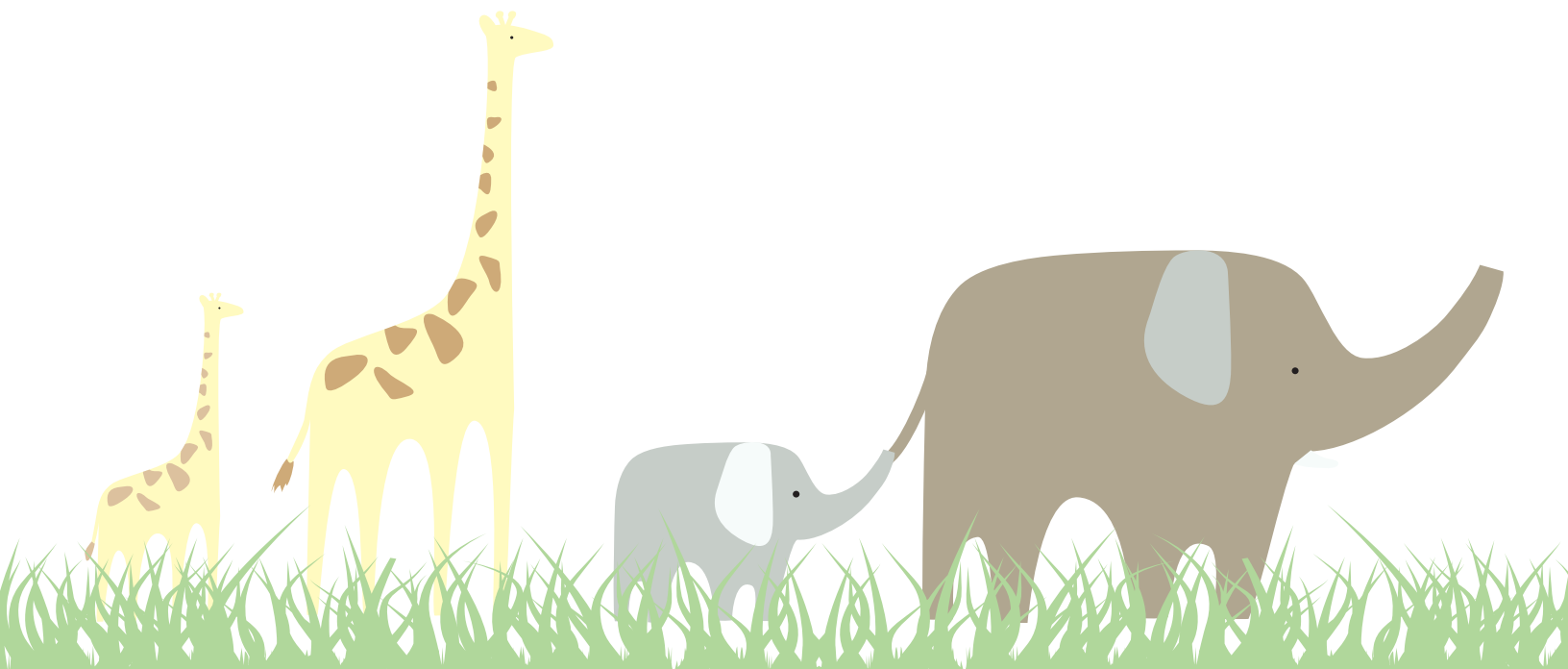


You and Your Baby A Parent's Guide





Sunnybrook Health Sciences Centre

Sunnybrook Health Sciences Centre, Women & Babies Program supports Family Centred Care and respects the important role of families. We respect different family lifestyles, beliefs, values and cultures.

This book will provide information and resources aimed at helping you to make informed decisions. Your questions are important. While you are in hospital please feel free to ask nursing staff and your healthcare provider (doctor, midwife or nurse practitioner). If you have questions after you leave the hospital ask your healthcare provider and/or public health nurse.

This booklet provides you with a summary of what you will have been taught by your health care providers or a reminder of what you already know.

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While you are in the hospital

If you had a vaginal birth your stay in hospital will be about 24 hours. If you had a caesarean birth, your stay in hospital will be about 48 hours. Your care providers will ensure that you and your baby are well and safe to go home before you are discharged.

Your nurse will be checking you regularly while you are in the hospital.

Here are some suggestions that can help you during your recovery from birth.

Taking care of yourself

Getting up

Please call your nurse the first time you wish to get out of bed because many women feel faint the first time they get up.

Your uterus

Gradually over the next few weeks your uterus will contract (shrink) back to its normal size and position. After delivery you can feel it just under your belly button and it's about the size of a grapefruit. It takes about 6 weeks to go back to its normal size.

Oxytocin is a hormone that your body makes and helps your uterus contract.

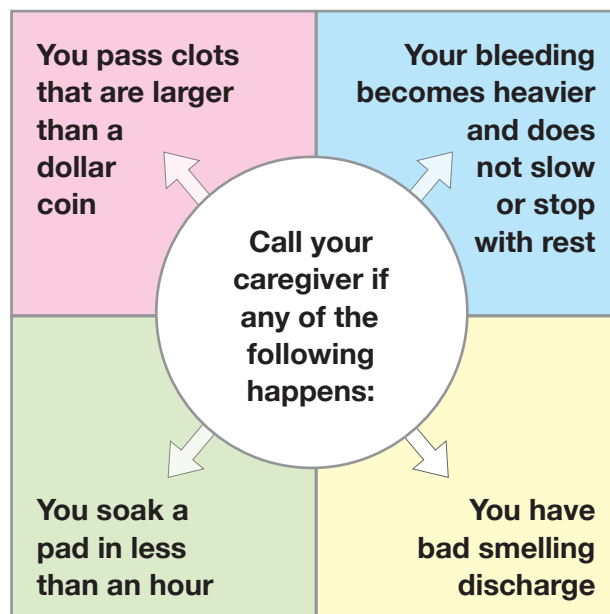


Vaginal discharge

After delivery, the contraction of your uterus removes extra blood and tissue. This continues for 2 to 6 weeks after birth.

The first day after delivery, bleeding can be heavy and bright to dark red in colour. Let your nurse know if you have any blood clots that are larger than a dollar coin.

A slight increase in bleeding is normal with a full bladder, during increased activity, and while breastfeeding.



Tear/episiotomy

As your baby is born, your perineum, the area between your vagina and rectum, stretches and sometimes tears. If the tear is small you may experience swelling, bruising and stinging. If the tear is large you will have had stitches and may experience increased pain.

Sometimes, an episiotomy is done. This is a small cut that makes more room for your baby to be born and requires stitches.

Stitches will dissolve on their own over the next 4-6 weeks.



Tips on taking care of your perineum

- Take your pain medication.
- Each time you use the toilet, rinse your perineum with warm water using your plastic bottle.
- Pat dry with toilet paper from front to back.
- When urinating, use the plastic bottle to spray water over your perineum to decrease stinging/pain.
- Change your pad every time you use the toilet.
- Use ice packs on your perineum, on and off as needed, for comfort and to lessen swelling. Your nurse can show you where to get ice.



Taking care of your perineum can help you feel more comfortable, help healing and prevent infection.

Bladder

Urinating can be difficult because of pain and swelling and sometimes you might have a difficult time controlling the flow.

- Use the plastic bottle to spray on your perineum to help you urinate.
- Try to empty your bladder at least every 3 hours.
- Drink when you are thirsty.
- Sit comfortably on the toilet.
- Urinating a lot in the first week after your baby is born is normal.



Call your caregiver if any of the following happen:

- You can't urinate.
- You have burning when urinating.
- You are urinating often and only a little at a time.

These signs, as well as fever, can mean you have an infection.

Bowel movements

You should have a bowel movement (BM) within 4 days after the birth of your baby. It may be difficult to have a bowel movement because of pain and bruising from your stitches.

Tips to reduce constipation:

- Drink when you are thirsty, about 6-8 glasses a day.
- Walk and do some light exercise.
- Eat fresh vegetables, fruit and whole grains.
- Take medication for relief of constipation.
- Support your perineum with toilet paper to provide some support.

Hemorrhoids

You may have hemorrhoids which are swollen veins around the rectum. They can be sore from pushing out your baby.

Tips for comfort and healing:

- Use ice packs on and off for the first 24 hours.
- Don't sit for a long time.
- Lie on your side.
- Keep your stools soft (see tips above).
- Ask your caregiver for hemorrhoid medication if needed.

Cramps

Cramps are normal and happen because your uterus is getting smaller. They keep your uterus firm and lessen the bleeding, but can be painful. You may feel cramps more in the first 2-3 days and you may feel them more if this is not your first baby and while breastfeeding.



Tips for pain:

- Take your pain medication regularly.
- Urinate at least every 2-3 hours.
- To help you relax, try taking slow deep breaths.



Caesarean birth

While in hospital:

- A nurse will check on you hourly for the first 18 hours and then twice a day or as needed.
- You will have an intravenous (IV) for at least 18 hours.
- You will have a tube (catheter) in your bladder to collect urine. It will be removed about 6 hours after your baby is born. Your nurse will help you go to the bathroom for the first time.
- Getting out of bed and moving around will help you to feel better.
- You can eat what you like as long as you're not feeling sick.
- Laughing and coughing may make your stitches hurt. Holding your tummy with a pillow will help with the pain.



Medication for your pain:

- You were given pain medication through the epidural or spinal at your caesarean section. This will provide pain relief for the first 12 hours.
- Your nurse will give you pain medication that is safe to use when breastfeeding.
- If the pain medication you are taking is not helping you feel better let your caregiver (doctor/midwife) know.



Your stitches

Your nurse will check your bandage or stitches daily. On the first or second day the bandage will be removed. Once the bandage is off you can shower. Leaving your stitches uncovered will help healing. Your stitches will dissolve on their own.



Report any of the following to your caregiver:

- Fever
- Redness or swelling around the stitches.
- Bleeding or discharge from the stitches.
- If the stitches come apart.
- Bad or foul smell from the stitches.



Gas

During the second to third day you may be uncomfortable from the gas in your stomach after surgery.



Tips to help with gas:

- Walk.
- Lie on your left side.
- Drink when you are thirsty.
- Chew gum.



Newborn care

This section will provide some information about your baby in the first few weeks of life.

Mucous and spitting up

Your baby may have a lot of mucous, thick fluid which can make them gag or spit up. You may see this after feeding. Holding your baby skin-to-skin will help.

If your baby begins to gag or spit up, turn your baby to the side and lightly rub your baby's back. Call your nurse for help.

Almost all babies spit up. The spit up will usually be breastmilk or formula. If it has been a long time since their last feeding, the spit up may look lumpy.

Forceful (across the room) vomiting is not normal. If this happens contact your baby's physician/midwife.

Your baby's head

Birth may change the shape of your baby's head for a little while. This is normal and your baby's head will become round again by the end of the first week.

Your baby has two soft spots on their head. One is on the top of the head and closes by 18 months of age. The other is near the back of their head and closes by 2 to 6 months of age. A strong layer of skin covers both of these soft spots.



Tip

Touching, shampooing, brushing or stroking will not hurt the soft spots.



Diapers Let your nurse know when your baby has a wet or dirty diaper (see last page for normal amount of wet and dirty diapers).

- Change your baby's diapers often. For example before or after each feeding.
- At each diaper change wash the skin with warm water or use diaper wipes, then pat or air dry.
- Talk to your caregiver if your baby has a diaper rash.
- Do not pull your son's foreskin back.
- Wipe your daughter's vagina front to back.
- Some wet diapers may have a pink/red colour. This is normal in the first 3 days. If it lasts longer, please contact your baby's caregiver.

Umbilical cord care

The umbilical cord was attached to your placenta and your baby's belly button. Here is how to care for the baby's cord.

- Wash your hands with soap and water before and after touching the cord.
- At birth the cord is clamped. When the cord is dry (about 24 hours) your nurse will take the clamp off.
- Keep the area clean and dry until the cord falls off.
- Fold your baby's diaper down under the cord to keep it dry.
- The cord stump usually falls off in 7 – 10 days. There may be a little bleeding.
- Your baby can have a tub bath before the cord falls off. Make sure the cord area is dried well after the bath.



Notify your baby's physician/midwife if the cord area:

- smells bad,
- has yellow pus,
- has redness and/or swelling,
- feels warm.



Keeping your baby safe

While in hospital, do not leave your baby alone. Leave your baby only with hospital staff who wear Sunnybrook photo identification. You may go with your baby for any tests that need to be done.

Falls

It is easy for babies to fall. They should always be within hands reach, unless they are in their bassinet or crib with all four sides up.

Mittens & booties

Mittens and booties are not recommended for babies. Loose threads may become tightly tangled around fingers and toes which can cause damage, including loss of fingers or toes. Babies use their fingers to comfort themselves so it is important for your baby's hands to be left uncovered. If your baby's fingernails are long you can use a baby nail file/emery board to shorten them.

Back to sleep

- The Canadian Paediatric Society recommends that babies under one year of age sleep on their backs. This is the safest position for newborns to sleep.
- Wedges or rolls to keep your baby on their side should not be used.
- Toys, stuffed animals, pillows or any other items should not be in the baby's bassinet or crib.
- To prevent flattening of the back or side of your baby's head, supervised tummy time, while awake is recommended after each diaper change for 5 minutes.

Car seats

- It is the law that babies travelling in a car must be in an approved infant car seat, which faces "backward" (toward the rear of the car) in the back seat and is appropriate for the size of your baby.
- Babies should not be transported in a vehicle in someone's arms, or in a seat that has not been approved for use in a motor vehicle.
- Your child's car seat should have this Canadian Motor Vehicle Safety Standards (CMVSS) sticker on it. This sticker indicates the seat meets Canadian standards and is legal to use in Canada.

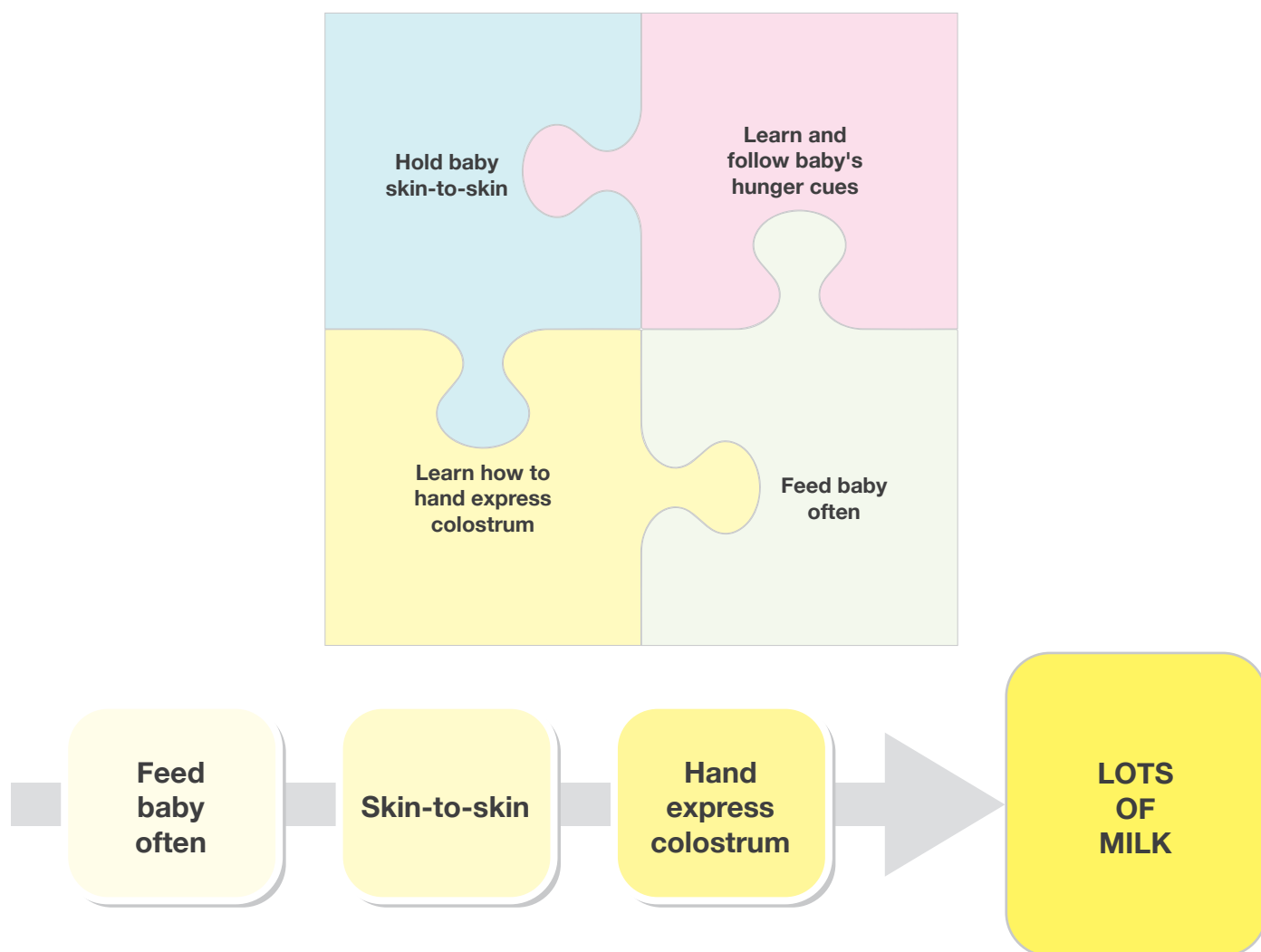


Breastfeeding

Breastfeeding section adapted from Breastfeeding Matters/Best Start.

Breastfeeding is natural but it can take time for you to learn. These are things that will help you and your baby get a good start.

Breast milk is the best food you can offer your new baby. The Canadian Paediatric Society recommends exclusive breastfeeding for the first six months of age. Breastfeeding early and often is important to increase your milk supply, reduce the incidence of engorgement and reduce jaundice in newborns. At about six months, your baby will be ready for other foods, and you can continue breastfeeding until your child is two years of age and beyond.



Baby's first feeding

- Breastfeeding should begin as soon after birth as possible.
- Your nurse will help you get started.
- Hold your baby skin-to-skin, it might take an hour for your baby to latch on and start breastfeeding.
- Your baby's first weight, eye ointment application and Vitamin K injection can wait until your first breastfeeding is over.



- No clothing, just diaper
- Upright position on chest
- Light blanket across back

I can hear my
mommy's heartbeat and
smell and feel her skin

This feels so good!
And mommy and daddy
love it too!

Skin-to-Skin

Skin-to-skin is a special way of holding your baby. As your baby grows, continue holding your baby skin-to-skin often and for long stretches of time.

Holding your baby skin-to-skin helps:

- Keep your baby's heart rate, breathing and blood sugar normal.
- Keep your baby warm through your body heat.
- You to get to know your baby.
- Your baby to be calm and cry less.
- You to be more confident and relaxed.
- You make more milk.
- Baby get a good latch which can prevent sore nipples.

Your partner or another person you are close to, can also provide skin-to-skin care.

Hand expressing colostrum or breastmilk

Hand expressing is a simple way to remove milk from your breast. Hand expressing is easy and takes a few minutes. Colostrum is the first milk. It is a yellow or clear or white fluid that you will make in the first 2 to 3 days after birth. Colostrum helps your baby's immune system and is very high in nutrients.

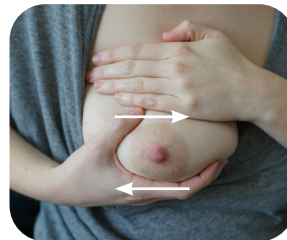
You can practice expressing colostrum as soon as your baby is born. It is normal to have only small amounts of colostrum, maybe drops to 1 or 2 teaspoons. This is enough for your baby. Hand expressing also helps your body make more milk.

Massage your breasts before hand expressing or pumping.

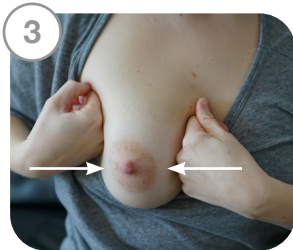
How to express colostrum/breastmilk for your baby:



Wash your hands well and get comfortable.



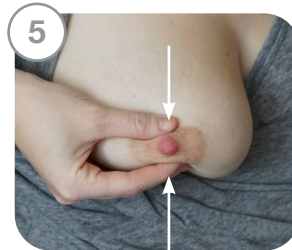
Using your hands or fingertips, gently massage the breast.



Some mothers prefer to gently use their knuckles to massage their breast.



Place your thumb and finger opposite each other about 2-3 cm from the areola.



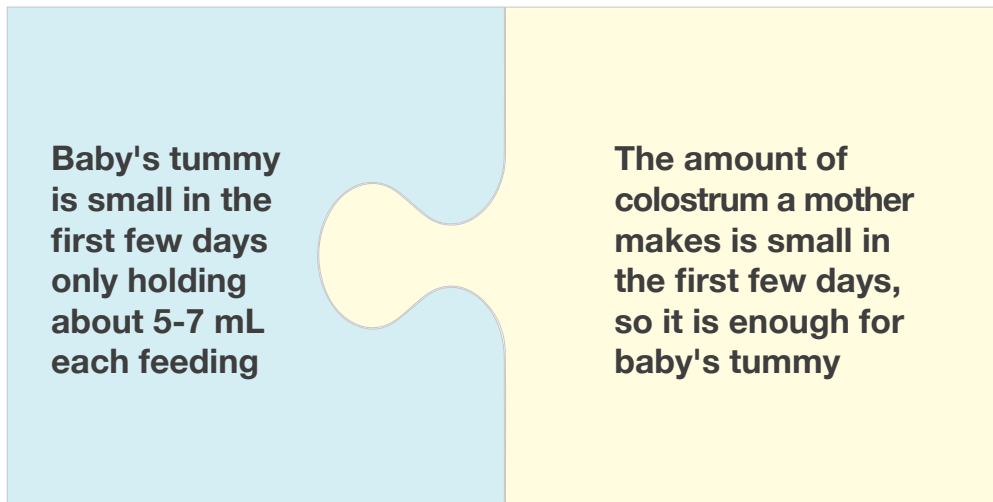
Press fingers towards your chest, then compress and relax your fingers. Repeat this to copy baby's sucking.



Your milk will start to flow. Even if your milk does not flow right away, hand expressing provides stimulation to make more milk.

Move your fingers to different areas around your breast so you are expressing from the entire breast. You may want to switch hands and switch from one breast to the other after 5 minutes.

It's a good fit!



This is the size of your baby's tummy in the first few days



When would I hand express?

- To make more milk.
- To get baby interested in latching by expressing a few drops on the nipple.
- To heal nipple soreness with a few drops left to dry on the nipple after feeding.
- To soften your breasts near your nipples if they are very full before latching baby.
- To make your breasts comfortable if they are full and baby is not feeding.
- If you are separated from your baby and not able to breastfeed right away, it is important that you hand express at least 8 times in 24 hours. If your baby is in the NICU ask your nurse for help and see the Mother's Milk Journal.

How can I tell if my baby is hungry?

Cue Based Feeding

Breastfeed your baby often. Most babies feed at least 8 times in 24 hours. Watch for your baby's cues (page 14). Feed baby whenever your baby is showing feeding cues. Babies will tell you when they are ready to feed and when they are finished.

Baby Feeding Cues (signs)

EARLY CUES - "I'm hungry"



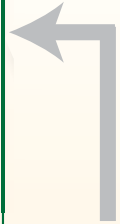
- Stirring



- Mouth opening



- Turning head
- Seeking/rooting



MID CUES - "I'm really hungry"



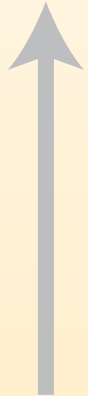
- Stretching



- Increasing physical movement



- Hand to mouth



LATE CUES - "Calm me, then feed me"



- Crying



- Agitated body movements



- Colour turning red



Time to calm crying baby

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



(HMMU 131022)

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**You cannot spoil your baby by holding and comforting.
Babies develop best when their parents respond to their needs
and hunger cues.**



Babies cry for many reasons - discomfort, loneliness, hunger, fear, or being tired. Some babies cry more than others even when they are healthy and well fed. This happens more often in the first three months. It also happens more at night.

When your baby seems to cry for no reason you can try the following:

- If you know your baby has been well fed and burped, try
 - skin-to-skin
 - walking or rocking
 - standing and swaying
- Change your baby's diaper if it is wet or dirty.
- Check if your baby is too warm or too cool.
- Offer your breast again. Use breast compressions (page 20) and offer the first and second breast again.
- Try to calm yourself by counting slowly to ten or taking deep slow breaths. This may calm your baby as well.
- If you are getting upset, ask your partner or someone else to hold your baby while you take a break.



Moving baby in an up and down motion can calm your baby



A good deep latch is very important

- Your baby gets milk easily
- Protects your nipples from damage
- Increases your supply

Positioning and latching your baby

How to get your baby to latch well:

- Turn baby with his **“Tummy to Mommy”**.
- Tuck your baby’s whole body in close, his bottom and legs too.
- Support your baby by holding your hand behind the shoulders and neck with the palm of your hand - **“Face to Breast”**.
- Place baby where his nose is at the level of the nipple - **“Nose to Nipple”**.
- Your nipple will be pointing upwards toward your baby’s nose while you wait for his mouth to open wide.
- When bringing baby to breast, your baby’s chin and lower lip should touch your breast first.
- Your baby will take all or most of the darker area around your nipple (your areola) into his mouth.
- If you have larger breasts, it may help to hold your breast by cupping it with your hand. Your fingers should be well back from the areola.

Don’t push your baby’s head onto your breast. Babies don’t like getting pushed and may push back against your hand. This can make you think your baby does not want to feed.

Breastfeeding positions

Try different positions to see what works best for you and your baby



1. Laid back



2. Cross cradle hold



3. Football hold



4. Side lying
5. Cradle hold

Common questions

How do I know if my baby is latched and feeding well?

You will know your baby is latched well when:

- Breastfeeding is comfortable and you are not in pain.
- You don't feel your baby pinching or biting your nipple.
- Your baby has a strong, slow, regular suck.
- You can hear swallowing.
- Your baby's mouth and lips are open wide.
- Your baby's jaw and ears are moving while baby sucks.

How do I know my baby is done feeding?

Some babies let go of the breast at the end of a feeding. However, if your baby has been pausing a lot and is no longer swallowing, you can take baby off your breast by slipping your finger between your breast and your baby's mouth to break the suction. Some babies always feed from both breasts, other babies do not. Some babies have a short nap and then take the other breast.

When your baby is finished feeding:

- Your nipples will have a normal, rounded shape and they should not look flattened.
- Your breasts may feel softer. You will see this more in the first few weeks of breastfeeding.
- Your baby should be relaxed and calm. Younger babies may fall asleep when they are done feeding.
- In time you will get to know your baby's cues. Sometimes you may just need to offer the breast again.

How long should I feed my baby?

You do not need to time your baby's feeds or worry about baby as long as baby:

- Feeds often, at least 8 times in 24 hours for at least 15-20 minutes.
- Feeds with strong sucking and swallowing.
- Has plenty of wet and dirty diapers for baby's day of age.
- Does not lose more than 10% of birth weight, baby has started to gain weight by day 5 and has regained birth weight by 2 weeks of age.

Babies feed for different lengths of time. Some babies feed regularly and quickly establish a routine. Other babies have short frequent feeds especially in the evening or at night.

You will notice changes with the length of time your baby feeds depending on baby's age and growth spurts.

Watch your baby, not the clock.



Feed your baby whenever baby shows feeding cues.
Feed baby for as long as baby wants on both breasts.
Babies know when they are hungry and when they are full.

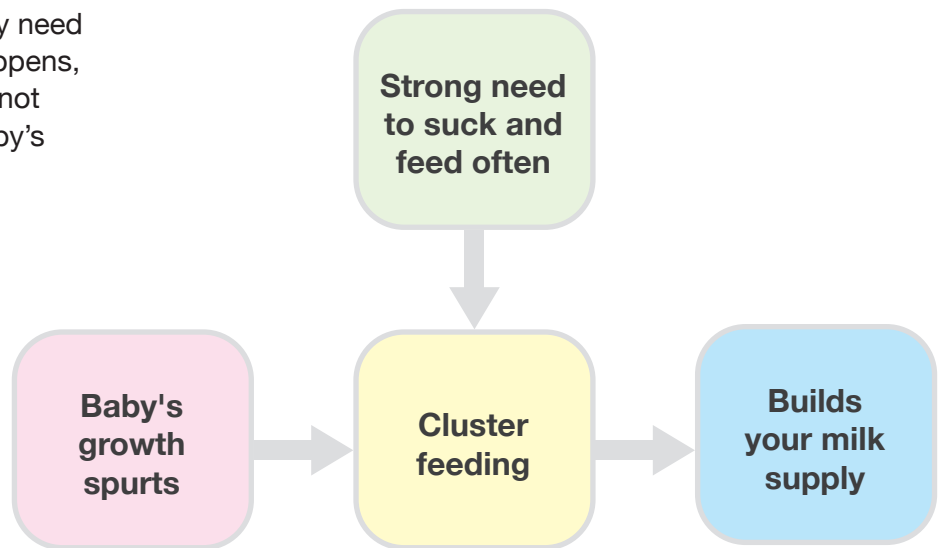
Cluster feeding and growth spurts

Cluster feeding is when your baby feeds for a long time and does not settle. It is normal and helps you to make more milk.

Babies have some days when they need to breastfeed more. When this happens, some mothers worry that they do not have enough milk. This is your baby's way to help you make more milk.

These times are called growth spurts and they happen around:

- The 2nd night
- 10 days
- 2-3 weeks
- 6 weeks
- 3 months
- 6 months



Waking a Sleepy Baby

Some newborn babies are sleepy. That means your baby may not wake up to feed at least 8 times in 24 hours or your baby may latch but may fall asleep shortly after the feeding has started. Until your baby is waking up regularly and gaining weight steadily, you have to wake your baby.





Tips for waking a sleepy baby

- Unwrap and undress your baby. Change your baby's diaper.
- Keep your baby skin-to-skin so you can notice feeding cues. Babies can feed even when they are not fully awake or drowsy.
- Feed your baby as soon as baby shows feeding cues, or baby may go back into a deeper sleep. To learn about feeding cues go to page 14 of this booklet.
- Your baby will breastfeed more often when baby is kept skin-to-skin on your chest while you are awake.
- Lift baby to your shoulder and massage baby's body.
- Roll baby gently from side to side. Talk to baby.
- Express a little milk on your nipple when you bring baby to the breast to tempt baby.
- Use breast compressions during feeds to increase the amount of milk baby takes. This will help your sleepy baby to be more alert.
- Hand express after each feeding and give it to your baby by spoon or cup.



Breast Compressions

- Some newborn babies fall asleep easily while they are feeding. To encourage your baby to keep feeding until baby is full, use breast compressions.
- While your baby is latched, gently squeeze your breast behind the areola to help your milk flow.
- Squeezing gently, compressing should not hurt.
- Compressions will express some milk and your baby may start sucking again.
- You can do this during the feeding or at the end of the feeding when your baby starts to get sleepy.

Burping your baby, how and when?

A breastfed baby does not swallow much air. Some babies become fussy if they need to burp. Watch your baby to see how often baby needs to be burped.

- Some babies need to be burped during a feeding and again at the end.
- Some babies may not burp every time. Try burping for a few minutes only.
- Some babies spit up after feeding. As long as your baby appears content and gains weight, don't worry about spitting up mouthfuls of milk.



To burp your baby, hold your baby against your shoulder or sit your baby on your lap. Support baby's head and pat or rub baby's back. A bubble of air can come up more easily if baby's back is straight.

Should I use a pacifier?

Many breastfed babies never use a pacifier. The way babies suck on a pacifier is different from the way they suck at the breast. While your baby is learning to breastfeed baby may find it difficult to go from breast to pacifier and back again.

Early use of a pacifier can change the way your baby sucks at the breast. Pacifiers may:

- Cause mothers to make less milk.
- Cause babies to not gain weight well.
- Increase the risk of babies getting ear infections and having later dental problems.

If you decide to use a pacifier, only give it to your baby for a short time after feedings.

Signs that breastfeeding is going well

Is my baby getting enough milk?

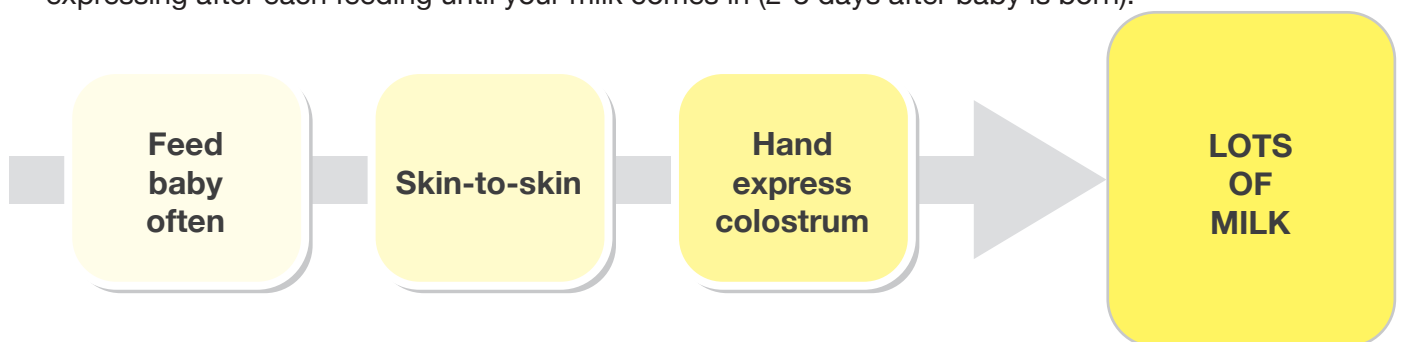
Your baby is:

- Feeding at least 8 times in 24 hours.
- Active and has a strong cry.
- Sucking actively and you hear swallowing.
- Having enough wet and dirty diapers according to baby's age.

See chart on back of booklet or to download this chart, go to:
www.beststart.org/resources/breastfeeding/index.html

What can I do to make a good milk supply?

- Start skin-to-skin contact with your baby as soon as your baby is born.
- Breastfeed your baby at least 8 times every 24 hours.
- Breastfeed your baby when baby is showing feeding cues.
- Hand express after each feeding and give colostrum to your baby by spoon or cup. Continue hand expressing after each feeding until your milk comes in (2-3 days after baby is born).



Wet (pee) and dirty (poo) diapers

- It can be helpful to record the number of wet and dirty diapers for the first week to make sure baby is getting enough.
- It can be hard for you to know if the diaper is wet. A very wet diaper is heavier than a dry one.
- Your baby's urine should be clear or pale yellow and have no smell.
- If a dirty diaper is heavy then count it as both wet and dirty.
- If your baby does not have enough wet and dirty diapers, in hospital talk to your nurse, at home call the Breastfeeding Clinic Helpline (416-480-5900, ext 4), your baby's doctor or midwife.

Engorgement

Most mothers notice their breasts are larger, heavier and tender 3 or 4 days after the baby is born. This is called engorgement.

- Engorgement may last for about 48 hours and is caused by your breasts making more milk.
- Engorgement is common if you had a lot of IV fluids during labour.
- If your breasts become engorged, it may be more difficult for your baby to latch.



You can prevent engorgement if you:

- Breastfeed whenever your baby wants to, at least 8 times in 24 hours.
- Make sure your baby is latched and feeding well. You should hear swallowing often.
- Use both breasts at each feeding. If your baby will not take the second breast, and it feels very full, express enough milk from that side to make your breast feel more comfortable.

If your breasts are engorged:

- Breastfeed your baby more often.
- If your baby will not latch, express breast milk to soften the areola and then try again.
- You may wear a comfortable bra that is not too tight and without underwires. Some women wear no bra.
- Apply a wrapped ice pack to your breasts between feedings.
- If the engorgement does not get better and your baby is not feeding well, you can get help while in hospital from your nurse. If you are at home, call the Breastfeeding Clinic Helpline 416-480-5900 ext 4.

After your engorgement is gone your breasts will feel softer and less full. This is because the swelling has gone away. It does not mean you are making less milk.

Sore nipples

At first, most mothers feel a tug when their baby sucks. This can be uncomfortable. You should not experience any nipple pain.

The most common cause of sore nipples is an incorrect latch.

How can you tell you have an incorrect latch?

- Pain during feeding.
- Your nipples may appear pinched or flattened after feedings.
- Your nipples may be cracked, scabbed, blistered or bleeding.
(swallowing blood from your nipples will not harm your baby)

To prevent and improve sore nipples make sure that:

- Your baby has a wide open mouth and is latched on to the areola not just the nipple.
- Your baby's lips are open wide.
- Your baby's head is tilted back a little so baby can open his mouth wide.
- If you are holding the breast, that your fingers are positioned back from the nipple area.

If you have sore nipples:

- Rub expressed breastmilk on your nipples after feeding.
- Air dry your nipples after feedings.
- Keep your nipples dry and change damp nursing pads often.
- Breastfeed on the least sore side first until your nipples feel better.
- Try laid-back breastfeeding, or different breastfeeding positions.
- If you are sitting up, support your breast during the feeding.

If you have made an informed decision to bottle feed your baby please let your nurse know so you can be given more information.

When and where do I get help?

While you are in hospital it is natural to need some help to learn to breastfeed.

- Your nurse can help you in your room.

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If you have gone home from the hospital and you notice any of these signs:

- Your baby is nursing fewer than 8 times in 24 hours.
- After Day 4, your baby still has black stools.
- After Day 4, your baby has less than 3 dirty or less than 6 very wet diapers in 24 hours.
- Your baby is unusually sleepy, fussy or restless.
- Your nipples hurt, are cracked/bleeding, blistered.
- Your breasts feel hard and painful and you have flu like symptoms.

Call the Breastfeeding Clinic Helpline 416-480-5900 ext. 4 or call your physician or midwife

Record of feedings, wet diapers & bowel movements

DAY	TIME												
	1 AM	2 AM	3 AM	4 AM	5 AM	6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	12 PM
0-24 hrs													
Feeding													
Pee/Wet													
Poo/Dirty													
25-48 hrs													
Feeding													
Pee/Wet													
Poo/Dirty													
48-72 hrs													
Feeding													
Pee/Wet													
Poo/Dirty													
DAY 4													
Feeding													
Pee/Wet													
Poo/Dirty													
DAY 5													
Feeding													
Pee/Wet													
Poo/Dirty													
DAY 6													
Feeding													
Pee/Wet													
Poo/Dirty													
DAY 7													
Feeding													
Pee/Wet													
Poo/Dirty													

Helpful links

Birth Control - See Sunnybrook's website: CRIB Centre For Resources & Information Birth Babies & Beyond
<http://sunnybrook.ca/content/?page=crib-breastfeeding>

Biological Nurturing

<http://www.biologicalnurturing.com>

Hand Expression

<http://newborns.stanford.edu/Breastfeeding/HandExpression.html>

Beststart Feeding Chart

www.beststart.org/resources/breastfeeding/index.html

Feeding Cues

www.health.qld.gov.au/breastfeeding/documents/feeding_cues.pdf

Starting Solids

http://www.beststart.org/resources/nutrition/pdf/D12-E_Feeding_your_baby_fnl_2013.pdf

Tummy Time Exercises with your Baby

<http://health.sunnybrook.ca/babies-newborns/how-to-do-tummy-time-with-your-baby/>

Birth Registration

(Statement of Live Birth)/Birth Certificate/Social Insurance Number/Canada Child Benefits:

www.ServiceOntario.ca/newborn

Why does my baby cry?

https://www.llc.ca/sites/llc.ca/files/420_Why-Baby-Cry_FINAL.pdf

Circumcision

www.careforkids.cps.ca/babies/Circumcision

Back to Sleep

http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/pdf/sleep-sommeil-eng.pdf

Car Seat - For more information access the following websites:

Choosing a Car Seat:

<http://www.mto.gov.on.ca/english/safety/choose-car-seat.shtml>

Installing a Car Seat:

<http://www.mto.gov.on.ca/english/safety/install-child-car-seat.shtml#child-seat-installation-help>

https://www.tc.gc.ca/media/documents/roadsafety/KKS_Stage1.pdf

(also available in Arabic, Chinese, Punjabi, Somali and Spanish)

Safe Sleep for Your Baby:



<https://www.canada.ca/content/dam/phac-aspc/documents/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep/safe-sleep-your-baby-brochure/safe-sleep.pdf>



Breastfeeding

Need to learn more? Need a refresher? Need help?

Find helpful breastfeeding information:

- To prepare you to breastfeed
- Once baby has arrived
- Scan the QR and learn more



Sunnybrook offers in-hospital breastfeeding support once your baby has arrived through:

- Your bedside nurse

Free support after you leave the hospital:

Breastfeeding Clinic:
416-480-5900 (press 3)

7 days a week by
appointment


























Breastfeeding Helpline
416-480-5900 (press 4)

24 hours, 7 days a week-
only urgent calls after
10pm



Sunnybrook
DAN WOMEN & BABIES PROGRAM

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 (every 1 to 3 hours). 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	Babies lose an average of 7% of their birth weight in the first 3 days after birth.				From Day 4 onward your baby should gain 20 to 35g per day (2/3 to 1 1/2 oz) and regain his or her birth weight by 10 to 14 days.			
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 — At six months of age begin introducing solid foods while continuing to breastfeed until age two or older. (WHO, UNICEF, Canadian Pediatric Society)

If you need help ask your doctor, nurse, or midwife. To find the health department nearest you, call INFO line: 1-800-268-1154. For peer breastfeeding support call La Leche League Canada Referral Service 1-800-665-4324.

03/2009