeding your infant(s). This is a very special time for you and your partner. You will stay in the Obstetrical Care Unit (OBCU) for one to two hours and a nurse will help you with feeding. When it is time to go to the Mother Baby Care Unit (MBCU), 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 will go to the Neonatal Intensive Care Unit. 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 newborn(s). Please always feel free to ask questions and request help.

Skin-to-Skin after Birth

All mothers are encouraged to place their infant(s) 'skin-to-skin' (bare skin against yours) as soon as possible after birth. If you are not able to do this, then your partner or support person may place baby skin-to-skin.

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

NICU Attendance at Birth

There is a specially trained team that is available to help with the care of your newborn(s) at the time of birth, if needed. They may be called to your room just *before* baby is (or babies are) born and be present during the birth, or they may be asked *after* the birth to see the infant(s). They will stay until they have assessed your infant(s) and are satisfied that he/she is doing well. If they are concerned about your newborn(s), they will make a decision whether or not to transfer him/her to the NICU for extra care.

PART D: AROUND THE HOSPITAL

Television/Telephone/Internet

Free WiFi packages are available and are valid for 6 hours of internet access: Patients and visitors can sign up as many times as they wish. To access this service, connect your device to **LHPUBLIC**, open a browser, and select the free service option.

Additional services for bedside telephone, TV, and internet are also available, for a daily cost, and can be individually purchased or bundled. Kiosks to purchase cards for the bedside entertainment are located in C4, in the elevator area, and on B9.

Patient Services and Entertainment System can be contacted at (519) 685-8300 ext. 56700 M - F 9am-5pm. There are also payphones located throughout the hospital.

Cell Phone Use

London Health Sciences Centre permits the use of cellular phones and other wireless devices on hospital property, except in prohibited areas. Signs indicating where cellular phones/wireless devices cannot be used are posted in prohibited areas of the hospital.

Cell phone usage is not permitted in the Neonatal Intensive Care Unit (NICU). You may only use your phone in the front waiting area of this unit.

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.

Infection Control

Hand washing is the best way to protect yourself and your baby(ies) from getting infections. There are hand sanitizer dispensers at every entrance. We ask that you please use each time you enter and exit the hospital. Encourage everyone touching/holding your baby(ies) to wash their hands prior to handling. Ask them not to visit if they have a cold, diarrhea, any signs of infection or fever, cold sore or if they have had contact over the past month with someone with a communicable disease such as measles, mumps, or chicken pox. Your baby's health may be affected.

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

We are Fragrance-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**.

Gift Shop

There is a gift shop on B1 with an ATM located near the shop. The Garden Shoppe and The Boutique are located on D3. They sell gifts, flowers, baby clothes and other gift items.

Smoking

LHSC is now 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.

Latex Safe

The London Health Science Centre 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 rubber balloons will be asked to take them home. Only balloons made from Mylar are permitted in the hospital.

Cameras and Videos

Cameras and video equipment are often used to record special moments. Before using them, please check with your nurse, doctor, or midwife as you will need their permission to include them in any pictures or video.

Valuables

Please keep your valuables (i.e. cash and jewelry) at home if you can. This is a very busy place, so please keep a close eye on any valuables that you bring in. The hospital cannot be responsible for lost, stolen, misplaced or damaged items.

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 from the lobby to bring you to B4 Triage.

 **NEVER leave a woman 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 bring in your ticket and pay to have it validated at a parking kiosk. Kiosks accept 1 or 2 dollar coins, bills, and debit card or credit cards. Daily, weekly, and monthly parking passes are also available for those who need repeated access to parking. These can be obtained from the parking office, located at the ground level of P8, near the elevators.

For parking rates you may also see: www.lhsc.on.ca/About_Us/LHSC/Maps_Directions/VH/parking.htm. You may also visit or call the Parking Office: (519) 685-8500 ext. 53078 or 52709

PART E: CARING FOR MYSELF AFTER THE BIRTH

Mother Baby Care Unit (MBCU) - C4-100, 200 & 400, D4-100 wings

Nurses in the Mother Baby Care Unit will help you care for yourself and your new infant(s). They will help you understand your baby's needs and wants.

Research has found that it is better for you and your newborn(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 your 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 newborn(s) stay in hospital depends on how both (or all) of you are doing after the birth. For most vaginal births, you will need to stay until your bleeding is stable and your infant(s) is/are adjusting to feeding. Most women and infant(s) 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 women go home 48 – 72 hours after the birth of their infant(s).

Keep in mind that 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 Mother Baby Care Unit (MBCU).

Most of our rooms are semi-private meaning two mothers and their babies share a room and bathroom.

If you would like a private room, inform the registration clerk at OB triage when you check in, so that the appropriate paperwork can be completed, if not yet done.

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

Mother Baby Care Unit Patient Suites

For an additional fee, the MBCU offers suites as an alternative for you to enjoy larger accommodations, after your infant(s) has been born. Nursing care remains the same as for all patients. Suites can be requested as part of your registration process; however, they cannot be reserved in advance and are available on a 'first come, first served' basis once your infant(s) has been born. The suites offer more space with an additional seating area for your partner/family, a small fridge, flat screen TV with cable, and a private bathroom. All proceeds from these suites go directly to the MBCU. If you are interested in a suite ask your nurse for more information.

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 newborn(s). Please consider asking family and friends to visit after you are home. If you are sharing a room please be considerate of other mothers 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.

 Please note: The staff requests, for everyone's safety, that you fold up the 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 take your phone off the hook and/or silence it.

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-relieving medication during surgery that slowly absorbs over 18-24 hours. Additional medication can 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 and your nurse will assist you.

Each day, after birth, you should feel less discomfort but it is very common, during breastfeeding, to feel cramps. Breastfeeding 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?

Your Vaginal Flow

After giving birth, your vaginal flow can last up to six weeks.

- For the first 2-3 days your 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.
- Changing your pad *every time* you go to the bathroom, and only wiping in a ‘front to back’ direction, is very important to prevent infection.
- It is common for women to have heavier red bleeding during breastfeeding and/or with increased activity. This should be short-lived and resolve 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
- Blood clots – larger than the size of a \$2 coin (Toonie)
- Vaginal itch or flow with a bad odour

How do I care for my breasts if I plan to breastfeed?

Your body prepares for breastfeeding while you are pregnant. Most breasts grow in size during the first few months, as milk-making structures develop. Some women find that, as their breasts get bigger, wearing a good supportive bra feels more comfortable. Your 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. Before you give birth, preparing your nipples for breastfeeding is *not* necessary as rubbing or trying to ‘toughen’ your nipples only removes the protective oils.

After your infant(s) is born, Prolactin (the milk-making hormone) sends a signal to the milk-producing cells to start making milk. Frequent breastfeeding helps to build up a good milk supply. The hormone Prolactin also has the benefit of helping you to feel calm and relaxed.

For tips and information on breastfeeding, breast care, and related concerns, read the breastfeeding information booklet, Breastfeeding Matters. You can access this booklet online at:


http://www.beststart.org/resources/breastfeeding/breastfeeding_matters_EN_LR.pdf

How do I care for my breasts if I do *not* plan to breastfeed?

Milk will be made in your breasts whether you breastfeed or not. If you are not breastfeeding your body will gradually stop producing milk. As your body adjusts, wearing a well-fitted and supportive bra, *with no wires*, will help you feel more comfortable. For more information see the LHSC handout titled *How to dry up your Milk Supply (Perinatal)* at: www.lhsc.on.ca/motherbaby

When will I get my period?

If you are not breastfeeding, you may get your menstrual period as early as 4 weeks after birth. Your period may be longer, shorter, heavier or lighter than before your 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 breastfeeding.

-  You can still get pregnant even if your period has not returned! Speak to your health care provider about 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). Your body has done a lot of work for the past 10 months. 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, buying groceries, cleaning your house, looking after your other children
- Rest during the day, especially when your infant(s) sleeps
- Eat well and drink plenty of fluids, especially if you are breastfeeding

What can friends and family do to help?

It's great to have family and friends involved. Here are some things they can do that are helpful for you and your new baby(ies):

- Call before they visit to arrange a time that is good for you. Keep visits short; you need your rest!
- Vacuum, dust, do laundry, prepare a meal or bring a casserole
- Take care of your other children so you can rest

If you already have enough "baby stuff", friends and family can bring gifts such as:

- A frozen or prepared meal, fresh fruit, or a vegetable tray
- Baby book and information
- A Long-distance telephone card to keep you close to family and friends

How can I help my other children adjust to a new baby or 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 brother or sister; 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 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 newborn(s). Like most mothers, you will probably use all your energy looking after your infant(s) and you may feel quite tired for the first few weeks. Your doctor or midwife 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 sex uncomfortable. To help with this concern, you can purchase and use a water-based lubricant, from your 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 is Postpartum Depression?

If feelings of sadness or distress get worse or do not go away, you may have a postpartum illness called Postpartum Depression (PPD). About 20% of women can experience a postpartum mood and/or anxiety problem. Here is a list of what to watch for:

- 🚩 “Baby blues” that haven't gone away after 2 weeks
- 🚩 Unable to sleep
- 🚩 Sleeping all the time – even when your infant(s) is awake
- 🚩 Feeling worried or anxious, scared or panicky, for no real reason
- 🚩 Crying for no reason or not able to control crying
- 🚩 Not able to eat, even when hungry
- 🚩 Not able to eat because you are never hungry or because you feel sick all the time
- 🚩 Having thoughts of harming your infant(s) or yourself
- 🚩 Not worrying about your infant(s) at all; feeling indifferent (almost like you don't care)
- 🚩 Worrying about your infant(s) too much (obsessed with him/her)

Women who are experiencing a mood or anxiety problem may have one or more of these symptoms. If you are experiencing any of these feelings, or your partner or family have noticed these changes, you should get help right away. Counseling and treatment will help the symptoms and feelings go away. Women who have depression, a family history of PPD, a difficult labour and birth and/or a lot of recent life stressors/changes are at a higher risk for experiencing a postpartum mood or anxiety disorder. Don't wait; call your doctor, midwife or nurse. You may also call the Hope Line at **Mother Reach** (519) 672 - HOPE (4673) or visit www.helpformom.ca

Mother Reach hosts sessions every Thursday afternoon at Merrymount Children's Centre

- Childcare is provided
- There is support from professionals and peers
- Information on Postpartum Mood Disorders is provided
- Go to the website above for more information

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 having 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

PART F: CARING FOR YOUR INFANT(S)

Feeding your baby (or babies) - Breastfeeding

Why is Breastfeeding 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 breastfeeding 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.
- Breastfed babies are at a reduced risk from sudden infant death syndrome (SIDS).
- Breastfed 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 for women:

- It helps mothers bond with their babies.
- It helps with healing after the baby's birth.
- It may help mothers return to their 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 breastfeed my infant(s) while in hospital?

Perinatal staff at London Health Science Centre supports 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

Our staff is committed to:

- Supporting and educating families in exclusive and direct breastfeeding and providing education on the negative effects of supplementation when not medically indicated
- Improving the health status of mothers and babies who give birth at the London Health Sciences Centre by promoting increased breastfeeding initiation rates and the duration of breastfeeding

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

When should I breastfeed my baby?

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

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 his/her own schedule for feeding and will show you his/her hunger by expressing feeding cues, such as:

- Sucking his/her 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 he/she is 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 breastfeed and how long to breastfeed each time – not the time or the clock

Breastfeed early, often and effectively

Breastfeeding 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. Your milk production increases as baby feedings increase, so frequent feedings throughout the day and night will help to establish your milk supply. Mothers and babies must both learn how to breastfeed properly and your nurse will help you during your hospital stay. If there are continuing problems, or you have questions, a Lactation Consultant may be asked to help you.

It is important to remove milk from your 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. All breastfeeding women should learn how to hand express their breasts. Your nurses and/or the Lactation Consultants in hospital will help you with this.

All breastfed 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 Breastfeeding Appointment, within the first 2 – 3 days of 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" handout that your nurse will review with you, for more information on how to know that your baby is feeding well.

See page 32 for more information on Middlesex-London Health Unit services.

Breastfeeding: Is My Baby Getting Enough?





































There are a number of indicators to help you identify if your baby is getting nutrition when breastfeeding.

Here are some things to look for:

- Infant's body is aligned with, and close to, Mother
- Mouth open wide with lower lip turned outward and tongue cupped around the nipple
- Cheeks rounded and infant's chin touches the breast.
- 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
- Your baby should have more of the breast below your nipple (rather than above your nipple) in his/her mouth
- Appropriate number of wet and soiled diapers (See the chart below)

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

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

best start
meilleur départ

by/par health nexUS santé

Breast milk is all the food a baby needs for the first six months.
 You can get advice, help and support from:

- Your health care provider.
- 24/7 breastfeeding support line at 1 866 797 0000.
- Bilingual Online Ontario Breastfeeding Services directory at www.ontariobreastfeeds.ca.



London Health Sciences Centre

Patient Information

BABY'S SECOND NIGHT

You've made it through your first 24 hours as a new mom. Maybe you have other children, but you are a new mom 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 moms are convinced it is because their 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. Mothers 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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Feeding your baby (or babies) - Formula Feeding:



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.

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

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.

*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), Breastfeeding Committee for Canada (www.breastfeedingcanada.ca)
Government of Canada (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

Is my baby getting enough formula?





Follow your baby's cues. Newborns may drink as little as 1 ounce (30 mL) at a feeding. Most babies drink about 2 to 4 ounces (60 to 120 mL) each feeding during the first month. Babies gradually have more until they are drinking 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 coax your baby to finish the bottle if he/she is 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.

Check with the hospitals' "Formula Feeding Guidelines for the Newborn" handout for more information on how to know that your baby is feeding well.

More information is also available at: www.healthunit.com/infant-formula

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>

Baby's first week of life	Baby's Behaviour and Number of Feedings	Number of Stools in 24 Hours	Number of Wet Diapers in 24 Hours
Day 1	<ul style="list-style-type: none"> • May be sleepy • May not feed much the first day • Wake baby up and feed at least every 4 hours 	<ul style="list-style-type: none"> • 1 black 	<ul style="list-style-type: none"> • 1 - 3 <p>Note: Due to absorbency of diapers, place a tissue in diaper to check wetness</p>
Day 2	<ul style="list-style-type: none"> • May still be sleepy or can switch to feeding more frequently. Watch baby closely for feeding cues 	<ul style="list-style-type: none"> • 1 blackish/green 	<ul style="list-style-type: none"> • 2 - 3
Day 3	<ul style="list-style-type: none"> • Baby shows more interest in feeding. Watch baby closely for feeding cues • May want to feed at least every 4 hours 	<ul style="list-style-type: none"> • 1 blackish/green 	<ul style="list-style-type: none"> • 3 Soaked
Day 4	<ul style="list-style-type: none"> • Same as Day 3 	<ul style="list-style-type: none"> • 1 green/gray 	<ul style="list-style-type: none"> • 4 Heavily soaked
Day 5	<ul style="list-style-type: none"> • Same as Day 3 	<ul style="list-style-type: none"> • 1 green/gray 	<ul style="list-style-type: none"> • 5 Heavily soaked
Day 6	<ul style="list-style-type: none"> • Same as Day 3 • Amounts at feedings can vary • At night, baby will wake up on his/her own to be fed. 	<ul style="list-style-type: none"> • 1-2 greyish beige soft (clay consistency) <p>Note: After the first week stools can become less frequent</p>	<ul style="list-style-type: none"> • 6 - 8 and will remain this way for many months

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.

Newborn Care

Newborn Attachment

http://www.beststart.org/resources/hlthy_chld_dev/pdf/parent_attachment_eng.pdf


Parent-child attachment develops primarily during the first year of a child's life 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 in the hospital is very important to us. You and your newborn(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 your 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 identification card is given to parents to have access to the special care unit (NICU).

Your baby will also have a monitored infant security band applied once on MBCU, to ensure your baby doesn't leave the unit. You will be shown the best areas for you and your baby to walk on MBCU to avoid setting off the alarms. 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 and 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.**

There are hand-washing stations throughout the hospital; in hallways, inside and outside patient rooms and at all hospital entrances/exits. For your safety, and that of your infant(s), we encourage you to talk with family and visitors about the importance of washing their hands when visiting.

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. If you do not use a car seat on public transit, we recommend transporting your baby in something else, such as a stroller or baby carrier.

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

- Infant meets height and weight requirements for the car seat
- Canadian 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 to take your infant(s) home. Follow car seat manual instruction for proper installation. It is also recommended that you register the car seat with the manufacturer in order to receive information if there should ever be a recall.

For additional telephone assistance, call Buckle up Baby at 519-666-3227

For more information, and to see a video on how to install a car seat, go to:

www.healthunit.com/car-seat-safety, Transport Canada/Road safety: www.tc.gc.ca, or <http://infantandtoddlersafety.ca/wp-content/uploads/2016/03/Shopping-for-Babys-First-Car-Seat2016.pdf>

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

All babies will have the routine care/tests/screenings, as listed below, while in hospital. Depending on special circumstances, your newborn(s) may require additional screening/testing. Please 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 painful procedures by holding your baby skin-to-skin or breastfeeding. Ask your nurse about this.

1. **Erythromycin:** All babies receive this antibiotic ointment in their eyes to assist in the prevention of some eye infections related to birth.
2. **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.
3. **Hearing screening:** Your infant(s) will be tested for possible hearing problems while in hospital. If this test is not able to be completed while you are in hospital, give your consent for the Hearing Team to call you at home to set up an appointment in the community.
4. **Bilirubin Screen:** Bilirubin is the by-product of red blood cell breakdown and can lead to jaundice, a yellowing of your baby's skin. Too much bilirubin can be harmful. We screen all babies, prior to discharge, to see what their bilirubin level is. We use a non-invasive tool called a transcutaneous bilimeter (TcB), which is placed on your baby's forehead 3 times. A special light shines and gives us an average reading of your baby's bilirubin. Based on this result, you will be instructed as to whether your 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 a treatment called phototherapy, which 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.
5. **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 at least 29 diseases, which affect only 1 in 7000 newborns in Ontario each year, but 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/>
6. **Screening for Congenital Heart Defects:** Many newborn heart defects are discovered on ultrasound during pregnancy, but some are not found this way. A heart defect at birth *could* cause serious complications in your baby, if not identified. 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 he/she has a heart defect but may require further testing. Most congenital heart defects can be treated.

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

Additional screening tests your baby may have:

7. **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 his/her blood sugar. The nurses will tell you if this testing is required and how you can help by ensuring that your baby is feeding regularly. Once your baby's blood sugars are regulated they will stop this testing.
8. **Other bloodwork and/or ultrasounds:** As your baby's doctor or midwife examines your baby after birth he/she may see the need to order some additional tests. These will be discussed with you so you can understand why they are necessary and what to expect.
9. **Additional measurements of baby's head or weight:** Your baby's head may be measured if he/she was born with forceps or a vacuum, to identify any early signs of problems. Your baby's weight may be checked during your hospital stay to help assess how well your baby is feeding.

How do I bathe my baby?

We suggest that you bathe your baby at least once, while in hospital, so your nurse can either show you how to do so, or assist you if you want to do it yourself. A baby does not need to be bathed every day. It is suggested that you use a plastic baby tub instead of the large family tub. Make sure you 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 promptly and keep him/her warm and dry afterwards. Remember to support and hold the baby's head up during the bath. Babies can be very slippery when wet, so be very careful. You may wish to have someone else help you the first few times.

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

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 his/her back to sleep until he/she is 12 months old, as 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' room for the first 6 months of life.
- Placed in different positions (tummy and side) when he/she AND you are awake. This gives the baby a new perspective, prevents flattened areas from forming on their head and helps with the development of your baby (i.e. crawling).

- Sleeping in a smoke-free home.

There are many ways to make sleep safe for your infant(s). Please visit the Middlesex London Health Unit for more tips on this at <https://www.healthunit.com/safe-sleep>

How much will my baby sleep?

Newborns may sleep as many as 16 hours a day, but some may sleep more, and others, less. Newborns 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, breastfed babies will feed often and may only sleep 1 - 2 hours between each feed. Around the 4th week 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.

What if we want a circumcision for our infant(s)?

If you decide to have your baby boy(s) circumcised, this procedure is not covered by OHIP and so there will be a fee. Please ask your doctor or nurse for procedure and payment information. The nurses in the hospital will provide you with our hospital information "Care of Circumcision" and will teach you how to care for the circumcision before going home. Visit www.caringforkids.cps.ca/handouts/circumcision for more information.

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

After birth, if at least one parent has an Ontario Health Card, you will be given a form to fill out for your baby's Health Card. You will receive the bottom portion as the temporary card. Please put this in a safe place. The hospital will send in the top section of the form and the permanent health card will arrive within 6 weeks. If you do not receive it, you can inquire at www.health.gov.on.ca or 1-800-268-1154.

If no parent has a valid Ontario Health Card, please contact the hospital business office for more information.

If you have private insurance, please contact your insurer to discuss adding your infant to your plan.

How do I register my baby's birth?

The hospital will submit Form 1 of the registration at the time of birth. You will be required to go online and continue with the registration through the website below. You can also apply for some other government services at that time. Note that you will be asked who the attendant was at your baby's birth – this is the doctor who delivered your infant(s), so please write down who was there so you can fill this in accurately.

NEWBORN REGISTRATION SERVICE: www.ServiceOntario.ca/newborn

Register your baby's birth

- 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 the patient lounge 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>

How do I get my newborn's first picture?

Debut Baby Photos is the commercial component of the Service League of London. They are a group of volunteers who photograph the newborn babies at London Health Sciences Centre.

A signed consent form is required in order to take your baby's photograph. After your consent is signed, your baby's picture will be taken. You may select the photograph that will be used in any coloured photograph package that you order. Packages are mailed to you in approximately two weeks.

The **Package of Photographs** costs **\$35.00*** and includes:

- 1 - 5" x 7" photo
- 2 - 3½" x 5" photos
- 10 - Birth announcement cards and envelopes
- 2 - Photo bookmarks

If for any reason the photograph taken at LHSC cannot be processed, or is otherwise unsatisfactory, a replacement photograph of your baby(ies) may be taken.

You may also purchase a **Baby Bracelet** (\$5.00) and/or a **Footprint Card** (\$10.00) as keepsakes.

**Note: All fees are current at the time of printing and are subject to change.*

All of the profits from the sale of the baby photos and keepsakes are donated to London Health Sciences Centre – Mother Baby Care Unit.

We hope that you will find our service of value. We can be reached by mail at Debut Baby Photos C/O LHSC P.O. Box 5010 Station B London, Ontario N6A 5W9 or by phone (519) 685-8500 – Ext. 52251.

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

Your nurse will do a complete head-to-toe assessment after birth. In addition, your family doctor, a pediatrician or midwife will also perform an examination of your infant(s) within 24 hours of birth. If any concerns are identified you will be instructed as to what follow-up is necessary.

All babies should be seen by their doctor, midwife or a health care professional skilled in breastfeeding and newborn care (ie. public health nurse or lactation consultant) within 2 to 3 days, if they go home before the baby is 48 hours old. Babies born slightly before their due date (35 to 37 weeks) should see a healthcare provider within 48 hours after birth. Call your doctor, nurse practitioner, or midwife's office prior to leaving the hospital to make an appointment, to ensure you can get in to see them as soon as possible.

- **Ensure you find a provider who is accepting new infant patients before you come in to hospital.**
- **If you are having difficulty finding one, tell a physician or nurse, or visit Health Care Connect at 1-800- 445-1822 or www.health.gov.on.ca**

Our MBCU website has links to important information you may find helpful once you've gone home.

For additional mother and baby care information after discharge, go to www.lhsc.on.ca/motherbaby

Here you will find all of our patient handouts, including information on breastfeeding, jaundice, and other topics.

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. 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, ext. 2280**
- 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)
- Assessment & referrals for **Breastfeeding Appointments or Drop-ins**
- Car seat safety and much more!

For after-hours support:
Telehealth Ontario is available
Toll-free: 1-866-797-0000

Infant Growth/Development & Breastfeeding 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

Breastfeeding Appointments:

It's important to get breastfeeding support early. If you are feeling that you need extra support, or reassurance that your newborn baby has a good latch and is getting enough milk, call Health Connection, weekdays at 519-663-5317, ext. 2280 to find out if a breastfeeding appointment is right for you and your newborn baby.

Breastfeeding Peer Support:

Drop in and join other breastfeeding mothers in a comfortable and safe place where you can share your experiences and ask questions in a relaxed and informal setting. The group is facilitated by a Public health Nurse. For more information visit <https://www.healthunit.com/breastfeeding-peer-support>

Family Health Clinic:

For Families without a Health Care Provider, a Nurse Practitioner is available. For more information visit: www.healthunit.com/family-health or call 519-663-5317 ext.2317.



Visit: 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...



A Home Safety Checklist



This checklist will help you find areas in your home that may not be safe.



Bathroom

- Adult always present while child is in the bathroom or bathtub
- Water heater turned down to 49°C or 120°F
- Always run cold water before hot and always turn cold water off last
- Bath water temperature always checked with elbow before putting child in
- Expired medicines returned to the pharmacy
- Slip-free surface in tub and free of bath seats
- Bathroom doors kept closed to keep children out
- Locked bathroom doors can be opened from outside



Stored locked up and out of sight and reach:

- medicines and vitamins
- electrical appliances
- sharp objects
- garbage
- cleaning supplies

Bedroom

- Crib, cradle or bassinet meets current Canadian Safety Standards
- No bumper pads or toys in the crib
- Mobile out of reach
- Always keep one hand on child while child is on change table
- Diaper pail and changing supplies out of reach

- Window blind cords secured out of reach
- Locked bedroom doors can be opened from outside
- Guardrails on all upper bunks (no child under six years on upper bunks)

Indoor Play Areas

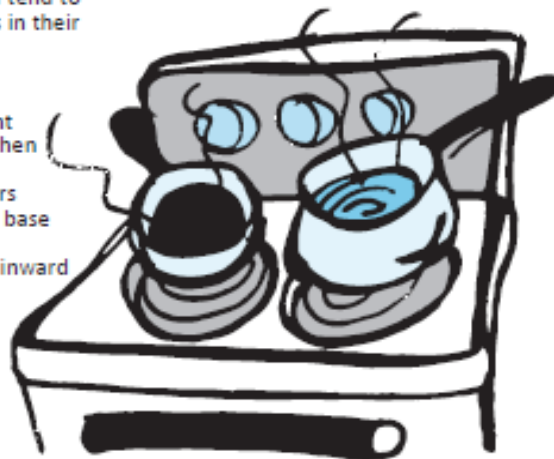
- Toys put away to avoid dangers on the floor
- Batteries removed from toys in storage
- Toys are age appropriate
- No baby walkers

Toy cautions:

- no small pieces that can cause choking
- no sharp corners or edges
- no joints that can pinch fingers
- painted with non-toxic paint
- no broken toys
- Keep toys with small magnets out of the reach of children of any age who still tend to put non-food items in their mouth

Kitchen

- Adult always present while child is in kitchen
- Safety latches on cabinets and drawers
- High chair has wide base and harness
- Pot handles turned inward on the stove
- No tablecloths
- Food treats and attractive items stored away from the stove
- Working fire extinguisher



Stored locked up and out of sight and reach:

- cleaners and chemicals
- vitamins and medicine
- knives and sharp utensils
- matches
- plastic bags and plastic wrap
- glass and breakables
- small appliances
- garbage

General Living Areas

- Sharp edges on furniture padded
- Bookshelves and tall furniture fastened to wall
- Window blind cords secured out of reach
- Rugs or runners tacked down or slip-free
- Working smoke alarms on each floor
- Working carbon monoxide detectors
- TV and electrical equipment stored securely
- Safety rails or screens on fireplaces and woodstoves
- Chimney inspected and cleaned every year
- Guns stored unloaded in locked cases with ammunition stored separately



Stored locked up and out of sight and reach:

- heavy or breakable objects
- plants
- ashtrays/cigarettes/butts
- coins
- balloons
- wire clothes hangers
- purses

Did you know?

Safety measures cannot make a house completely safe or replace your supervision.

Windows

- Windows above the first floor secured
- Chains and cords on blinds and curtains out of reach
- Furniture away from windows

Electrical Outlets and Fixtures

- Switches and outlets have cover plates
- Electrical cords out of reach but never under rugs or stapled to baseboards
- Extension cords kept to a minimum
- All sockets in light fixtures have bulbs in place
 - Unused outlets covered with safety plugs on:
 - Wall outlets
 - Extension cords
 - Power bars

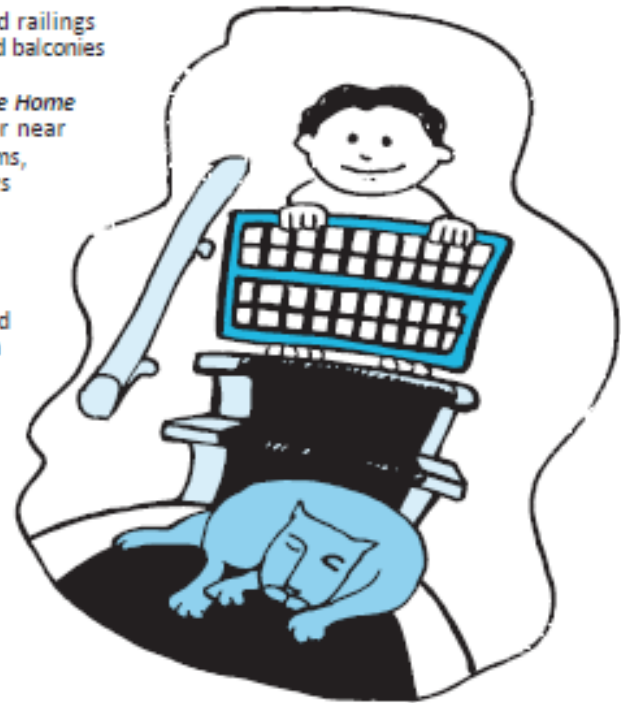
Stairs and Railings

- Hardware-mounted safety gates installed at top and bottom of stairs

- No loose carpeting, toys or uneven steps
- Stairs well lit
- Protective walls and railings on stairs, porches and balconies

Outdoor Areas of the Home

- Children in water or near water (pools, streams, puddles etc.) always within reach
- Children always within arms' reach while outdoors
- Gardening tools and chemicals locked in shed or garage
- Home play structures inspected regularly and fixed promptly
- Outdoor play areas kept separate from driveways and street traffic



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 to women, infants and families so if you know of anything we could do, please let us know. If we have done something well, we would love to hear about it as well!

The Coordinators in the three units are available at the following extensions:

(519) 685-8500

Obstetrical Care Unit (OBCU): ext. 55288

Mother/Baby Care Unit (MBCU): ext. 55290

Women's Ambulatory Care (Preadmission clinic): ext. 55224

Have Questions?

About You and/or Your Baby(ies) Write Them Here to Remember

Some things I would like to know...

I think I know, but can you clarify...

Should I ask my Doctor about...?

HELPFUL RESOURCES AND SERVICES

Pregnancy Resources

- Healthy Beginnings..... Society of Obstetricians and Gynecologists of Canada
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 Twins 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>

Substances in Pregnancy

- Motherisk<http://www.motherisk.org/>
Alcohol and Pregnancy<http://www.alcoholfreepregnancy.ca/>
Heartspace.....<http://adstv.on.ca/our-programs/heartspace/>
(A specialized program for women who are pregnant, parenting and substance-involved and their children)

Breastfeeding: In addition to our local resources mentioned throughout this book

- Breastfeeding<http://www.healthunit.com/breastfeeding.aspx>
Breastfeeding Matters (Best Start)
http://www.beststart.org/resources/breastfeeding/breastfeeding_matters_EN_LR.pdf
Breastfeeding: Getting Breastfeeding Right for You.....M. Renfrew, S. Arms, and C. Fisher
Breastfeeding Your Baby.....S. Kitinger
Breastfeeding Committee for Canada.....<http://www.breastfeedingcanada.ca/>

Postpartum Depression Resources

- Mother Reach.....www.helpformom.ca or (519) 672-4673
Best Start.....<http://www.beststart.org/lifewithnewbaby/> or 1 800 397- 9567
Community Resource..... <http://www.informationlondon.ca/>
Middlesex London Health Unit.....<https://www.healthunit.com/mental-health-and-well-being>

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/>

This information handbook was written by Nursing staff in the
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