

# The Maternal/Child Unit



## Information Booklet for the New Mother and her Family



## TABLE OF CONTENTS

---

Introduction.....	4
Nutrition and Rest .....	5
Activity after Birth.....	5
Vaginal Flow.....	6
Urination.....	7
Perineal discomfort and care .....	7
Episiotomy or perineal tear.....	8
Ice packs .....	8
Cramping .....	8
Bowel movements and hemorrhoids .....	9
Postpartum exercise .....	9
Caesarean birth.....	10
After a Caesarean birth .....	11
Deep breathing .....	12
Incision care.....	12
Daily living after a caesarean birth.....	13
Breastfeeding.....	14
Breast Milk.....	14
Getting started.....	14
Promoting breastfeeding success in the early days.....	15
Cluster feedings and growth spurts .....	16
Vitamin D .....	17
Bottle feeding .....	17
Waking a sleeping baby .....	18
Safety.....	18
In Hospital.....	18
In the car.....	19
At home .....	19
Bathing .....	20
Safety.....	20
When to Bath your baby .....	20
Preparing .....	21
Sponge bath.....	21
Tub bath .....	23

Skin Care .....	23
Cord care .....	23
Diapering .....	24
Signs and symptoms of dehydration .....	24
Urine .....	24
Stools .....	24
Wet and dirty diaper chart .....	25
Care of the foreskin .....	26
Circumcision .....	26
Care after a circumcision .....	26
Taking your baby’s temperature .....	27
Pacifiers and soothers .....	27
Mouth care .....	28
Coughs, sneezes and spitting up .....	28
Burping .....	28
Shoulder position .....	29
Spitting up .....	29
Hiccups .....	29
Sneezing .....	29
Vomiting .....	29
Crying .....	30
Infant Colic .....	30
Tips for a crying baby .....	30
Jaundice in the newborn .....	31
Taking your baby home .....	32
Other important things to know about your baby .....	33
Discharge .....	33
Follow-up after discharge .....	35
Finding a Family Physician .....	35
Information on the Internet/telephone numbers .....	36
Post-Partum Self Medication Program .....	37
Keeping track of baby’s intake and output .....	39
References/Acknowledgements .....	40

## Congratulations...

Thank you for choosing the Winchester District Memorial Hospital for the birth of your baby. We provide quality family-centered care that is respectful of individual choices, cultures and customs. We recognize that birth is a natural process and a special life event. Whether this is your first baby or your third, we are sure you will have many questions about your care and your baby's care. Our goal is to create a setting that provides physical and emotional comfort and promotes learning during this important time.

In the Maternal/Child Unit, we provide nursing care that promotes non-separation of mothers and babies. Mothers and babies are cared for together at the mother's bedside. This gives you an opportunity to get to know your baby and for your nurse to teach and assist you with baby care. The experience with your baby in hospital helps you gain the confidence you need to care for your baby at home.

This booklet was prepared as a helpful guide to use during your hospital stay and for your reference once you are home. Please do not hesitate to ask for further information or assistance during your hospital stay.



## **Nutrition and Rest**

It is important that you continue to eat a variety of foods every day, choosing from the four food groups as recommended in Canada's Food Guide to Healthy Eating. For recovery and milk production, your body needs nutrients, energy and fluids. Dieting is not recommended during the first 2 months after birth or while breastfeeding.

Rest is also very important after birth for both your well-being and milk production. Here is an easy recipe to remember:

- R**     *Relax whenever you can. Take a nap, read and sleep when your baby sleeps! Limit your visitors in hospital and once you get home.*
  
- E**     *Eat well and drink plenty of fluids, especially if you are breast-feeding*
  
- S**     *Share the responsibility of your new baby with your partner, family and friends. Ask for help.*
  
- T**     *Take time to enjoy your baby. Let the housework wait.*

## **Activity after birth**

The first time you get out of bed, please ask your nurse to help and wait for assistance. Some women feel very dizzy the first time they get up. Until you feel strong enough to walk to the bathroom alone, your nurse will accompany you. She will show you how to do peri care and how to use the emergency call bell system.

Whether you have a vaginal birth or a caesarean section, upon discharge from hospital you may resume normal light activity such as walking, climbing the stairs and light housework. No heavy lifting for about 6 weeks. This includes groceries (over 10 pounds) and children other than your new baby. Ask your physician about more strenuous activities. You can resume driving when you can comfortably manage the brake pedal. Talk to your physician about resuming sexual activity (Refer to p.13 for information about driving after a caesarean section).

## **Vaginal flow**

After the delivery of your baby you can expect to have some vaginal bleeding (lochia) for up to six weeks. Vaginal flow is part of the natural healing process of the uterine lining after the delivery of the placenta. For the first few days the vaginal flow will be dark red in colour and may have some small clots about the size of a grape. Your nurse will monitor your vaginal flow along with other postpartum assessments.

After discharge home expect that there will be a gradual change of colour of the lochia progressing from red to brownish, to pink, to white; similar to the changes in the last few days of your menstrual period. Your flow will also decrease from a heavier flow to one that is light. After you are discharged and become more active, it is normal for your vaginal bleeding to increase slightly. If your flow is heavier than a period or if it smells bad, contact your care provider.

If you develop the following symptoms, you should consult your care provider.

- Fever (temperature over 38°C)
- Foul smelling discharge
- Uterine tenderness

If you are not breastfeeding, your period will start again in 4-9 weeks. For women who are breastfeeding, menstruation may not start again until after weaning your baby from the breast. Although you may not have a period, it is still possible to get pregnant as ovulation can still occur. Breastfeeding is not a reliable method of contraception.

## **Urination**

After birth and for the first few days, you may find it hard to pee; especially if you have had a catheter, episiotomy, or a small tear in your vagina. For a short time after the birth, you may lose the sensation that your bladder is full due to the stretching that occurs in the area during birth. Your nurse will assess your ability to urinate as part of the routine assessment. You will be encouraged to urinate at regular intervals to prevent your bladder from becoming too full. Normal sensation will return in a few days.

You may worry that it will be painful to pee. To help take away the stinging sensation that is normal after birth or catheterization, you can try the following:

- Squeeze warm water from your peri-care bottle over the area as you urinate
- Urinate while showering or taking a sitz bath. This may also be helpful if you are having difficulty urinating
- Access the pain control medication in your self-medication package (refer to p. 37)

After discharge, contact your physician if you experience any of the following:

- Pain or burning when urinating
- Difficulty urinating
- Fever

## **Perineal discomfort and care**

You can expect some discomfort in the perineal area in the first days after the delivery of your baby; this will gradually subside. If you have stitches, you may have a sensation of tightness or pulling; this is normal. Until your vaginal flow has ceased, peri-care should be performed each time you change your pads, urinate or have a bowel movement, regardless of the type of delivery or whether you have stitches. Peri-care promotes healing and comfort. Your nurse will teach you how to do this.

- Sitz bath and do not use tampons
- No sexual intercourse for 6 weeks

### **Episiotomy or perineal tear**

The stitches that were used to repair your episiotomy or tear will dissolve on their own, usually within 2 weeks. Occasionally the stitches may be seen on your sanitary napkin or toilet tissue. If you have any discomfort, you may take pain medication that has been ordered by your doctor or midwife. It is also safe to take a daily bath, but avoid bath bubbles and oils in your bath water. You can use a small mirror to check for swelling or redness and consult with your care provider if you are concerned.

### **Ice packs**

If you have swelling and bruising of the perineal area, you may find that the application of a small ice pack will provide comfort. When using crushed ice, wrap it in a cloth and avoid direct contact with your skin to prevent ice burns. You can also wet and freeze a clean maxi-pad. Place the frozen pad in your underwear and apply for up to 20 minutes at a time and then remove.

### **Cramping**

You may experience strong menstrual-like cramps after the birth of your baby. These cramps are called “after-pains”. If you are breastfeeding you may feel cramping or pains in your uterus as your baby nurses. If the cramping is bothersome or painful, try the deep breathing and relaxation techniques you used during your labour, take a warm bath or take some pain medication half an hour before you feed your baby. Remember that cramping is only temporary and helps to prevent excessive post-delivery bleeding.





## **Bowel movements and hemorrhoids**

Bowel elimination can be difficult and painful following delivery. To promote bowel elimination, your diet should include fiber, whole grains, bran, cereal, fresh fruit and vegetables. Drinking 8-10 cups of fluid daily is also beneficial in preventing constipation. Often women require the aid of a stool softener to re-establish regular bowel habits. Stool softeners can be found in your self-medication package; ask your nurse for more information.

It is common for women to have hemorrhoids during pregnancy and after birth. They can be uncomfortable but will shrink in time. Here are some things you can do to reduce the discomfort of hemorrhoids:

- Avoid standing for long periods of time
- Dietary measures and use of stool softeners/laxatives as ordered by your physician to avoid straining with bowel movements
- Ice packs or dampened, frozen maxi-pads placed in your underwear may provide some relief
- Use hemorrhoid cream or apply Tucks medicated pads

## **Postpartum exercise**

During pregnancy and childbirth, your body undergoes many changes. The area between your rectum and vagina is called your perineum. It will have stretched during the baby's birth. It may feel swollen, bruised and tender. It is important that you keep doing your Kegel exercises for more than 6 weeks after your delivery. This will help the stretched muscles in your perineum regain their tone. Ask your nurse for instruction on Kegel exercises.

You are encouraged to find post-natal fitness classes in your community. These classes will help you tone your muscles and regain abdominal strength as well as provide you with the opportunity to socialize and meet new mothers.



## Caesarean birth

Babies born by caesarean birth are delivered through an incision in the abdominal wall and the uterus rather than through the vagina. The reason that a caesarean birth is performed is to protect the health of you and/or your baby.

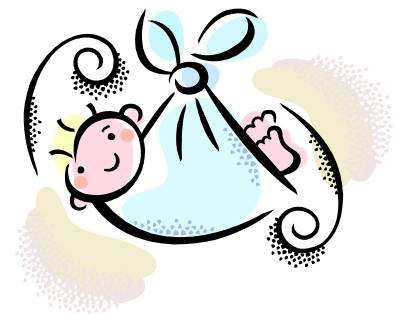
During your caesarean birth you probably received either a spinal or epidural anesthetic. The medication used for an epidural or spinal anesthetic is stronger than that used for pain relief in labour. Sometimes, there is a medical reason to use a general anesthetic instead. If this is the case, you will be put to sleep and pain medication will be delivered through your intravenous.

After the birth, you will be monitored in the Recovery Room for approximately one to two hours. We will make every effort to have your baby with you in the Recovery Room. If this is not possible due to how you are feeling or because of the other patients in the Recovery Room, we may encourage baby to have skin to skin time with your partner or support person until you can be with the baby.

When you are ready for transfer to the Post-Partum Unit, your baby will be transferred with you. Your nurse will provide care for both you and your baby in your room.

Sometimes when a caesarean birth is unexpected, parents may feel disappointed about not having a vaginal birth. Often the best cure for these feelings is to start caring for your baby as soon as possible. This strengthens the bond and love that will develop between you and your baby. If you have these feelings after your caesarean birth, talk about them with your partner, care provider, or someone you feel comfortable confiding in.

Remember, the birth of your baby is an exciting time!



## **After a Caesarean birth**

Once you and your baby are transferred to the Post-Partum Unit, your nurse will assist your partner and you with baby care until you are strong enough to take over. Your baby will be at your bedside during your stay.

For the first 12-24 hours after birth, you will have an intravenous infusion (IV) to give you extra fluids. Once you are drinking well on your own, your IV will be taken out. Please let us know if you have any special dietary requirements.

You will also have a catheter to empty your bladder for the first 12-24 hours after birth. Once the catheter is removed, your nurse will assist you to the bathroom until you are comfortable going alone.

Your incision may have a dressing covering it. The incision will have staples or stitches. If you have staples they will likely be removed before you go home. If they are not removed before discharge, you will be given instructions to follow-up with your physician to have them taken out in the clinic. Some stitches do not need to be removed as they dissolve on their own.

Supporting your incision with your hands or a pillow whenever you cough, laugh or move, will help prevent unwanted pain or strain on your incision.

While you are in bed, it is important to change your position every hour. This movement will help prevent stiffness and promote recovery. Your nurse will assist you up at the side of your bed the day of your surgery. You may feel dizzy the first time you get up. As soon as you are able, you will be encouraged to get up and walk. The sooner you start, the sooner you will feel better.

Patients who deliver by caesarean section may receive spinal Morphine or “epimorph” that will control your pain for 18-24 hours after delivery. In some instances, PCA (Patient Controlled Analgesia) pumps or intramuscular and/or subcutaneous injections (needles) are required instead. Your nurse will give you a Self-Medication package 24 hours after delivery. Be sure to take the pain medication as recommended (Refer to Self-Medication instructions on p. 37).

This will promote comfort and healing and allow you to care for your baby.

During the 2nd and 3rd day you may also have gas pain. To help manage the gas:

- Walk as much as possible
- Avoid carbonated drinks (pop)
- Avoid using straws

- Lie on your left side when in bed
- Drink lots of fluids
- Increase the fiber in your diet by choosing whole grains, bran and fresh fruit and vegetables

### **Deep breathing**

This is an important exercise to help maintain good air entry to your lungs:

- Lie on back with knees bent and feet flat on the bed
- Place hands or a small pillow on the abdomen
- Breathe in deeply through your nose, allowing your abdomen to rise
- Breathe out slowly through your mouth

### **Incision care**

- Your incision will be checked regularly by your nurse. If you have a dressing, it will be changed after you shower or as needed. After discharge you should gently wash your incision, rinse well, and pat it dry. Leave your incision open to the air. If you go home with steri-strips on your incision, shower as usual. The strips will come off on their own within a week; otherwise remove them by simply peeling them off
- You can expect some sharp abdominal discomfort for several days after your caesarean section. This may last up to a few weeks but it will become mild. You may notice the pain can be worse on one particular side
- Numbness in the incision will go away, but it may take several weeks or months
- Initially your incision may look bruised; this will go away in the first few weeks
- Due to the normal healing process, there may be a ridge of hardness under the incision. This will disappear in time
- Any time you have an operation there is a chance of infection. If you develop the following symptoms, contact your care provider:
  - Increasing pain or swelling around the incision
  - Increasing redness of the incision
  - Any discharge from the incision
  - Fever (greater than 38°C)

## Daily living after a caesarean birth

Ligaments become stretched and loose during pregnancy. It may take a few months for the ligaments to become strong again after delivery. The following suggestions can help conserve energy and prevent potential back problems:

- When getting out of bed, turn to your side and push up with your arms. To get back in bed, sit on the side of the bed, lie on your side and then roll onto your back
- Avoid excessive stair climbing for the first few weeks.
- If possible, arrange for household help before you go home
- Avoid lifting anything other than your baby
- To care for other children, sit down and allow them to climb up beside you
- When breastfeeding, establish good posture to avoid strain on your back – use a stool to raise your feet and have your baby well supported with pillows
- Work surfaces (e.g. change table) should be high enough to avoid the need for bending
- Avoid heavy housework such as vacuuming and carrying laundry for the first 6 weeks
- You can resume driving approximately 2 weeks after a caesarean section (once you can comfortably manage the brake pedal). Adjust your seat belt to avoid contact with the incision
- Resume sexual intercourse in 6 weeks

Although it is important to wait 4-6 weeks to resume more vigorous exercise routines, some exercises can begin soon after birth. For postnatal exercises to be most effective:

- Practice on a firm surface
- Exercise slowly and smoothly and avoid holding your breath
- Relax and breathe deeply between each exercise
- Avoid long, tiring sessions
- Gradually increase your exercise program. Avoid vigorous exercises such as jogging or skipping until after your 6 week postpartum check-up
- If you feel pain, stop exercising. Begin again only after the pain has stopped

## Breastfeeding

Breastfeeding is a learning experience for both mothers and babies. Please refer to the breastfeeding booklet from the Eastern Ontario health Unit (this comes in your patient information package from the hospital) for information and illustrations on how to breastfeed your baby.

- Breast milk is the perfect food for your baby. It has all the nourishment your baby needs for about the first 6 months of life (Breastfed babies should receive a Vitamin D supplement, ask your doctor for details)
- After 6 months of age, you are encouraged to keep breastfeeding while adding other nutrient-rich foods to your baby's diet
- Breast milk is easily digested and absorbed by your baby
- Breastfeeding helps to protect your baby against illnesses such as ear and respiratory infections, diarrhea and allergies
- Breastfeeding lowers the risk of childhood cancer, obesity and diabetes
- Benefits for mother include protection from breast and ovarian cancer and osteoporosis
- Breastfeeding is low cost, convenient and readily available
- Breastfeeding helps form a special bond between mother and baby
- Call Telehealth Ontario for breastfeeding support (24 hours a day/7 days a week): 1-866-797-0000

## Breast milk

**Colostrum** is the milk first produced in the early days after your baby is born. It is yellowish in colour and is rich in nutrients and antibodies.

Within the first week, colostrum changes into milk that is whitish in colour. The milk your baby gets at the beginning of the feed is called **foremilk**. This quenches their thirst. As your baby continues to feed, he/she will get the **hind-milk** that is richer and higher in fat. This helps your baby grow and feel full and satisfied.

## Getting started

- It is important to be relaxed and comfortable when feeding your baby
- Make sure you have gone to the washroom, changed your pads, taken your pain medication if needed and are comfortably positioned

- Visitors are wonderful, but your baby’s feedings come first. If you don’t feel comfortable breastfeeding in front of your visitors, have them wait in the lounge or ask them to visit at another time.

### **Promoting breastfeeding success in the early days**

- Breastfeed your baby frequently from birth. Babies usually breastfeed every 2 or 3 hours throughout the day and night (8 – 12 times or more in 24 hours)
- Breastfeed your baby “on cue” before they reach the crying state.
- Infant feeding cues include:
  - Sucking, rooting, licking, hand to mouth motions
  - Waking, stirring, stretching, soft cooing
  - Rapid eye movements
- Having your baby with you in your room while in hospital will help you become familiar with your baby’s cues
- Position your baby skin-to-skin at your breast. Good position and latch are essential for your milk production, for baby’s growth and the prevention of sore nipples, engorgement and breast infections. Refer to the illustrations in the breastfeeding booklet from the Eastern Ontario Health Unit.



- Feed your baby from each breast for as long as he/she wants. Let the baby finish the first breast before switching sides. This could take up to 15 to 20 minutes
- **Alternate** the breast you start with at each feeding. This allows each breast to produce lots of milk
- If your baby is sleepy, gently wake him/her to breastfeed at least **every three to four hours** until he/she has regained the birth weight
- Give your baby only breast milk. No extra fluids or foods are needed for most breastfed babies in the first 6 months of life
- If the baby's care provider indicates that there is a medical reason for supplementation, this will be discussed with you. Some reasons your baby may need a supplement include:
  - mother has a severe illness
  - mother is taking medication that is contraindicated with breastfeeding
  - hypoglycemia (low blood sugar) that does not improve after breastfeeding
  - excessive weight loss
  - dehydration: when your baby is not drinking enough
- If your baby is not able to breastfeed, or is not actively stimulating your breasts, your nurse can show you how to use the double electric breast pump or to hand express to encourage your milk supply. You may be encouraged to pump every three hours to maintain your milk supply until your baby is feeding better
- It is also important that you keep your follow-up appointments with your care-provider who is knowledgeable in breastfeeding, so your baby's weight and your milk supply can be monitored.

### **Cluster feedings & growth spurts**

Sometimes babies may want to feed more frequently and for shorter periods of time. This is called "cluster feeding" and often occurs in the evening hours.

This may mean your baby is going through a growth spurt. Growth spurts usually happen around 3 weeks, 6 weeks, 3 months and 6 months of age.



## Vitamin D

A vitamin D supplement (10ug/drop or 400 IU/drop) is recommended for all full term infants who are breastfed. Supplements should continue until the baby's diet provides a source of vitamin D.

For infants receiving formula, vitamin D is already added, no supplement is needed.

## Bottle feeding

- If you have made a decision to formula feed your baby, use a store-bought iron-fortified infant formula until your baby is 9-12 months of age
- The formula should be cow's milk-based unless your baby's care provider has advised you otherwise
- Your nurse will provide you with information on how to sterilize, prepare and store your baby's bottles, as well as how much they should take each feeding. See chart below for a sample feeding guide.

Formula feeding guide (Birth – one year)

Age	# of feedings	How much per feeding
Birth - 3 weeks	10 - 8	1-3 oz. (30-100 ml)
4 -12 weeks	8 - 6	4-5 oz. (125-150 ml)
4 - 7 months	6 - 5	5-7 oz. (150-225 ml)
8 - 12 months	4 - 3	6-8 oz. (200-250 ml)

## Breast care for bottle feeding mothers

Even though you have chosen to bottle feed your baby, your breasts will begin to make milk. As a result, you may experience hard, painful, swollen breasts 2 or 3 days after your baby's birth. This is called **engorgement**. It can take several weeks for the breasts to stop producing milk.

For comfort, you may try the following:

- Wear a supportive bra, even at night
- Apply ice packs (wrapped in a towel) for 15 minutes at a time to reduce swelling and pain in your breasts
- Add cotton breast pads to your bra if your breasts leak milk
- Avoid breast stimulation (do not express your milk)
- Take pain medication as ordered by your care provider

## **Waking a sleeping baby**

Babies feed best when they are awake but drowsy. Most babies will be very alert and eager to feed during the first few hours after birth, but may become sleepy after that and remain sleepy until they are about 24 hours old. Even though your baby is sleepy, the nurse will encourage you to attempt to wake and feed your baby every three to four hours, if they do not cue to feed on their own.

Here are some ways you may wake a sleeping baby:

- Undressing the baby
- Changing the diaper
- Putting the baby skin-to-skin with you
- Gently stroking the baby's back, arms, and legs
- Talking to the baby
- Sitting the baby up and attempting to burp

## **Safety**

Your baby's safety depends completely on you and the rest of the family since babies are unable to recognize danger themselves. They must be protected from anything that can harm them. Parents constantly have to be aware of potentially dangerous situations and create a safe environment.

In Hospital:

- You and your baby will be given matching identification bracelets. **Do not** remove these identification bracelets for security reasons
- Never leave your baby unattended in your room
- You may walk around the Post-Partum Unit with your baby; however, babies should always be transported in their bassinets in the hallway. For safety and security reasons we ask that you do not take your baby out of the Maternal/Child or postpartum units until discharge home.

If a staff member asks to take your baby out of your room:

- Always check their employee identification badge
- Ensure that they verify the identification numbers on your bracelet and your baby's bracelet (even when returning the baby)

## **In the car**

- It is the law in all provinces that infants travel in vehicles secured in a rear-facing seat that meets Canada Motor Vehicle Safety Standards (CMVSS 213.1)
- Read the car seat manufacturer's instructions and your vehicle owner's manual to ensure you are using your car seat properly (i.e. rear facing, correct location for your car, etc.)
- Keep your infant rear-facing for as long as practical or until they reach the maximum weight indicated by the car seat manufacturer (some car seats may allow your infant to ride rear facing for up to 35 lbs.; refer to car seat manufacturer's instructions)
- Do not use a car seat that has been in an accident. Car seats are one collision items.
- Rear-facing car seats should **never** be placed in the front seat of a car equipped with air bags
- The middle position in the back seat is considered to be the safest place for your baby, but not every car can accommodate this position. Check with your vehicle owner's manual.
- Call the Community Information Centre (211) for car seat information or visit "S.E.A.T.S for Kids" ([www.seatsforkidscanada.com](http://www.seatsforkidscanada.com)) for upcoming car seat clinics or call Healthline at 1-800-267-7120

## **At home**

- There should be no smoking indoors where there is a newborn or other small children. If you are a smoker and interested in quitting, you can contact the smokers' helpline: 1-877-513-5333 or your local health unit
- Never leave your baby unattended on a bed, counter, change table, couch or high place. A baby left unattended, even for a moment, can fall
- Never leave your baby unsupervised with pets
- Provide a safe sleep environment. Always avoid soft mattresses, pillows, comforters, toys, and bumper pads in the baby's crib. These items can reduce proper air circulation around the baby's face and may contribute to Sudden Infant Death Syndrome (SIDS)
- It is recommended that your baby be placed on their back to sleep
- There is evidence to suggest that babies who sleep on their tummies are at greater risk for SIDS. Babies who sleep on their back are **not** more likely to choke

- Plagiocephaly (flat head) can occur when babies are placed on their back to sleep. It is important to change their head position during the first six months to avoid this. Alternate the position each time your baby is put to sleep (i.e. turn the head one time to the left, the next time to the right). When your baby is awake and being watched, some “tummy time” is necessary to strengthen your baby’s head and neck and promote infant development
- Babies need to be warm, but they should not be hot for sleeping. If the room temperature is right for you, it is right for your baby too. Check your baby by placing your hand on the back of his/her neck. Your baby should not be sweating.
- A safe sleep environment is free of extra items in the crib, cradle or bassinet other than the mattress and fitted sheet

## **Bathing**

Bathing your baby should be an enjoyable and relaxing time for you and your baby and it is an excellent time for you to socialize with your baby and to take a closer look at your baby’s body. You may feel “all thumbs” at first, but you will become comfortable with time. As the baby grows, bath time also becomes a time for play and exercise. Tub bathing and sponge bathing are both acceptable ways to bath your newborn baby.

## **Safety**

- Never leave your baby alone in the bath. If you must leave the room, take your baby with you
- Do not add warm or hot water to the bath while your baby is in it
- Always support your baby’s head and neck. Hold the two heaviest parts, the head and the hips
- Keep the baby’s towel and washcloth for his/her use only

## **When to Bath Your Baby**

- Wash your baby’s face, hands, genitalia and bottom every day
- Daily bathing can cause dry skin. Bath your baby every two-three days
- Bathe your baby when it is convenient for you but not right after a feeding as this may cause your baby to spit up
- If you have other children, this may be a good opportunity to let them help

## **Preparing**

You will need:

- Basin
- Mild, non-perfumed soap/ baby soap or baby wash. We do not recommend any perfumed lotions, powders or cornstarch, as these are unnecessary and may irritate your baby's delicate skin
- Baby shampoo or baby wash for the hair. Only use a small amount because it can cause dryness
- Washcloth and towels
- Comb and a hairbrush with soft bristles
- A change of clothes and a fresh diaper
- Make sure the room is warm, with no drafts
- Remove sharp rings, watches or bracelets
- Wash your hands
- Arrange your equipment near the basin
- Spread out the towel so it is ready for your baby
- Fill the basin with warm water and test the temperature with the inside of your wrist

## **Sponge bath**

The best way to bathe your baby is to start at the top and work your way down. Your baby should be bathed quickly to prevent chilling.

### *Eyes and face*

- Clean with a cloth and water, no soap
- Wipe from inside to outside corner of the eye
- Use a different part of cloth for each eye. This will prevent spreading an infection from one eye to the other

### *Nose*

- Wipe the outside of the nose with a face cloth. Never stick anything into your baby's nostrils.

### *Ears*

- Wash with a face cloth
- Wash and dry well behind the ears

- Never use cotton tipped swabs. You may push the wax further into the ear canal (The wax will naturally work its way out)

### *Hair*

- Wash your baby's hair once or twice a week
- Wrap your baby in a towel and hold your baby under your arm (football hold) with your baby's head and back well supported and his or her face upward
- Standing over the basin, use the cloth to wet your baby's hair. Use a mild soap or shampoo
- Lather, rinse well and gently towel dry. Comb or brush gently

### *Body*

- Use your hands or a cloth
- Use a mild soap
- Start with your baby's neck and chest and work your way down the body
- Make sure you wash, rinse and dry all creases. Pay special attention to the creases at the neck, armpit and groin areas
- Supporting the head and neck, turn your baby onto his/her tummy and wash the back
- Rinse well and dry
- Continue on and wash your baby's legs and feet
- Dry well

### *Cord*

- Refer to cord care information (p.23).. After the bath be sure to dry the cord as much as possible

### *Genitalia*

- Female: gently wash and dry from front to back. Then wash and dry baby's bottom, also from front to back
- Male: gently wash and dry the penis and scrotum, then wash and dry baby's bottom. Do not push the foreskin back. Refer to "Care of the Foreskin" or "Circumcision" in this booklet (p.26).

### *Nails*

- It is easiest to cut baby's nails when the baby is asleep. Using fine scissors or baby clippers, carefully cut the nails straight across. A nail file can also be

helpful. Keeping your baby's nails short will help prevent scratches on your baby's face. Small mittens or socks will also help

### **Tub bath**

For safety reasons it is best to use a baby bathtub.

Fill the baby's bathtub with warm water to about eight centimeters (three inches) deep and check water temperature. Slowly lower the baby into the tub supporting him or her with your arm and keeping a firm grip with one hand. (There are many bath aids on the market to make this easier.)

Wash the baby as you would for a sponge bath, paying special attention to the creases. Rinse well, then lift the baby out of the tub and dry immediately with a large towel. Check the skin folds for any sign of irritation and dry these areas carefully. Remove wet towels and dress the baby quickly for warmth.

If you would like to practice bathing your baby while in hospital, your nurse would be happy to help you.

### **Skin care**

Most babies have sensitive skin. Almost every baby gets a fine pink or red rash now and then. This is especially true when the skin is irritated. This can happen when your baby rubs against the bedclothes or sheets, or when the baby is very warm. Almost all of these fine skin rashes disappear quickly. If your baby has a rash or skin condition that persists, contact your baby's care provider.

### **Cord care**

Immediately after birth, your baby's umbilical cord is blue-white in colour. The plastic clamp put on the cord right after birth should remain in place until the cord dries up, darkens and falls off on its own sometime between the first and third week.

Never pull on the cord. Let it fall off by itself. When it does, it will leave a small raw area. It may have a small amount of bleeding but will heal quickly.

Keep the cord as dry as possible. No special cleaning of the cord is required. You may hear information telling you to use alcohol on the cord.

Current research shows the cord dries and heals faster if no alcohol is used.

If you choose to tub bath your baby instead of sponge bath, be sure to dry the cord thoroughly using a cotton tipped swab. Fold down the front of the diaper to expose the cord, allowing it to dry more easily.

If the cord appears to be red, smells funny, or has a discharge, contact your baby's care provider.

## **Diapering**

This is a perfect time for sharing special moments with your baby. You can sing or talk to him/her while you change the diaper. Choose a flat comfortable area that has no drafts. If you use a table, **ALWAYS KEEP ONE HAND ON YOUR BABY**. It only takes a second for a baby to fall.

With every diaper change, wash your baby's bottom with warm water or baby wipes. If the baby has had a bowel movement, clean with soap and water. After drying the baby's bottom, apply a thin layer of cream to protect the baby's skin.

If you are using disposable diapers, place your baby on an open diaper with the tapes at the back under your baby. Bring the front of the diaper up between baby's legs and fold down the top edge so that the diaper is below the level of the cord. This helps to keep the cord dry. Open tapes and press firmly into place over the folded edge. **Wash your hands after every diaper change.**

## **Signs and symptoms of dehydration**

Signs and symptoms of dehydration vary greatly in newborns. Some of the warning signs may include a dry mouth and lips, abnormal drowsiness or lethargy and/or fewer wet diapers (See 'Wet & Dirty Diaper Chart' p. 25). Call your baby's doctor or visit your Emergency Department if you are concerned about your baby.

## **Urine**

Initially, your baby should have a wet diaper in the first 24 hours. Gradually, the number of wet diapers will increase as your baby feeds more. A newborn's urine is usually light yellow, with almost no smell. If your baby is having too few diapers (see chart on the following page), or if the urine is very dark and concentrated, call your baby's care provider.

## **Stools**

Your baby's stools will first be black, thick and sticky (called meconium) and then will change to greenish-yellow and then yellow or brownish-yellow.



Breastfed baby's stools will turn yellow to yellowish-green, be semi-formed, often loose and curdy or like a pea-soup texture.

Bottle fed baby's stools will turn pale yellow to brownish-yellow, be more formed and drier.

One of the easiest ways for new parents to feel reassured that their baby is receiving enough nutrition is by keeping track of the baby's wet and dirty diapers. The following is a chart (see next page) that shows how your baby's diapers will change over the first week and beyond. (You can record your baby's diapers in the chart located on the last page of this book.)

### Wet and dirty diaper chart

Baby's Age	Wet diapers each day	Dirty diapers
1 day old	<ul style="list-style-type: none"> <li>At least <b>1</b> wet diaper (A wet diaper feels like at least 2 tablespoons or 30ml of water poured on a dry diaper.)</li> </ul>	<ul style="list-style-type: none"> <li>At least <b>1-2</b> sticky dark green/black stools</li> </ul>
2 days old	<ul style="list-style-type: none"> <li>At least <b>2</b> wet diapers</li> </ul>	<ul style="list-style-type: none"> <li>At least <b>1-2</b> sticky dark green/black stools</li> </ul>
3 days old	<ul style="list-style-type: none"> <li>At least <b>3</b> heavy diapers (A heavy diaper feels like at least 4-5 tablespoons or 60-75 ml of water poured on a dry diaper.)</li> </ul>	<ul style="list-style-type: none"> <li>At least <b>2-3</b> brown/green/yellow stools</li> </ul>
4 days old	<ul style="list-style-type: none"> <li>At least <b>4</b> heavy diapers</li> </ul>	<ul style="list-style-type: none"> <li>At least <b>2-3</b> brown/green/yellow stools</li> </ul>
5 days old	<ul style="list-style-type: none"> <li>At least <b>5</b> heavy diapers</li> </ul>	<ul style="list-style-type: none"> <li>At least <b>2-3</b> stools, getting more yellow</li> </ul>
6 days old +	<ul style="list-style-type: none"> <li>At least <b>6</b> heavy diapers</li> <li><b>At all ages, urine should be clear to pale yellow with almost no smell.</b></li> </ul>	<ul style="list-style-type: none"> <li>At least <b>2-5</b> large yellow stools</li> <li>Stools can be soft like toothpaste or seedy and watery</li> <li>After 6 weeks, some breastfed babies may have 1 VERY large yellow stool every 1-14 days. This is normal as long as the stool is soft and the baby is healthy. It is also normal for some breastfed babies to have many stools each day.</li> </ul>

## Care of the foreskin

The outside of the penis can be washed with the rest of your baby's bottom at each diaper change. The area underneath the foreskin does not need to be cleaned until the foreskin can be easily retracted.

The foreskin will gradually loosen over a period of years and should be left alone until it can be easily pulled back. **NEVER FORCE THE FORESKIN BACK.** Forcing it back may harm the penis and cause pain, bleeding and possible scarring.

When the foreskin is easily retractable (age 3-4 years), it should be gently pulled back to allow the glans to be cleaned with soap and water. Always bring the foreskin back to its normal position after washing.

## Circumcision

The Canadian Pediatric Society does not recommend routine circumcision for newborn baby boys. The procedure is no longer covered under OHIP and there will be a hospital and physician fee for the procedure. This procedure is also available in the community.

Circumcision is a surgical procedure performed by a physician to remove the layer of skin that covers the head of the penis (called the foreskin). Local anesthetic is provided. If you choose to have your baby circumcised, speak to your nurse and he/she will help make arrangements before discharge from the hospital. Consent is required for the procedure.

## Care after a circumcision

Avoid touching the area unless it has become soiled. Gently pat dry and apply a large amount of Vaseline around the tip of the penis to keep it from sticking to the diaper. If the circumcised area does stick to the diaper, **do not** pull the diaper off – soak it off with water. Following the circumcision, a few drops of blood may be seen on the diaper. This is normal.

The circumcised area will have a yellow covering within 24 hours. This covering is normal. **Do not try to clean it off.** It will disappear within 2 or 3 days. It may take up to 7 to 10 days for the penis to completely heal.

Contact your baby's care provider if any of the following occur:

- Excessive bleeding from the circumcision site
- Persistent redness, swelling or odour
- If your baby develops a fever

### **Taking your baby's temperature**

When you are discharged home, it is not necessary to check your baby's temperature regularly unless you suspect your baby is ill.

The American Academy of Pediatrics (AAP) and the Canadian Pediatrics Society (CPS) do not recommend the use of glass mercury thermometers due to the risk of exposure to mercury if the thermometer breaks. Digital thermometers are recommended to check your baby's temperature.

(Tympanic or ear probe thermometers are only recommended for children 2 years old and up.)

Refer to the CPS for tips of taking your babies temperature:

<http://www.caringforkids.cps.ca/whensick/Fever.htm>

Axillary temperature (armpit):

Follow the instructions to turn on the digital thermometer

- Place the tip under your baby's arm (in the armpit parallel to baby's body)
- Hold your baby's arm against his/her body until the thermometer beeps. The digital thermometer will display the baby's temperature automatically
- Normal axillary temperature is 36.5 °C to 37.4 °C
- \*If the baby's temperature is >37.5 °C, contact your baby's care provider

### **Pacifiers and soothers**

Babies have an intense need to suck and some seem to need this more than others. Some will suck their thumbs or fingers, even before birth. Sucking can sooth and comfort a baby when he or she is distressed.

Use of a pacifier should be avoided until your newborn is latching effectively and you have a good milk supply established, approximately 4 – 6 weeks.

If used in early weeks, it may lead to ineffective suckling at the breast, decreasing the amount of time at the breast and therefore decreasing mom's milk supply.

Pacifiers can be used for short periods of time to calm a fussy baby, but not in place of feeding, comforting, or cuddling.

- NEVER attach to any string or ribbon long enough to go around his/her neck
- NEVER dip it in sugar or honey
- NEVER use a homemade pacifier
- ALWAYS check for cracks or tears
- STERILIZE by boiling for 5 minutes and then cool before giving to baby
- DO NOT attempt to clean the pacifier by licking it yourself. This may spread germs to your baby

### **Mouth care**

You should start to clean your baby's mouth soon after birth, to help develop good dental habits even before your baby's first teeth appear. Wipe your baby's gums with a soft wet, clean cloth every day. Once the first teeth appear, continue to use a wet cloth or a soft tooth brush. Breast milk, formula and juice all contain sugar, which if left in contact with teeth, can cause tooth decay.

### **Coughs, sneezes and spitting up**

Your baby will try and get rid of some of the mucous that he/she was born with and which was not expelled at the birth. This is done by sneezing, coughing and sometimes spitting up. It occurs after a feeding and is normal.

Try not to handle your baby too much after feeding and allow a lot of time to burp your baby after the feed.

### **Burping**

Try burping your baby after each breast if breastfeeding or after every ounce (30 mL) of formula if bottle feeding. Breastfed babies do not always burp after the first breast. There are 2 positions for burping:

### **Shoulder position**

- Put a receiving blanket or burp cloth over your shoulder
- Put your baby up so that your baby's chin rests on your shoulder
- Gently pat or rub upwards on your baby's back
- Sitting position
- Sit your baby on your lap
- Hold your baby's head in one hand with your thumb and index finger on the cheeks in front of their ears, and the chin resting between them
- Sometimes just changing your baby's position will cause a burp. If your baby doesn't burp after a few minutes of trying, don't be concerned. Try again later.
- Ask your nurse to show you the positions. Remember that you are likely to feel awkward until you have practiced burping for a few weeks.

### **Spitting up**

Your baby may spit up a small amount of milk when burping after feeds. This is normal. Try not to over handle your baby after feeding. Frequent burping and smaller feedings may help. If your baby is consistently spitting up, or you are concerned about the amount of milk your baby is spitting up, contact your baby's care provider.

### **Hiccups**

Hiccups are common and are not harmful. For the first few months, hiccups are common following a feeding. If hiccups distress your baby, then try burping him/her in the sitting position. A few sips of breast milk (if you are breastfeeding) or cooled boiled water (if you are bottle feeding) may help to settle hiccups.

### **Sneezing**

Sneezing is common in newborns, but it is rare for newborns to get a cold in the first six weeks of life. Babies are unable to blow their noses and sneezing is how they help to clear their nasal passages.

### **Vomiting**

Vomiting is not the same as spitting up or regurgitation. Vomiting may or may not be forceful. Contact your baby's care provider if your baby is vomiting.

## **Crying**

Newborn babies cry a lot during the first few months. Crying is the only way for babies to communicate their needs to those who care for them. Babies cry for many reasons – they may be hungry, tired, bored, hot, cold, ill, need a diaper change, need to be burped, or may be overstimulated. Occasionally your baby will cry despite all the things you do to try to help. Try to stay cool, calm and relaxed. A crying baby can make you feel helpless, frustrated and even angry. This is a natural response. You will soon learn to interpret your baby's crying and how to respond. Remember, you will not spoil your baby if you pick them up to comfort them. Please watch "Purple Crying" video.

## **Infant Colic**

There is nothing more upsetting than a newborn baby who won't stop crying. A baby who cries inconsolably for hours, even after being fed, changed, burped and cuddled, is said to have Colic.

No one really seems to know what causes Colic. Colic usually starts about 2 or 3 weeks after birth and finally stops when the baby is about 3 or 4 months of age. For a baby to be called 'Colicky', it is necessary that he/she be gaining weight well and be otherwise healthy. It is important for new parents to visit the baby's care provider to rule out any other medical problems.

The reason why some babies develop Colic is not known, but it may be due to:

- Difficulty burping after feeding
- Overfeeding
- Air swallowing
- Immaturity of the central nervous system
- Overactive milk ejection reflex (let-down)
- Overstimulation

## **Tips for a crying baby**

- Your baby may be hungry. Observe for feeding cues, such as sucking noises, and an open mouth (rooting)
- Check for wet or dirty diapers
- Change baby's position
- Check the room temperature. It is too hot or too cold? Perhaps the baby is over or under dressed
- Give the baby a massage
- Talk softly or sing to your baby

- Take the baby for a walk or a car ride
- Wrap your baby in a receiving blanket or in a snugly against your chest
- Lower the noise and light levels

If these ideas don't work, then speak with your baby's care provider.

## **Jaundice in the newborn**

### ***What is jaundice?***

Jaundice is common in newborns and occurs when there is too much bilirubin in the blood. Bilirubin is a normal pigment made when red blood cells break down. If there is too much bilirubin or the liver is not getting rid of it quickly enough, the jaundice increases. This can make the baby's skin and the whites' of the eyes look yellow, although it is not easy to see in all babies.

Jaundice affects babies of all races and ethnicities.

### ***Is jaundice harmful?***

Most jaundice is normal and not harmful. It usually develops during the first 3 to 5 days of life. In very few babies, the blood level of bilirubin rises to a dangerous level which can cause harm to the brain. This is a very rare condition called kernicterus.

### ***Are some babies at more risk of developing jaundice?***

All babies are at risk for developing jaundice, but jaundice is more likely to develop in babies:

- born prematurely (before 37 weeks)
- bruised during birth
- with a sibling who had newborn jaundice
- whose mothers are Rh negative and /or have type O blood
- of Middle Eastern, East Asian, African or Mediterranean background
- who have a G6PD gene deficiency

### ***How can I tell if my baby has jaundice?***

Before your baby is discharged, a blood test for bilirubin will be done by taking a small blood sample and performing a simple test. This is more accurate than observing the baby's skin colour or other symptoms. Some babies may require more than one blood test if the result is 'borderline'.

### ***How is jaundice treated?***

Special blue lights, called phototherapy, are used to lower the bilirubin level quickly and safely. Your baby's eyes are protected with eye pads while the baby is under the lights. In order to expose as much skin as possible to the lights, only a diaper is worn. During phototherapy treatment, extra fluids may be necessary, such as more frequent breastfeeding. Phototherapy is safe, but it is only used when needed. Usually 12-24 hours of treatment is enough to lower the bilirubin levels.

### ***Phototherapy in your room***

While your baby is receiving phototherapy at your bedside, please follow the instructions below.

- Keep the curtains down over the phototherapy unit
- Dress your baby only in a diaper
- Keep the eye shields on your baby while the lights are turned on
- The lights can be turned off and the eye shields removed during feedings
- Your baby should be kept a maximum of 45 minutes away from the lights at each feeding
- If your baby is having difficulty settling after a feeding, please call your nurse and she will assist you
- Please do not leave your baby alone in your room while he/she is receiving phototherapy. Call your nurse if you need to leave
- Your nurse will be checking your baby frequently. Do not hesitate to call her if you have questions or concerns.

### ***Taking your baby home***

It is recommended that you take your baby to see a doctor or other health care provider within 24 – 48 hours after discharge from hospital. If you are breast-feeding, your baby is doing well if he/she is feeding at least 8 times in 24 hours and is having enough wet diapers based on his/her age. Call your doctor if your baby shows any of the following symptoms:

- refuses breastfeeding or bottle feeding
- is sleepy all the time
- Excessive weight loss
- Significant decrease in number of wet diapers



If you are concerned your baby is unwell and you cannot reach your doctor go to the Emergency Department at the Hospital closest to you.

### **Other important things to know about your baby**

- Puffy eyelids are normal and will disappear
- A slight white discharge from your baby's eyes should disappear. If it persists or turns yellowish, call your baby's care provider
- You may see tiny, white spots (milia) on your baby's nose and cheeks. These are normal and will disappear on their own
- Some weight loss in the first week is normal: If you have any concerns about your baby's weight, or if your baby is not feeding well, call your baby's care provider
- Your baby's face and head may be red or bruised. This is caused by the birth and will take a few days to heal
- Your baby may have some molding on its head: It will return to its normal shape after a few days. It may appear elongated. This happens to allow the baby's head to fit through the birth canal.
- Once breastfeeding is well established and your milk is in, your baby should start to gain weight.
- Your baby should return to birth weight by about 2 weeks of age.
- Your baby's breathing may be noisy, fast, shallow and sometimes irregular
- When your baby startles, this is a normal reflex that will disappear in 2-3 months
- Swollen scrotum and breasts in boys, and swollen labia and breasts in baby girls, is normal and caused by mom's hormones during pregnancy. It usually disappears within several weeks
- Newborn girls may have slight bleeding from their vagina in the first few days. This is normal and will disappear

### **Discharge**

- Before leaving the hospital with your baby, you will need to sign a form indicating that your bracelet and baby's bracelets have matching I.D. numbers
- You will need to return your baby's health card form to your nurse before leaving the hospital, keeping the bottom portion with you – you will need this for your baby's first appointment with his/her care provider
- Your baby should have a blood test (**Newborn Screening**). Ask your nurse for more information.

- Your baby's hearing should be tested. After discharge, you will be contacted to have a hearing test for your baby. If you are not contacted, please call:  
**1-866-432-8447**

We wish you well as you leave our care. The next few months will be filled with many emotions and new experiences as you adapt to parenthood. Being a parent is a combination of hard work and great rewards. Be patient and understanding with yourself. Ask for help when you need it. Above all, remember to enjoy your new baby.



## Follow-up after discharge

### ***For mom:***

- Call your doctor to make a follow-up appointment for 6 weeks

### ***For baby:***

- Your baby should see his/her doctor within 2-3 days after discharge from hospital. Please call your doctor to arrange this appointment

With your consent, a Public Health Nurse from the Eastern Ontario Health Unit (EOHU) will be visiting you in the hospital between Monday and Friday to complete an assessment and offer services depending on your needs. If you are being discharged on the weekend a WDMH nurse will complete this assessment. You will also receive a postpartum package from the EOHU with information on comforting your baby, infant nutrition, child development, infant safety, the importance of play, parent self-care, and resources that are available in the community. For more information, please visit the EOHU website at [www.eohu.ca](http://www.eohu.ca). If at any time you need assistance do not hesitate to call 1-800-267-7120, and ask for Health Line.

*For moms who live outside the EOHU region, a phone number for your health unit can be found on the back of the “Tips for New Parents” pamphlet in your postpartum package.*

## **Finding a Family Physician**

If you do not have a family physician or you are having difficulty finding one, go to the following website to locate family physicians accepting new patients in your area:

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

Site instructions:

Choose: English or French

Search: Health Care Connect

Scroll down to: How Can I Find a Family Doctor?

Click on: Health Care Connect and follow the prompts.

## Information on the Internet

Are you looking for information on the Internet? Here are some websites with information about breastfeeding, parenting and safety:

- Canadian Paediatric Society: [www.caringforkids.cps.ca](http://www.caringforkids.cps.ca)
- Government of Ontario: [www.gov.on.ca](http://www.gov.on.ca)
- Health Canada: [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)
- Breastfeeding: [www.la lecheleague.org](http://www.la lecheleague.org)
- The Canadian Lung Association (Smoking Cessation): [www.lung.ca](http://www.lung.ca)
- Formula Preparation: [www.ottawa.ca](http://www.ottawa.ca)
- Medication & Breastfeeding: [www.motherisk.org](http://www.motherisk.org)
- Ontario Early Years Centres: [www.ontarioearlyyears.ca](http://www.ontarioearlyyears.ca)
- Ottawa Young Parents: [www.ottawayoungparents.com](http://www.ottawayoungparents.com)
- Child Safety: [www.safekidscanada.ca](http://www.safekidscanada.ca)
- Postpartum Depression: [www.postpartum.org](http://www.postpartum.org)
- Positive parenting information: [www.mytriplep.ca](http://www.mytriplep.ca) or 1-844-362-8593 or email: [info@mytriplep.ca](mailto:info@mytriplep.ca)

## Telephone numbers

EOHU	(613) 933-1375 (Cornwall) (613)-774-2739 (Winchester)	1-800-267-7120
Telehealth Ontario	1-866-797-0000	
Poison Control Centre (Hospital for Sick Children)	1-800-268-9017	
Motherisk Helpline	(416) 813-6780	
Distress Centre of Ottawa	(613) 238-3311	(24 hours a day)
Assaulted Women's Helpline	1-866-863-0511	
Smokers' Helpline	1-877-513-5333	
La Leche League	(613) 238-5919	
Mothers Offering Mothers Support (MOMS) – Postpartum Depression	(613) 565-2467 x 410	

## **Post-Partum Self Medication Program**

This program allows you to have some routine medications at your bedside so you are able to take them when you need them.

These medications are for **your use only** and will be given to you by your nurse and can be kept in your bedside table drawer.

### **Do not let children near medications.**

Your nurse will discuss your pain control and medication requirements to ensure your needs are met.

**NOTE: Good pain control is very important to your healing process**, be sure to let your nurse know if your pain is not under control.

## **How to use the Self Medication Program**

Your 24 hour medication supply includes each of the following medications:

- **Acetaminophen** (“Tylenol”; pain pill)
- **Ibuprofen** (“Advil”; pain and inflammation pill)
- **Docusate Sodium** (“Colace”, stool softener)

## **Self-Medication Administration Record**

Every time you take your medication, write the **TIME** and **DATE** in the box under the appropriate medication column on the Self Medication Administration Record.

If you have any questions about your medications, talk to your nurse, pharmacist or physician.

When you leave the hospital please **return your Self Medication Administration Record** and unused medications to your nurse.

**ACETAMINOPHEN - 500 mg**  
**(Also known as TYLENOL®)**

**PAIN MEDICATION** – acetaminophen is used to treat pain. It is safe to take while breastfeeding. The pill will usually start to work 10 - 60 minutes after you take it.

If the acetaminophen does not seem to help your pain, tell your nurse and she may give you a different pill for pain.

You may take **2** acetaminophen 500 mg every 4 hours. No more than 12 tablets daily is recommended because too much acetaminophen can cause serious problems to the liver and kidneys.

**IBUPROFEN - 200 mg**  
**(Also known as Motrin® and Advil®)**

**PAIN MEDICATION:** Ibuprofen is used for pain and inflammation. It is safe to take while breastfeeding. The pill will usually start to work 10 – 60 minutes after you take it.

If the Ibuprofen does not seem to help your pain, tell your nurse and she may give you a different pill for pain.

You may take **2** Ibuprofen 200 mg every 4 hours. No more than 6 tablets daily is recommended. This medication may cause stomach cramps or heart burn. Taking Ibuprofen with food or milk will reduce these problems.

NOTE: You may take acetaminophen and Ibuprofen **together** every 4 hours for better pain control. If you are allergic or unable to tolerate acetylsalicylic acid (ASA) or drugs known as non-steroidal anti-inflammatory drugs you will not be given Ibuprofen for pain.

**DOCUSATE SODIUM - 100 mg (also known as Colace)**

Used to ease bowel movements. It is safe to take while breast-feeding. Take one capsule with breakfast and supper. Taking this medication with lots of water will also ease bowel movements.

### Keeping track of baby's intake and output

<p><b>Time</b> Record the time you change each diaper</p>	<p><b>Feeding</b> Note how long your baby nursed at each breast</p> <p>Record amount taken if using a bottle; 30mL = 1oz.</p>	<p><b>Urine</b> Mark an "X" for each wet diaper</p>	<p><b>Stool</b> Mark an "X" for each time the baby has a dirty diaper</p>
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<b>First 24 hours after delivery</b> <b>Date:</b>				<b>Second 24 hours after delivery</b> <b>Date:</b>				<b>Third 24 hours after delivery</b> <b>Date:</b>			
Time	Feeding	Urine	Stool	Time	Feeding	Urine	Stool	Time	Feeding	Urine	Stool
Totals				Totals				Totals			

## **REFERENCES**

Canadian Pediatric Society Website

Health Canada Website

Ottawa Public Health Website

SOGC, 2009: Healthy Beginnings. 4th Edition

World Health Organization: Baby Friendly Hospital Initiative

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