



Cornwall Community Hospital  
Hôpital communautaire de Cornwall



## **A baby is coming**

**Information about your stay here  
at Cornwall Community Hospital**



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## 1.0 Welcome to the Birthing Unit

Expecting a baby is a very exciting and anxious time for any new parent. At Cornwall Community Hospital (CCH) we want the birthing experience to be exactly what the mother has imagined it be. Our team, including physicians, nurses and midwives, is passionate about helping you build a strong and growing family, and offer specialized care that promotes informed choices, teamwork, and a healthcare plan that best suits the needs of your family.

Our goal is to provide a safe childbirth experience, while paying special attention to the specific needs of the individual. Your special wishes, including those relating to cultural and religious beliefs, will be respected.

At CCH, we provide combined care for mother and baby, meaning that the same nurse will care for both you and your baby. This nurse will assist you and answer any questions/concerns that you may have, as well as provide information on all aspects of baby care including breast feeding. Throughout the booklet you will see quotes (like this one on the right) from actual mothers who have had their babies here, talking about the positive experience they have had while here at CCH.

This booklet has been developed to provide you with detailed information before, during, and following your Hospital stay, as well as provide you with information and tips on how to care for your new baby. However, CCH is not responsible for any mistakes or omissions.

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*"Both times I had such trust in the staff, and they were so helpful," explains Kathryn, mother of Dean and Carolyn.*



## **2.0 Preparing for the Birth of Your Baby**

CCH promotes prenatal education as the most effective way for women to prepare for their childbirth experience and to gain information on how to best care for themselves and their babies following birth.

### **2.1 Prenatal Education**

Prenatal Education classes are offered from the Eastern Ontario Health Unit (EOHU) and are taught by a highly experienced team specializing in pregnancy, birth and newborn care. Each class is designed to assist expectant parents to make informed choices both during and after pregnancy. To register for the prenatal classes, please call the EOHU health line at 1-800-267-7120 or 613-933-1375 or visit [www.eohu.on.ca](http://www.eohu.on.ca) under the pregnancy/pre-natal tab.

### **2.2 Prenatal Tours**

For tours of the hospital birthing suites, please call 613-938-4240 ext: 2251. Call between the hours of 7-3 Monday to Friday. Someone from the hospital will give you an appointment time for the tour. The tour lasts 1 hour. A virtual tour (which is a short video) will be posted at [www.cornwallhospital.ca](http://www.cornwallhospital.ca) soon.

### **2.3 Midwives**

Midwives are primary care providers for low risk pregnancies. In addition to offering births at home, midwives can also provide care for women wanting hospital births and have privileges at CCH. Midwifery care is covered by OHIP and there are no extra fees for their services. For more information on midwifery care, please visit [www.gentlebeginningsmidwifery.net](http://www.gentlebeginningsmidwifery.net) or call 613-933-3030 to book an appointment. No referrals are necessary.



### 3.0 Preparing for your Hospital stay

CCH's Birthing Unit is located on Level 6. Please use the Emergency Entrance on the North side of the building. For information about registering upon your arrival at the hospital, please see the Registration section below. All patients who come to the Women and Children's Health Unit are assessed by an experienced Labour and Delivery nurse. Following assessment, the patient, nurse, midwife and/or physician develop a plan of care based on the condition of the mother and baby. Women in active labour are admitted to the Unit. Patients in premature labour may be stabilized and admitted. Following testing to ensure the wellness of both mother and baby, some patients not in active labour will be discharged home.

#### 3.1 General & Registration Information

##### Registration

In anticipation of your due date, all expectant mothers are encouraged to pre-register for their delivery. The intent of pre-registration is to ensure the Hospital has all required information from you ahead of time so that the check-in/registration process goes smoothly when you arrive at the Hospital. You are encouraged to complete your pre-registration as soon as possible or anytime after 32 weeks.

##### Upon Arrival at Hospital:

When you arrive at the Hospital, whether in labour or for your planned c-section/induction, you are required to check-in/register. You can complete your registration at the Emergency Department on the North side of the building. Once you've completed your check-in/registration, you will be directed to the 6th floor.

##### Labour and Delivery Information Service

CCH offers a Labour and Delivery information service for expectant couples who require labour and pregnancy support. This is available 24 hours a day, 7 days a week, and provides couples with direct communication with a registered nurse in the Birthing Unit who will discuss your concerns and provide you with information. Access our Labour and Delivery staff by calling 613-938-4240 ext: 2251

*"Our caretakers from the ultrasound department to the birthing suite exceeded our expectations every step of the way. We can't thank them enough!"  
Mindy, mother of Nuala, Hudson and twins Pippa and Windsor.*



### **Birthing Room**

Upon admittance to the hospital, you will be given a private room to labour and deliver your baby. Each room is spacious and includes a three-piece washroom, pull-out chair for the mother's partner to spend the night, and enough space for family and friends to visit during regular visiting hours. During delivery, you are permitted to have up to two support persons with you in your room. For women who undergo a c-section, one support person is permitted in the OR suite.

Mothers also have access to a whirlpool tub that assists with pain control during labour. At CCH, we support family centered care but request that children do not attend the delivery unless they have been properly prepared on what to expect. Following delivery, you may stay in your delivery room or be transferred to a private, semi-private, or ward room on the Women and Children's Unit depending on your insurance coverage. Your baby will stay with you at all times while you are in the hospital. Please note that to respect the privacy of other mothers, if you are not in a private room your partner will not be able to stay with you.

### **Meals**

Meals are delivered to your room three times daily. Breakfast at 7:30, Lunch at 11:30 and Supper at 17:00. The Women and Children's Unit is also equipped with an ice machine, toaster, fridge, microwave, and complimentary coffee and tea for patients. You are welcome to place labelled food into the refrigerator in the early labour lounge. The expecting father has to bring his own meals/snack. There are vending machines available on level 6 just outside of the birthing suites, and the cafeteria is also available.

### **3.2 Admission**

When packing for your stay please include the following:

- Health Card
- Robe
- Nightgowns
- Underwear (3 or 4 pair)
- Soap
- Toothbrush and toothpaste,
- Shampoo and conditioner
- Hairbrush
- Chap stick / lip balm
- Sanitary pads (2 packages, not panty liners or tampons.)
- Warm socks/slippers



- Oil or lotion for massage
- Hot pack for labour
- Personal focal point
- Favourite juice
- Snacks for support person
- Camera
- Change for vending machines
- Extra pillow (please use coloured pillow case to distinguish from hospital)

If breastfeeding:

- Nursing bra
- Breast pads

If not breastfeeding

- Firm fitting bra

Father:

- Packed meal in a safe container with your name on it
- Change of clothes (optional), pajamas
- Slippers, own face towels, toothbrush and toothpaste

Baby:

- Diapers – 1 package newborn size
- Baby wipes
- Diaper Cream
- Kleenex
- Baby's own sleepers (if you wish)
- A going home outfit
- Blanket
- 2 pairs of socks (for hands and feet)
- Pacifier if desired
- Safety regulated car seat

**Visiting Hours: (on the post-partum floor 6 North)**

We encourage all new moms to use their brief Hospital stay to rest and get to know your baby. However, we understand that your family and friends will be anxious to see you and meet your new baby.

Visiting hours at CCH are from 11:00 to 13:00 and again from 16:00 to 20:00. Partners and the baby's siblings may visit outside of visiting hours, however all other family

Questions? If you have any questions or concerns, please inform the Women and Children's staff.

613-938-4240 ext. 2251 or ext 2242

**Discharge time is 10:00am.** Please be prepared to leave hospital (or hospital room) at this time.

You will receive discharge papers with instructions. Please ask questions if you need any information clarified.



friends are welcome during regular scheduled visiting hours. Children under the age of 13 are permitted to visit if accompanied with an adult. All visitors must clean their hands with the alcohol hand rub before entering and exiting the hospital, and entering and exiting a patient's room. Family and friends who are ill, or who have recently been ill or in contact with an infectious disease, are asked not to visit.

### **Smoking**

CCH is a smoke-free facility. Family and friends wishing to smoke must do so in designated smoking areas. New moms who wish to smoke must sign out at Nursing station and ensure there is someone taking care of the baby while they are off the Unit. Babies cannot be removed from the Unit until official discharge. If you were interested in quitting while staying with us, our Respiratory staff can assist you and discuss the options available to you. The Eastern Ontario Health Unit also has resources available to you at [www.eohu.on.ca](http://www.eohu.on.ca) or 613-933-1375.

### **Telephone, Television, and Wifi**

Telephone and television services are available at your bedside, free of charge. Wireless internet is also available, free of charge. Our network name and password will be given upon arrival.

### **3.3 Patient and Infant Safety**

At Cornwall Community Hospital we are committed to the security of our patients. Following the birth of your baby, an identification band will be placed on their ankle, which will match your ID band to identify the baby as yours. At birth, 2 identification bracelets will be placed on your baby. The mother and the identified support person will also receive a bracelet with the same number and information printed on it. If mother and baby are separated, the bracelets should be checked when they are reunited. Please do not be offended if either of you are asked to show your ID bracelets; this is to protect you and your baby. Help us to protect your baby for the duration of your stay by following these security measures:

- Never give your child to anyone without checking their hospital identification badge. If you must leave the unit please inform your child's nurse so we can ensure your child's safety.
- Keep the door to your room closed whenever possible.
- Keep identification bands on you and your child until you arrive home.
- Never take your child off the Women's and Children's Unit without checking with



your nurse.

- All babies should be transported in the crib from one area to another.

#### **HUGS®**

The HUGS® infant child protection system is in place to safeguard infants and children from the threat of abduction, and has been configured to operate in a number of ways that readily support our existing security measures. All infants will receive a HUGS® tag attached by means of a soft tamper-proof strap around their ankle or wrist.

What you need to know to prevent unnecessary HUGS® tag alarms

- \* Both the HUGS® tag and the tamper-proof strap must make secure contact with the skin.
- \* Never pull on or attempt to loosen either the HUGS® tag or strap.
- \* Never cut the tamper-proof strap.

Your nurse on the Women and Children's Health unit will introduce herself at the beginning of each shift and write her name on the whiteboard in your room as a helpful reminder of who to call when you should require assistance. She will check on you regularly throughout the day and night to ensure you have everything you and your baby need, including notifying you of any timed check-ups or upcoming tests that your doctor/midwife may have ordered. If your nurse is not in the room during a time when you need assistance please use the call bell system. The nurses caring for you will report to each other at your bedside when they change from one shift to another. This means that they will exchange information about your care in front of you. This is to keep you better informed about your plan of care, medications, tests and progress.

#### **3.4 Video/Audio tapes and Photographs**

Childbirth is a special occasion for families and many want to have a record for the family album. We do ask that you carefully consider whether you wish to photograph and videotape the event, as childbirth is a very private and intimate process. Please inform your nurse, doctor, or midwife of your intentions to video/audio tape or photograph the birth of your baby as early as possible.

You are free to photograph or videotape family members, but permission must be obtained prior to filming or photographing staff midwives or physicians, as many feel uncomfortable being taped doing their jobs and find it distracting. CCH staff, midwives and physicians are under no obligation to be photographed as part of their job.

*“It was important to me that the doctors respected my wishes. Both Jeff and I were thoroughly impressed with the compassionate service we received at CCH.” Mindy, mother of Nuala, Hudson, and twins Pippa and Windsor.*



You will be asked to comply with the following:

- Pregnant women must agree to being video/audio taped or photographed.
- You must ask the permission of any doctor, midwife, or hospital employee before you video audio tape or photograph.
- Procedures such as epidural insertions, forcep or vacuum deliveries and caesarean sections may not be video/audio taped or photographed.
- If requested, you must turn off the camera.
- You may be asked to submit the unedited video footage so that it may be copied before you leave the hospital. The original will be returned to you.
- Tripods are not permitted in the Birthing Unit.
- Videotaping and photographing the birth should be taken from the head of the bed only.
- You may bring a camera into the Operating Room, but are asked to only photograph the baby after safe delivery. Photography of the procedure is not permitted.



## 4.0 Labour and Delivery

### 4.1 Induction of Labour

For most women, labour starts by itself. Starting labour artificially is called an induction. Labour is induced if there is a determined risk to the baby or the mother's health.

Reasons for induction include but are not limited to:

- Poor growth of the baby
- Diabetes in pregnancy
- Pre-eclampsia (high blood pressure caused by pregnancy)
- Early rupture of the membranes without labour
- Chorioamnionitis (infection of the amniotic sac)
- Rh incompatibility between the mother and the baby
- Overdue pregnancy (41.1 weeks)

The method of induction is decided following an assessment by your doctor. During this assessment, the doctor will check your cervix to see if it is thinning or dilating (done by internal examination) and examine the baby's position in the uterus. The doctor will then discuss your best method of induction for your specific situation.

The induction may be done by:

- Placing a medicated gel or Cervidil™ into the vagina to soften the cervix in preparation for labour. Occasionally, a balloon will be placed into the cervix to soften the cervix to allow breaking of the water.
- Rupturing the membranes (breaking the water)
- Oral ingestion of Prostin™ tablets
- Use of Oxytocin™ intravenously (IV), a medicine similar to the hormone in your body that produces the contractions of labour

#### What is involved in the induction process?

Since induction is always planned in advance, you will be able to talk to your doctor about what is involved in your specific situation. Your specific treatment will depend on the method of induction.

#### Visiting Regulations

- Mother's partner and/or support person allowed anytime.
- Maximum of 2 adults allowed at one time



*“It felt like the healthcare team and I were working as one throughout the entire delivery,”  
Jessie, mother of Kohen and Everly*

### **What is a balloon induction?**

A catheter with a balloon is inserted into the cervix. Water in a balloon stretches the cervix so that later the membranes may be ruptured.

### **What is Cervidil™?**

Cervidil™ is a vaginal insert that resembles a small tampon and contains prostaglandin. Cervidil™ is placed into the vagina and left in place for 12 to 24 hours prior to induction to “ripen” (soften and dilate slightly) the cervix.

### **What is Oxytocin™ (Pitocin™, Syntocinon™)?**

Oxytocin™ is a natural hormone produced by your body that makes the uterus contract, so to induce labour a synthetic Oxytocin™ is used. The nurse will start an IV line so Oxytocin™ can be given intravenously to administer small increasing amounts until your contractions become strong and regular. This will continue until the baby is born. If you start contracting well enough on your own and are in established labour, the medication may be decreased or stopped. The risks of induction by this method can almost always be prevented by closely monitoring the baby’s heart rate, your contractions, and monitoring the gradual increase of Oxytocin™. You and your baby will be continuously monitored and you will have an IV attached to a control pump.

### **Rupture of Membranes**

This method is similar to that of a normal vaginal examination. The doctor uses an amnihook, a sterile plastic instrument, to make a hole in the membrane that holds back your “bag of waters”. Once the fluid starts flowing out, the contractions will usually start. For this procedure, your cervix must be slightly dilated and the baby’s head well placed in the pelvis. Following this procedure, you will need to wear a sanitary pad to absorb continual leaks from your vagina. Your baby will be assessed on the fetal monitor to make sure that he or she has tolerated this procedure, and if so, you will then be encouraged to walk about the unit. Your nurse will perform check-ups at regular intervals to determine your progress.



### **What is a Prostaglandin Tablet (Prostin™)?**

This medication is similar to the hormone produced by your body to start labour, and is used most often in mothers who have had a previous baby. You will be given Prostin™ tablets in increasing amounts at regular intervals until labour is well established. During this time, you will be encouraged to be actively walking around to help stimulate labour. This method is often used along with the procedure described under Rupture of Membranes. You and your baby will be checked regularly to determine your progress.

### **The Date of Your Induction**

It is common for a maximum two patients to be booked for induction as needed. If all of these spots are filled and your doctor has requested that you be brought into Hospital for induction, you will be placed on a stand-by list. A stand-by list is designed so that the nurse can contact you should an appointment become available and will inform your doctor as well.

### **Stand-By Guidelines for Patients**

You may be called on short notice and asked to come in. Please help the process by:

- Making arrangements ahead of time for any other children to be taken care of.
- Making arrangements ahead of time for transportation to the hospital.
- Discussing the doctor on-call schedule with your doctor as he or she may not be available.
- Please be sure to eat breakfast before you come to the hospital.

Please know:

- Priority will be given to the mother who's condition most necessitates induction.
- Actively labouring patients take priority over inductions, therefore, if the department is busy, your induction may be delayed.

### **4.2 Pain Management**

In preparing for childbirth, you should be aware that women vary in their tolerance of discomfort and pain associated with labour and delivery. There are choices for you to consider to minimize the pain experienced during childbirth. The following



information describes some of the different procedures and medications that may be helpful for pain management during childbirth.

### **Labour and Delivery without Medication**

The nurses and midwives at CCH are here to help you and your partner deal with childbirth without medication, if that is your wish. You may find that a back massage, a shower, whirlpool bath, birthing balls, change in your position, walking, or someone to help you relax will help you cope with the pain. One in every five mothers will deliver without the need for anything further.

### **Sedatives**

Labour pains can often feel worse when you are nervous or tired. If you are in the early stages of labour and are in the hospital throughout the evening, it will be beneficial for you to rest as you will need a lot of energy to give birth to your baby. We understand that it is difficult to try to relax and sleep in the hospital when you are anxious and about to have a baby. You may wish to consider a sedative to help you rest. Your baby's wellbeing is always considered before medication is given to you.

### **Nitrous Oxide/Oxygen Gas**

Many mothers are better able to cope with labour by using nitrous oxide/oxygen gas during labour. This requires that you breathe in through a special mask, which the nurse will assist you with and show you how to properly use. When effective, nitrous oxide helps you relax and eases the discomfort of your contractions. The gas may make you feel dizzy, but there is no known side effect to the baby.

### **Narcotics (Pain Killers)**

Narcotics are strong pain relievers that are administered by injection from a needle and are often the first choice when your labour pain is hard to cope with. Narcotics dull the pain and have a long record of safe use during labour and delivery. With this in mind, any medication that is in your body can be passed to your baby and some babies will be slower to breathe and more prone to sleeping because of the narcotics in your body. For this reason, we try to avoid using narcotics late in your labour.



## Epidurals

Epidurals are successful in controlling the pain of labour and delivery. A needle is placed in your back and a very thin plastic tube inside the needle remains close to the nerves that send pain messages to your brain. The needle is removed with the plastic tube remaining in your back, which will be taped there until your baby is born. The medicine is administered through the plastic tube and is similar to the freezing used at the dentist, which blocks the pain and allows you to be comfortable and awake at the same time. CCH uses a small pump that will automatically control the flow of the medicine going into your body to ensure that the “freezing” does not have time to wear off. With the epidural inserted, you will not be able to walk around because the freezing medicine temporarily affects the nerves in your leg muscles.

Serious complications after using an epidural are very rare and happen in less than 1 in 10,000 people. CCH allows only medical doctors who are specialists in anesthesia to administer an epidural, and there is an Anesthesiologist on call 24-hours a day to provide this service to you.

### 4.3 Preparing for a Caesarean Birth

About 25 babies born out of every 100 are born by c-section. You will need an anesthetic for this operation so both the Anesthesiologist and the Obstetrician delivering your baby will be with you for the whole surgery. The two kinds of anesthetic used are general (being “put out” or “asleep”) and regional (freezing medicine to only the lower part of your body, but you are awake). Both are equally safe for you and your baby and the majority of women who require c-sections are awake throughout the procedure.

When you are awake, you will be able to see your baby right after birth. Often, your partner will be able to be with you in the operating room to share this special time. While in the operating room, your partner is asked to remain seated and at the head of your bed to avoid contaminating any sterile field. The baby will be brought to you and your partner following initial assessment and wrapping in warm blankets. If you already have an epidural in place, then the Anesthesiologist will add some freezing medicine to get you ready for surgery. If not, then the freezing medicine is given through a needle in the back. You will be tested to ensure adequate freezing has taken effect prior to the

*“I wasn’t going to have an epidural and was ready to have a natural birth. I was very nervous, but after the doctor clearly went through all the risks having never pushed any one option on me, I felt so at ease that it gave me the confidence to make my decision to accept the anaesthetics.”  
Jessie, mother of Kohen and Everly*



start of surgery.

When the operation is over, you will spend 1-2 hours in a post-operative recovery area where your vital signs can be monitored. If you've had a spinal or an epidural, you will begin to feel "pins and needles" in your legs, which is a sign that freezing has begun to wear off. Movement of your legs is important at this time. These checks will continue for 24 hours on an hourly basis. Your incision will be checked, along with temperature, blood pressure and vaginal flow. You may feel "afterpains" as your uterus contracts. If you've had a general anaesthesia, you will be groggy and fall in and out of sleep.

There are several reasons for you to have an Emergency Caesarean If you are under the care of a midwife, your midwife will work in collaboration with the obstetrician to coordinate your care. Some of the indicators for a caesarean section include but are not limited to: High blood pressure, fetal position and other conditions that might affect the mother's and baby's health.

### **Simple Exercises**

Beginning these simple exercises early may help to prevent lung problems and gas pains:

- Take a deep breath through the nose
- Let the air out slowly through the mouth
- Take a deeper breath through the nose
- Hold your breath for five seconds
- Let the air out slowly through the mouth

Should you have phlegm in the back of your throat, coughing is suggested. It will help ease the pain if you hold a pillow over the incision, or hold the incision with both hands while coughing. Moving your body or stretching arms and legs will help to speed up your recovery. The more you move, the faster you will heal.

### **Pain and Medication**

It is important for you to change positions every hour or so when awake, using either the Hospital staff or your partner to assist you. Make sure that you keep stretching your arms and legs and any pain in your shoulders will disappear as your body reabsorbs the blood and air that sometimes gathers under the diaphragm. It is normal to hurt after a c-section, but the pain will lessen over time. If the pain continues to irritate you, speak



with your doctor regarding pain medication. Medication can make it easier for you to sleep, cough, exercise, breathe and continue healing, bonding and parenting.

### **Gas Pain**

During surgery, most of your body systems stop functioning or slow down. As a result of intestinal slowdown, some women suffer from gas pains after the surgery. To help manage gas pains, try massaging your abdomen from right to left as you rest on your left side. Avoid carbonated, very hot or cold drinks and foods that are known to cause gas including beans, vegetables like broccoli, cabbage, brussel sprouts, and cauliflower, wheat, sugar, dairy products, gum and candy. Avoid drinking from a straw, as mouth breathing can also contribute to the build up of gas.

### **Your First Walk**

Your first walk might be painful, but it is another step on the road to recovery. You will need the support of a nurse or your partner as you begin. Be sure to stand up straight when walking.

### **Your Incision**

The incision area may look red and bruised and it may feel numb, itchy, or feel as if it is pulling. The feeling will gradually return to normal over several months, and the redness and bruising will lessen overtime. Some women are uncomfortable with looking at the incision, but we encourage you to become familiar with this change in your body.

### **Other Experiences**

The bladder catheter, which is the tube that drains your urine, is usually removed the day after the operation, and the IV will be removed once you are drinking well. Some stitches dissolve by themselves, but other stitches or staples are removed five to nine days after surgery. Usually this is painless, but at the most you may feel a small pull. You will have a flow of blood from the vagina for about three to six weeks after birth. Women who deliver vaginally and by c-section both experience this postpartum flow.

### **Rest**

Your birth experience will be with you for a lifetime, and you'll be more able to share it when you feel better. It is important that you REST as much as possible. Ask family and friends to postpone visits and calls.



### **Your baby**

With the many after effects of a c-section, it is sometimes hard to remember that your newborn needs you. Your baby will remain with you in your room after your delivery, and if you need assistance from your nurse, call the nursing station.

### **4.4 Caesarean birth (information for the support person)**

Caesarean births take place in a surgical suite. There are certain guidelines that must be followed to protect the woman from possible infection.

- You will be asked to change from street clothing (keep underwear, socks and shoes on) into a scrub suit, shoe covers, scrub hat and mask. Nursing staff will provide the scrub suit and show you where you can change.
- A nurse will accompany you into the Operating Room (OR) and direct you to a chair beside your partner's head. From this location, you can easily see her face and will be able to talk to her.
- Most c-sections occur in the OR on level 2 West. You will be asked to wait outside the Operating Room until everything is in place and about to begin.

There will be several things that you may notice:

- The mother will be covered with disposable drapes. These are sterile and should not be touched.
- The mother may have an oxygen mask on her face. This is done to increase the oxygen supply to the baby.
- There will be monitors beeping and flashing at the head of the bed. These monitors keep track of the women's temperature, blood pressure, pulse and other vital signs.
- A drape will screen the area between the women's head and the incision site. Although you may hear instruments and suction sounds, you will not see the actual surgery.
- At the moment the baby is born, he or she will be held up for both of you to see. The baby may be a pale bluish colour at first. Immediately following, the baby is carried to a special warming cot to be dried off and warmed. The baby's nose and mouth may be suctioned and perhaps some oxygen will be given by mask. The baby will become pinker, but it can take several hours before he/she is completely pink. The baby's hands and feet are the last to turn pink. Once the baby is stable,



he/she will be wrapped in blankets and brought to you to hold.

- If at any time you need assistance while in the OR, do not hesitate to ask a nurse.
- Skin to skin contact infant to parent can take place at this time.
- You may be asked to leave the OR at anytime.
- You will accompany your baby and your partner to the Recovery Room. There, the baby will be weighed and this would be a perfect opportunity to have some more skin to skin contact with the baby. This helps regulate their body temperature and starts creating a bond.
- Approximately one to two hours later, your partner will be transferred to her room.
- During this time, you can change back into street clothes and make phone calls to share the good news with family and friends.

#### **4.5 Vaginal Birth After Caesarean (VBAC)**

If you have already had a baby that was born by caesarean, you may have the option of having a VBAC. You are encouraged to speak to your physician or midwife early in the pregnancy to discuss risks and benefits of this type of delivery.



*“In the OR, it felt like there was a team there for me, and they took the time to explain everything that was going to happen to me and my baby. My mobility was limited after, and the nurses were so great to help me with anything I needed,”* exclaimed Katherine, mother of Nolan Will and Charlie.

## **5.0 After the birth of your baby**

The length of your hospital stay is based on the wellness of both you and your baby and could vary from one to two days or more if necessary.

### **5.1 Going home**

Discharge time is 10:00. For discharge, please ask your ride to bring the car around to the main entrance only when you are ready to leave. This is a fire route and your car may be towed away at your own expense if left for extended periods of time.

Both you and your baby require a discharge order signed by a doctor. Since you and your baby will have different doctors, be sure to talk to both doctors about your planned discharge date so that when the time comes, both you and your baby can be signed out. You may be given prescriptions for medication and an appointment for follow-up with your doctor.

Criteria for Discharge:

*For Mom:*

- Blood pressure, pulse, respirations and temperature to be within normal range
- Vaginal bleeding slowed down
- Voiding (peeing) well
- Able to pass gas
- Demonstrate ability to take care of your baby

*For Baby:*

- Blood pressure, pulse, respirations and temperature within normal range
- Had at least one void and stool
- Feeding independently without help from a nurse
- Weight: no more than 10 per cent less than birth weight
- Been examined by paediatrician/doctor
- Ontario Newborn Screening and Bilirubin blood work drawn and result of Bilirubin known

Before you leave, you will sign a form for yourself and your baby. At this time, your nurse will confirm the identification of your baby with you by checking the numbers on the hospital ID bracelets and you will receive any applicable special instructions, as well



as a discharge package including a family allowance application. Invoices will be mailed to patients that have outstanding charges.

### **Car Seat Safety**

You are required to bring a Canadian Motor Vehicle Safety Standard (CMVSS) approved infant care seat to the Hospital to transport your baby home on the day of discharge. Your nurse will review proper placement of your new baby in the infant car seat. Please ensure you have properly secured the base in the rear facing position in the vehicle. Please be aware that all car seats, depending on manufacturer, have an expiry date. Ensure you check this date, especially if using a second-hand seat. For information on how to properly install your CMVSS approved car seat, you are encouraged to attend a car seat clinic. Check with the Eastern Ontario Health Unit about the availability of these clinics in your area.

### **Baby Health Coverage**

To obtain an Ontario Health Card (OHIP) for your baby, one parent must have Ontario health coverage. To register your baby's birth go online to [www.servicecanada.gc.ca](http://www.servicecanada.gc.ca) and click "Having a Baby" or fill out the form that is provided in the information package given to you.



## **6.0 Caring for your baby**

### **6.1 Your New Baby**

No two babies look alike at birth. Each has their own individual appearance in size, shape, colouring and markings. The birth experience itself may cause temporary markings on your baby. Some of the features you may notice are described below:

- Bluish colouring of hands and feet in the first few days after birth
- Blotchy red areas over entire body, called a newborn rash, which will disappear on its own
- Presence of small white spots called milia, mainly found on the nose and chin. These usually disappear within a few weeks to a few months.
- Dry, peeling skin, – which is a natural process of skin replacement
- “Stork bites” – small, red birth marks usually present at the nape of the neck, on the forehead, around the nose and/or on the eyelids. These may begin to fade within weeks and usually disappear completely by one year of age.

#### **Mucus**

During the first few days of life, it is not uncommon for newborns to bring up quantities of mucus or milk. Babies are born with natural reflexes that help protect them, but there are a few simple things you can do to help them prevent from choking.

#### **Always remember:**

- a) When laying baby down for a sleep, place on their back.
- b) If your baby has mucus, you may place your baby on their side as long as he/she is not left unattended, even for brief periods of time. If your baby is gagging on mucus, lower their head slightly to assist drainage and gently pat or rub their back. When holding your baby, support their head and neck since a baby’s neck muscles are not yet fully developed. Your nurse will demonstrate how to hold your baby. When at home, do not use a pillow under your baby’s head or lay your baby on a waterbed, as they do not have adequate muscle control to lift their head enough to move away from the soft, unstable surface. For the safety of your baby, never leave your baby alone and be aware who is with your baby at all times.



## Weight

Your baby may lose up to 10 per cent or more of their weight during the first week of life. This is completely normal especially if being breastfed.

## Urination and Stools

In the first three days of life, your baby will pass urine approximately six times or more. If you are concerned, please talk to your nurse, midwife and/or doctor. After the first three to four days of life, six wet diapers in 24 hours is adequate and is a sign that your baby is getting enough fluid. All babies pass a dark, sticky stool called meconium for the first few days. A brownish-green stool follows meconium, then the stool usually becomes yellow. Stool frequency varies among babies and depends to some extent on whether your baby is breast or bottle-fed. Breastfed babies may have several stools. Formula fed babies tend to have more formed regular stools since formula is not digested as completely as human milk.

## 6.2 Your baby's health

### Newborn Jaundice

The term "jaundice" is used when referring to the yellow colour that may be seen either in the skin or on the whites of the baby's eyes by the second or third day of life. On babies with a darker skin complexion, this may be difficult to see.

#### • Why do newborns develop jaundice?

Bilirubin is the yellow pigment produced as a result of the normal breakdown of red blood cells, and newborns develop a yellowish-colour because of an elevated amount of bilirubin in their blood. Your baby's liver helps to clear the bilirubin from the body, but it may not do this well for the first few days while the baby's liver is still developing. Jaundice results when the yellow pigment builds up in the baby's body and becomes visible in the skin and in the whites of the eyes.

#### • When should you be concerned?

Physiological ("normal") jaundice is usually recognized on the second or third day of life and usually disappears by the tenth or twelfth day. If you notice that your baby's skin is becoming yellow within the first 48-72 hours, you should immediately contact

*The team, including a student-nurse whose help was very much appreciated, followed all my wishes and they even let me hold my baby while they did all the measurements."*  
*Jessie, mother of Kohen and Everly*



your physician/midwife. This is recommended to rule out any condition(s) that would require immediate investigation and treatment. For breastfed babies, jaundice can linger for 4 to 6 weeks

- **Why should you be concerned?**

Although most jaundice is mild and considered part of normal baby maturation, if the level of bilirubin is high enough, it may enter the brain and could result in serious long-term complications. Jaundice causes no harm to older children and adults. Your physician/midwife has the knowledge to determine, based on many factors, including age, whether the bilirubin level is at a stage that would require no treatment or one that would require closer monitoring and/or treatment.

- **What should you do if you observe that your baby's skin is turning yellow?**

If your baby's skin or the whites of their eyes appear yellowish, contact your baby's physician/midwife or nurse for advice on what to do and to make arrangements for your baby to be examined. A blood test is one way to determine how severe the jaundice is. Prior to being discharged from the hospital, your baby will have a blood test done to test for a variety of inherited metabolic conditions as a part of the Provincial Neonatal Screening Program. As an added safety precaution for your baby, we also include a test for bilirubin levels to be done at the same time whether your baby appears jaundiced or not. If you are discharged before your baby is 24 hours old, please ensure that a physician or midwife sees your baby within 24 hours after discharge. Based on the level of bilirubin and other clinical factors, your physician or nurse will decide whether specific phototherapy treatment is indicated. Phototherapy refers to treatment with high intensity light, which has been proven to be safe and effective in breaking down the bilirubin into a form that can be more easily excreted by the baby. A post natal visit by the Public Health Nurse will be able to assess this.

- **How does phototherapy work?**

Phototherapy helps to lower the baby's bilirubin level. The phototherapy light changes the bilirubin to a safer form that makes it easier for the baby's body to eliminate it through bowel movements and urine. When undergoing phototherapy, your baby will be in an isolette (either naked or wearing a diaper) to allow as much of the skin as possible to be exposed without losing necessary body heat. Brief exposure to the



phototherapy light has not been shown to be harmful to the baby's eyes; however, as an added precaution, it is our policy to make every effort to keep the eyes covered at all times while under phototherapy light to minimize exposure. When undergoing phototherapy treatment and before discharge from the Hospital, your baby will require periodic checks of his or her bilirubin levels. The blood is usually obtained from a heel prick and the result will help your healthcare professional determine when treatment can be safely stopped and your baby discharged from the hospital.

- **What kind of care does your baby need?**

Normal newborn care will generally continue as usual, including the baby staying in your room, but your baby could spend anywhere from one to several days under the phototherapy light.

- **Are there any special instructions for feeding?**

During feeding time, your baby will be taken out of the isolette, dressed, and the eye patches will be removed. Unless your doctor has ordered otherwise, you may feed your baby as usual. Jaundiced babies are usually sleepy and feed slowly. Do not hesitate to speak to your nurse or physician/midwife if you have any questions. Full feedings will stimulate your baby's bowels to function. As bilirubin is eliminated in the bowel movements, the stools may become green and very loose, especially during phototherapy treatment. Following discharge from the hospital, your physician/midwife or nurse may want you to come back to the hospital to have a blood test done to check your baby's bilirubin level. Your physician/midwife who ordered the test(s) will receive the results usually within an hour. This will enable a decision to be made whether additional treatment or repeat tests may be required. Your physician/midwife or nurse is responsible to communicate the results to you and you should contact them directly if you have any questions or concerns.

**Baby follow-up:**

At CCH we are concerned for the well being of your child and will ensure you have access to an early follow up appointment with one of our partners.



## **7.0 Caring for yourself**

### **7.1 Following a Vaginal Birth**

Following an uneventful vaginal birth (i.e. no complications), you may be given the option of remaining in your birthing room. This is dependent on your health insurance coverage and the availability of birthing rooms for labouring women.

Your uterus is a firm round organ located just below your umbilicus (belly button) following delivery. Each day after delivery it decreases approximately one centimeter (the width of one finger) in size. By four to six weeks after birth your uterus is back to where it was before pregnancy (inside the pelvic cavity below your pubic bone). Your nurse will be feeling your uterus regularly to verify that it is decreasing in size and remaining firm.

#### **After pains**

Some women will have after pains that may feel like labour pain. After pains are caused by the tightening up (contraction) of the uterus. Women who have had children before are more likely to have after pains. After pains are uncomfortable during the first two to three days after delivery and will more commonly occur during breastfeeding.

#### Helpful hints:

- Do relaxation and deep breathing exercises
- Gently stroke your stomach
- Lie on your stomach over a pillow
- Urinate before breastfeeding
- Take pain medication at least 30 minutes prior to breastfeeding
- If you have had a vaginal delivery, use a warm water bottle over your stomach

#### **Changes in Urination**

You may experience frequent urination in the first 24 to 48 hours.

#### Helpful hints:

- Continue to drink six to eight glasses of water or clear fluids a day
- Empty your bladder about every two to three hours



### **Changes in your Vaginal Flow (discharge, lochia)**

Your vaginal flow may last for six weeks. In the first three days after delivery, the flow will be heavy and bright red and may contain some small clots. Between five to seven days after birth, it will become brownish. This will turn to a yellow-white discharge before stopping. If your flow gets heavier or darker, you may be exerting yourself too much. If bleeding becomes excessive at any time or you notice a strong odour, contact your doctor. While you are in the hospital, your nurse will be checking your flow at regular intervals. If you pass a clump of blood (clot) larger than a golf ball, please save it and show it to your nurse. If your flow becomes heavier than your normal period or you have a “gush” of blood, call your nurse.

### **Leg and Ankle Swelling**

You may experience some leg and ankle swelling during the first 24 to 48 hours. The swelling may not go down for several weeks. This is not unusual.

#### Helpful hints:

- When resting, watching television or reading, elevate your legs above the level of your hips
- If your legs/ankles remain very painful and swollen, call your doctor

### **Changes in your Perineum (The area between your vagina and rectum)**

Stitches may cause discomfort and itching while healing. It is important to keep the perineal area clean. Normal daily showering will be sufficient for this. A small clean squirt bottle can be used to assist the healing by using each time you use the washroom. If you purchased a peri-bottle in the Hospital, you can continue using it at home. The flow of water and wiping needs to be from front to back. Remember to pat dry gently. Sitting in warm water (a sitz bath) may also be used to help soothe and heal the area where your stitches are located.

#### **There are two ways you can do this:**

1. Fill your clean bathtub with two to four inches of warm water. Sit in the tub for ten minutes two to three times a day.
2. Buy a sitz bath, fill it with warm water and sit in it for ten minutes two to three times a day. Sitz baths are available for sale at some pharmacies.

*“I’ve had complicated deliveries, and knowing there are pediatricians, anethitist and an OR team on call, makes me confident that everything will turn out fine - and it did!”*  
*Jolene, mother of Olivia, Grace and Nora*



#### Helpful hints:

- Air dry your bottom by lying in bed with your knees bent and legs spread apart for ten minutes after your sitz bath.
- Perform Kegel's exercise just as you sit down and get up.
- If your vagina feels different or you feel the stitches may have opened up, lie down on your bed, bend your knees, let your legs fall apart and look at this area with a mirror. If this position does not work for you, you can also squat over a mirror or put one leg up on the toilet seat.

#### **Changes in Temperature**

A slight increase in temperature may occur during breast filling. Increased sweating is common during the first 24 to 48 hours. Haemorrhoids (swelling of the veins of the anal canal) may cause extreme pain near your anus during the first few days after delivery. Over time, they gradually reduce in size and, in most cases, disappear.

Contact your doctor if you experience any of the following after leaving the hospital:

- Your bleeding becomes bright red or a lot heavier than your normal period
- You pass clots (clumps of blood) larger than a golf ball
- Your vaginal flow becomes foul-smelling
- You have a fever greater than 38 degrees Celsius or 100.4 degrees Fahrenheit
- You have chills
- You feel dizzy or faint
- You have stomach pain other than normal afterpains
- Your stitches open up or become extremely tender
- Your haemorrhoids cause you discomfort
- Feelings of depression and/or anxiety
- You have problems passing urine:
  - Internal pain/pressure
  - Burning feeling
  - Unable to empty bladder
  - Strong urge to "pee" but very little urine comes out
  - Need to "pee" frequently (more than once an hour)



## 7.2 Following a caesarean birth

### At Home

After returning home, it is important that you rest. Keep your baby nearby and have snacks and beverages at your bedside. Avoid lifting heavy objects for six weeks and do not lift anything heavier than your baby, including other small children. It is very useful to have housekeeping help the first few weeks, or ask relatives and friends to chip in and help out.

Avoid unnecessary stress and pressure by having too many visitors at this time. Your postpartum flow (lochia) will decrease and fade in colour as time passes, but you can expect some vaginal flow for three to six weeks. If your flow gets heavier or darker, you may be exerting yourself too much. If your lochia begins to smell or your c-section incision suddenly looks different, notify your doctor immediately. Do not use tampons or douches, but you may shower or take a tub bath unless informed otherwise by your doctor or nurse. Recovery periods from a caesarean can vary depending on each individual situation.

### Call your doctor if you show signs of:

- Fever or chills
- Hard, red, or unusually painful areas along or near incision
- Drainage or bleeding from incision
- Heavy bleeding from vagina or passing of large clots
- Burning or pain when passing urine
- Foul odour to your lochia
- Hard or reddened areas of your breast that are warm and tender to touch and is not relieved by nursing
- Bleeding or pus discharge from nipples
- Unusual signs or symptoms you are concerned about

### Post Partum Mood Disorders

Many women benefit from professional counselling, so if you feel extremely depressed, or feel that you are not coping well, it is wise to speak with your doctor. You can also contact EOHU 1-800-267-7120 or the mental Health Crisis Team hotline at 1-800-996-0991 if you are in a crisis or CCH's Adult Mental Health Services at 1800-465-8061 if you would like an appointment to speak to someone.



### **7.3 Exercises to promote healing**

#### **Muscles of the Pelvic Floor – Kegel's Exercise**

The muscles of the pelvic floor support your uterus and bladder and during pregnancy and childbirth they are stretched. Pelvic floor exercises will help tone these muscles after your delivery. If you have had an episiotomy, practicing these exercises gently will increase circulation, reduce swelling and promote rapid healing.

- Pull up and tighten your inside muscles. Hold for 10 seconds.
- If you feel it starting to fade, tighten and renew the contraction.
- Release and retighten again, hold for 10 seconds.
- Relax.

#### **The Lower Back and Joints of the Pelvis – The Pelvis Tilt**

While pregnant, women change the way they stand in order to accommodate the extra weight of their baby. The “Pelvic Tilt” exercise can help ease backache and correct posture.

- Lie on your back with your knees bent. Tighten your abdominal muscles, tuck your seat under and flatten your lower back to the floor. Hold this position for 10 seconds and then release. You should be able to feel the curve returning to your lower back.
- While standing, repeat the same steps. Tighten your tummy muscles, tuck your seat under, flatten the curve in your lower back and hold this position for 10 seconds.
- Release by standing up tall.
- Use a long mirror to help you correct your posture using the “Pelvic Tilt”. Practice frequently until good posture becomes a habit.

#### **Abdominal Muscles**

Firm abdominal muscles are essential for a strong back. Do these exercises lying on your back with your knees bent. Try to do them at least twice daily, five times each or more.

- Put your hands on your tummy and breathe in slowly and deeply. As you breathe out, tighten your tummy muscles, hold, then relax. (Practice this “hold” when you are sitting as well as when you are standing.)
- Lying with hands by your sides, tilt your pelvis, then tuck your chin down towards your chest and raise your head, hold, then slowly rest back. When you are able to do this, raise your head and shoulders and reach with your hands towards your knees as you progress, this will become a “curl-up”.



- Repeat the step above but reach with your right hand to your left knee, then with your left hand to your right knee. These simple exercises will help you tone and firm the muscles stretched by your pregnancy.

### **Back Care**

Take extra care to protect your lower back. Your stretched abdominal muscles and ligaments, which become softened during pregnancy, leave your back vulnerable.

- Consider the heights of the surfaces at which you work. Keep surfaces at hip height so that you are not stooping.
- When you lift an object, bend from the knees, not the waist, and allow your leg muscles to do the work. Lift weight close to your body.
- Rest or sleep on your side with your knees bent or on your back with a pillow under your knees.

### **Tips to Protect Your Back**

- Bend your knees and not your back.
- Your stroller or baby carriage handles should be high enough so you won't need to bend forward.
- Kneel or squat when working at floor level.
- The ideal working surface should be near the level of your hipbone.

### **Relaxation**

Make time everyday to REST. You will recover quicker from the stresses of your pregnancy and the birth of your baby if you are well rested. Use any relaxation techniques that you are familiar with.

### **7.4 Sexual Activity & Contraception**

A loss of sexual desire, vaginal discomfort, and dryness is common after any birth. Many couples are fearful of intercourse following birth, and are recommended to try positions with the woman on top, as it might be more comfortable. Resuming sexual activity depends on your healing and how you feel generally. It is recommended that you avoid intercourse until your follow-up appointment with your physician/midwife after 6 weeks post partum. If you don't want to become pregnant immediately, discuss contraception with your doctor before you leave the hospital. Please

*“The support during the labour and delivery from the staff was just extraordinary! Their expertise and training is obvious; they know what to do clinically for my and the baby’s physical well being but also what to say for the emotional aspects of the experience “  
Rhiannon, mother of Hank and Cliff.*



remember that breastfeeding is not an effective form of contraception and that you can become pregnant before you have a normal period following the birth of your baby usually 6 weeks. Talk to your doctor or midwife regarding contraception prior to resuming sexual activity.

### **7.5 Resuming Normal Activity**

Following the birth of your baby, you can resume normal activities when you feel up to it. Strenuous activity is not recommended for the first few weeks following delivery while you get yourself and your baby into a routine. It is always best to begin with a gentle walk with the baby in the stroller as your first form of exercise following delivery. You may notice an increased vaginal flow and reduced milk supply if you try to do too much during the day. Getting “back to normal” is different for everyone and can take varying amounts of time. Listen to your body for clues. If you have questions, please talk to your Public Health Nurse or family physician.

### **7.6 Mohawk Council of Akwasasne: Kanonhkwat’sheri:io**

Both prenatal and post natal Services can be reached at 613-575-2341 ext: 3220 and include:

#### Pre-Natal:

- Healthy Babies Healthy Children
- Tahonata’ karita’ kie, Healthy Arrivals Food Voucher Program
- Breastfeeding Consultation and Support Services
- FASD Prevention and Awareness
- One to One and Group Childbirth Circles/Classes
- Physical Activity Programs
- Nutrition Counselling
- QHIP Assistance

#### Post Partum Services:

- Community Auntie Services: Assisting New Parents with Newborn Care
- Health Babies Health Children
- Childhood Immunization Clinics
- Well Baby Clinics with Pediatrician and Community Health Nurses
- \*Breastfeeding Support
- Home Visits from a Community Health Nurse for all New Mothers



- Newborn Birth Registration Assistance
- Car Seat Installation Assistance
- In Home Infant Massage Demonstrations
- Physical Activity Programs
- Nutrition Counselling
- QHIP Assistance

\*After hours breastfeeding support are between 5pm and 9 pm Monday to Friday, and weekends until 9pm at 1-888-847-9614

#### **Wholistic Health and Wellness: Tekanikonrahwa:kon**

613-575-2341

Mental Health Services, Ext 3100

Traditional Medicine: Ononhkwaon:we Program , Ext 3115

Addiction Services, Ext 3100

Medical Clinics, which Includes a Pediatrician Dr Saylor, Ext 3215

Prevention Program, Ext 3100

Non Insured Health Benefits

613-575-2341 Ext 3340

#### **Department of Community and Social Services**

Community Support:

613-575-2341 Ext 3262

Akwesasne Child Care:

613-938-5067

Akwesasne Child and Family Services:

613-575-2341 Ext 3139

Family Wellness Center/ Iethinisten:ha

1-800-480-4208, 613-937-4322



## **8.0 Outpatient tests and clinics**

The EOHU offers a variety of out-patient services to promote and maintain the health of mom and baby. A highly qualified nurse provides each service and will encourage communication between you (the parent) and your baby's physician.

### **8.1 Outpatient tests and clinics during pregnancy**

#### **Group B Streptococcus**

Group B streptococcus (GBS) is a type of bacteria that can be present in the digestive, urinary, and reproductive tract. It is possible for people to carry the GBS bacteria but have no symptoms of infection or illness, and these people are considered "colonized" and called "carriers". Being colonized with GBS does not mean an infection is present, nor does it normally require treatment. GBS is not a sexually transmitted disease.

- *Why do I need to be tested for GBS during the pregnancy?*

GBS colonization can be temporary and a woman may test positive at certain times and not at others. GBS can also be passed to the baby during labour. For this reason, a pregnant woman should be tested with each pregnancy. The test should be done after 35 weeks of pregnancy to more accurately predict whether the bacteria might be present at delivery.

- *How am I tested for GBS?*

A sterile swab is used to collect a sample from the lower vagina and the rectum. The physician, nurse or the woman herself can collect this sample, which is then sent to a laboratory for culture. Test results usually take a few days to become available.

- *What does a positive GBS culture mean?*

A positive culture means that the mother carries GBS, but this does not mean that she or her baby will definitely become ill. Most babies who get GBS from their mothers do not have any problems, with the odds of developing an infection at only 1 out of every 100 babies who come from a carrier.

- *What can be done if I have a positive GBS culture?*

Intravenous antibiotics are given during labour to women who are GBS carriers to reduce the number of bacteria present during labour and lower the chance of a newborn becoming exposed and infected. Without antibiotics, there is a one in 100 chance of a



newborn developing a GBS infection if the mother is colonized. By giving antibiotics during labour, the risk is reduced to one in 2,000. There is still the risk of some newborns contracting GBS infections despite testing and antibiotic treatment. Taking antibiotics before labour does not prevent GBS infections in newborns because antibiotics only decrease the amount of GBS. Since antibiotics do not eliminate the bacteria completely, the bacteria can come back after treatment and be present during labour.

- *What are the side effects of taking antibiotics during labour?*

Penicillin is the most common antibiotic used to prevent GBS infection in the newborn and it is given to the colonized mother during labour. There is a less than one in 10 chance of experiencing a mild allergic reaction to penicillin (such as rash) and there is a one in 10,000 chance of developing a severe allergic reaction (anaphylaxis). If you are allergic to penicillin, please let your physician/midwife and nurse know and a different antibiotic will be prescribed to you.

### **Non-Stress Test**

Non-Stress tests are provided to non-labouring women who have been referred by a physician. The NS test involves the painless, external application of abdominal electrodes that monitor the baby's heart rate and activity. This test is designed to monitor the well being of the baby for women who may be at risk of experiencing complications during pregnancy. For this, you need to register at patient registration.

### **WinRho injection**

WinRho is a blood product given to women who has a negative blood type. For this injection you will be required to have a blood test drawn in advance. For this, you need to register at patient registration at the main entrance, then make your way to the lab on level 2. Here they will take a blood sample to determine your blood type. The injection will be provided by a nurse on the Women's and Children's health unit.

### **8.2 Gestational diabetes**

Between 3% and 20% of pregnant women develop gestational diabetes, making it one of the most common health problems during pregnancy. It means that you have abnormally high levels of sugar in your blood. If you do have gestational diabetes, here's why CCH's Diabetes Centre can help.



Gestational diabetes is a type of diabetes that occurs during pregnancy. Your body cannot produce enough insulin to handle the effects of a growing baby and changing hormone levels. Insulin helps your body control the level of glucose (sugar) in your blood. If your body cannot produce enough insulin, your blood glucose levels will rise and puts your health at risk. The good news is your baby will not be born with diabetes.

Gestational diabetes can be managed with the support of an experienced Diabetes Care Team available at 613-936-4615.

- A secretary will call you to schedule an appointment within 7 days.
- A dietician will give you advice on healthy eating and safe physical activities.
- A nurse will answer your questions and will give you a blood glucose machine (glucometer and strips) for free so you will be able to test your blood glucose..
- A doctor trained in internal medicine/endocrinologist will review with you your recent blood glucose results and discuss with you treatment options for you and your baby

### **8.3 Newborn Testing**

#### **Bilirubin Testing**

If you suspect that your baby looks jaundiced, your physician may refer you to the hospital to have a blood test done to check your baby's level of bilirubin. The results of this test will be communicated over the phone to the physician who requested the test. Follow-up instructions will be discussed with you by your baby's physician.

#### **Circumcision**

In many countries, including Canada and the United States, neonatal circumcision (removal of a portion of the foreskin) has been a routine procedure, sometimes performed with little consideration of the benefits, risks or necessity. Within the first few days following delivery, one of the questions facing parents of a male infant is whether to have him circumcised or not. Hopefully you will have already discussed this with your family physician/paediatrician during the pregnancy and considered the risks and benefits to reach a decision that both parents support.

#### **Why is circumcision done?**

Although this procedure has been performed around the world for centuries, there are



very few proven medical indications. However, parents have continued to request the procedure for reasons of religion, appearance, family preference, or a firm belief that it has clinical benefit.

### **Is circumcision necessary?**

The Canadian Paediatric Society and the American Academy of Paediatrics have both published position statements to the effect that, with the exception of certain medical conditions present at birth, routine neonatal circumcision is not medically necessary and therefore not covered by OHIP.

### **Are there any risks or complications?**

As with all surgical procedures, there is a risk of bleeding and development of infection. In the Hospital environment, this risk is very low (estimated two per 1000). The physician has to estimate the amount of foreskin to be removed and the possibility of slightly too much or too little skin being removed exists. At CCH, a plastibell (small plastic ring) is used while the tissue heals. Occasionally, the ring may become overly tight and cause swelling, and will then need to be removed earlier than anticipated. Meatal ulceration (bruising of the tip of the penis) may occur in circumcised males, as the foreskin is no longer present to protect the glans from wet diapers, stool, etc.

#### **• Is there any pain involved?**

Years ago, it was thought that newborn infants did not experience the sensation of pain. We now know that this is incorrect, and that children definitely experience a certain amount of pain and discomfort. However, the duration of the procedure is very brief and therefore, no anaesthesia is usually given. At some hospitals, some physicians use local anaesthetic (dorsal nerve block), but most consider the pain and risk of the anaesthesia itself as unacceptable.

#### **• How do I care for the wound after the procedure?**

After the procedure you will be given specific instructions, and you should follow these as directed. In most circumstances, there is no need to apply alcohol or other cleansing solutions to the wound and it is advised to keep the area dry. Change diapers as soon as they become wet in order to keep the area as clean as possible and wash the area with water as needed.



- **What do I do once I have made my decision?**

If your decision is to have your son circumcised, advise your nurse and your doctor as soon as possible in order that you may sign the consent form and schedule an appropriate time. The procedure is usually at least 24 hours after the baby's birth, but may have to be scheduled on an out-patient basis if there is insufficient time to get it done before you are discharged.

- **Is circumcision an insured benefit?**

No. The cost of a newborn circumcision is not covered by OHIP and there is both a physician and hospital fee. The hospital fee for in-patient (newborn is still in hospital) or for out-patient (newborn returning to the hospital after discharge) is \$150.00. These fees are subject to change. The hospital must receive payment prior to the procedure

## **8.4 Support**

### **Breastfeeding:**

At CCH we promote breastfeeding, and we have trained staff able to assist you and your baby with a great start and the best choice. Milk production slowly starts and can take a few days to be fully initiated. The skin to skin is practiced to stimulate milk production as soon as the baby is born. We also encourage new moms to eat well, drink lots of fluids and rest often. You will get a chance to meet with the Eastern Ontario health Unit nurse at the hospital. She will assess your needs, offer support, programs and services available to you in the community.

As natural as breastfeeding is, some mothers can find the experience challenging at first. Before giving up and switching to the bottle, call the Eastern Ontario Health Unit. To speak with a nurse, a lactation consultant or to be referred to other services, call 613-933-1375 or 1 800 267-7120 and ask for the Health Line.

Also, the Telehealth Ontario (1-866-797-0000) offers expectant and breastfeeding moms 24 hours access to registered Nurses with basic training in breastfeeding and lactation support. If you have questions or concerns regarding medication, alcohol during your pregnancy or breastfeeding MOTHERISK offers you counselors to provide guidance, support and peace of mind, dial: 1-877-439-2744 or visit [www.mothersrisk.org](http://www.mothersrisk.org)





## Are you and your baby safe at home?

### Abuse during pregnancy can make you:

- Feel sad and alone
- Feel anxious
- Feel bad about yourself
- Have pain and injuries
- Use alcohol and drugs
- Not eat or sleep well
- Lose your baby

### And your baby may:

- Be born with a low birth weight (too small)
- Be born premature (too early)
- Be stillborn
- Have injuries

### Does your partner:

- Hit or kick you
- Hurt your breasts, belly or between your legs
- Force you to have sex

**This is sexual assault and physical assault.**

**This is extremely dangerous for you and your baby. You are not alone.**

### Does your partner:

- Yell at you
- Call you names
- Blame you for getting pregnant
- Seem jealous of the baby
- Break your things
- Threaten to hurt you
- Stop you from seeing family and friends
- Stop you from seeing the doctor or nurse
- Control the food you eat
- Control the money
- Say you aren't a good mother
- Threaten to take the baby away

**This is emotional abuse and can lead to physical abuse. Talk to someone you trust. We can help you.**

### Think about people who can help you:

- Family & friends
- Your doctor or nurse
- A counselor
- The Women's Shelter

**Abuse usually gets worse over time. It does not stop when the baby is born. Keeping silent keeps you alone. Talk to someone you can trust.**

### Help is available:

**Assault and Sexual Abuse Program** – for emergencies go directly to the emergency department and ask for an ASAP nurse. For all other inquiries, please call 613-938-4240 ext. 4202

### Eastern Ontario Health Unit

613-933-1375

### Maison Baldwin House

1-800-267-1744

**Naomi's Family Resource Centre** 1-800-267-0395

### Akwesasne Family Wellness Program

1-800-480-4208

Get help ASAP:

