

Caring For Yourself And Baby After Giving Birth

CARING FOR YOURSELF:

Page 1 - 49

You may have questions about how to care for yourself or about changes in your body after having baby. This book is intended to provide helpful information. If you have more questions, talk to your Health Care Provider.

CARING FOR BABY AT HOME:

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You may have questions about how to care for your newborn baby. This book will provide information about how to care for baby in the first few months. If you have more questions, talk to your Health Care Provider and/or Health Links.

2012

Women's Health Program
Winnipeg Regional Health Authority,
Winnipeg, Manitoba
Canada

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WHO TO CALL FOR HELP

Health Links - Info Santé: Open 24 hours a day, 7 days a week
204-788-8200
1-888-315-9257 (toll free in MB)

Breast feeding Hotline: Telephone # 204-788-8667 (24 hours a day)

Your Doctor or Midwife: Name: _____
Telephone # _____

Baby's Doctor: Name: _____
Telephone # _____

Public Health Nurse: Name: _____
Telephone # _____

Baby's Weight: at birth: _____ grams (_____ lbs)
at discharge: _____ grams (_____ lbs)

Follow-up:

Make an appointment for yourself in 6 weeks or as recommended by your Health Care Provider:

Date: _____ Time: _____

Make an appointment for your baby in 1 to 2 weeks with:

Date: _____ Time: _____

As you look after yourself and baby you will be in contact with one or more of the following: doctor, midwife, nurse, nurse practitioner, public health nurse, lactation consultant all of which are 'health care providers'. From here on in the general term 'health care provider' will be used instead of each specific provider.

Your Baby and Jaundice

Your baby may get more jaundiced (yellow skin) at home.

Results of last blood test for jaundice: _____

Date and time of test: _____

Risk for jaundice at home: _____

Your baby needs another blood test for jaundice the day after baby goes home.

Plan for test: _____

Your Public Health Nurse will also visit the day after baby goes home to check baby:

Plan: _____

Call your health care provider sooner if baby:

- will not breast or bottle feed.
- is sleepy/difficult to wake up.
- is more jaundiced (arms and legs are yellow or orange in color).

Plan to Help You and Baby Breast Feed

Your baby needs help to breast feed because:

- baby was born before your due date and is not mature enough to breast feed.
- baby lost weight/was sick and is too tired to breast feed well.

As baby grows and gets stronger, baby will breast feed better.

Until then:

1. Wake and put baby to breast every 3 hours. If baby is sleepy and not feeding well (no swallows), limit how often and how long baby breast feeds.

Plan: _____

2. After breast feeding, give baby extra breast milk (or formula) every 3 hours. Baby needs _____ ounces every 3 hours. As baby breast feeds better, this amount will decrease.

Plan: _____

3. Ways to give baby extra milk includes:

- a tube at the breast (SNS).
- finger feeding (short-term).
- bottle feeding with a "wide" nipple (Avent or Playtex "Natural Latch").
- bottle with a regular nipple if feeding takes too long.

4. Try to pump your breasts every 3 hours for 20 minutes. A full-size electric breast pump is the best way to increase or maintain your milk supply.

5. Each feeding session should not take longer than 45 minutes – so that you and baby have time to rest.

6. Store breast milk in containers or plastic liners. Breast milk can be kept at room temperature for 4 to 6 hours and in the fridge for 8 days.

7. Wash feeding and pump equipment in hot soapy water after each use and rinse well. Throw out feeding tubes after 24 hours. Sterilize pump equipment once a day. Bottles and nipples should be sterilized after each use or as per product directions.
8. Your Public Health Nurse will visit you after discharge for ongoing help. She will help you change this plan as your baby breast feeds better.

WHEN TO CALL FOR HELP FOR MOM

Call your health care provider right away if you have problems with any of the following:

Bleeding

- passing large clots from your vagina.
- increased bright red and/or heavy vaginal bleeding (soaking more than one maxi-pad in 60 minutes or less than two hours)
- increased bleeding from your cesarean birth incision (wound).

Infection

- chills or a fever of 38°C (100°F) or higher that lasts longer than four hours.
- bad smelling vaginal flow.
- your belly continues to be sore or getting more painful.
- your wound is red, swollen, sore and/or draining fluid (blood, pus).
- your wound has opened.
- your episiotomy or tear is red, swollen, sore and/or draining fluid (blood, pus).
- your breast has a red, swollen or warm area that feels sore.
- need to pass your water very often.
- pain or a burning feeling when you pass your water.

Pain

- in your chest.
- in your belly that is getting worse or not going away.
- in your leg(s).
- sudden severe headache with or without dizziness and blurred vision.

Other

- red, warm or swollen area in your leg.
- feeling you are out of control and can't cope.
- very upset and thinking about harming yourself or others.

Call Mobile Crisis Services:

Telephone: 204-940-1781 (are available 24 hours a day)

Who to call for help & information:

see back of booklet for information:

WHEN TO CALL FOR HELP FOR BABY

Baby's behaviours are different from the usual patterns such as:

Breathing

- problems breathing (faster than usual).
- gasping or grunting.
- having long breathing pauses (more than 10 seconds).
- lips and finger tips are bluish (may be a sign of gassiness).

Temperature

- baby feels hot or cold, take baby's temperature under the arm (armpit).
- normal body temperature for baby is between 36.5°C (97.7°F) to 37.8°C to (100°F).

Dehydration (lack of fluids)

- Baby may lack fluids when:
 - not drinking enough – less than the usual amount.
 - has less than 6 heavy wet diapers a day after one week of age.
 - urine is dark in colour.
 - has fewer stools than usual in the last 24 hours.
 - has diarrhea (frequent, watery bowel movements).
 - throws up (vomits).
 - mouth and lips are dry.

Feeding

- not wanting to suck or feed.
- nibbling but not sucking at the breast for several feedings.
- falls asleep on the breast or bottle without drinking and does not wake up for the next feeding.

Behaviour

- weak cry.
- less active.
- less lively.
- limp.
- body twitching.
- very fussy.
- not able to settle.

Cord

- more than a few drops of blood from the cord stump.
- area around the cord is red and swollen.
- pimply rash around the cord.
- bad smell or discharge from the cord.

Eyes/Mouth/Skin

- yellow or green discharge from eyes.
- white patches on the tongue, gums, inner cheeks or roof of the mouth that stay after feedings.
- yellow tint to the skin (jaundice) over the whole body.
- diaper rash with blisters or pimples that does not go away.

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CONGRATULATIONS: YOU ARE A MOM!

As health care providers we want to work with you, your family, and new baby.

Besides getting used to a new family member, your body will also change. During pregnancy your womb stretched to many times its normal size. After birth it shrinks each day so that by six weeks it will be back to about the size it was before pregnancy. Shrinking of the womb often leads to cramps or afterpains.

Afterpains

Cramps of the womb feel like belly pain and are called afterpains. Although afterpains are painful, they keep the womb firm and lessen the bleeding. You will have them most often the first week after you have baby; and they may be stronger with each added birth.

To lessen the soreness of afterpains:

- do deep breathing like in labour.
- walk slowly when you are up and about.
- keep your bladder empty.
- use pills for pain such as acetaminophen, and one of naproxen or ibuprophen.
- take pills for pain before breast feeding because afterpains often increase with breast feeding (avoid pills with codeine if at all possible).

Vaginal flow (lochia)

The amount of lochia from your vagina or birth passage will slowly lessen in amount and change in colour:

- right after delivery the lochia will be red like your period; it may also be heavier when breast feeding or when being more active.
- after the first few days the lochia will change from red to pink and lessen in amount (may take up to 6 weeks).
- your lochia should not have a bad smell or odor.

Contact your health care provider if your lochia becomes a lot heavier and has a bad smell.

Care of your perineum

The perineum often receives small tears or is cut (an episiotomy) during childbirth. If stitches were needed, they will soften and do not need to be taken out.

The perineum (bottom) reaches from the opening of the vagina back to the anus (opening for the passage of stool)

To avoid infection and heal the perineum, keep it clean:

- use gentle soap and water while taking a shower or sponge bath; also rinse well and dry with a clean towel.
- use a plastic pericare or squirt bottle to spray or a clean jug to pour water over your perineum to lessen stinging when passing urine and rinse away any lochia.
- gently wipe your perineum from front to back after going to the toilet or having a shower. This prevents germs from the anus being wiped toward the vaginal opening and urethra.
- change your sanitary pad often and **always** after being on the toilet. To keep the pad clean, take care not to touch the inside of it with your fingers. Do not use tampons for at least 4 to 6 weeks after having baby.
- expose the perineum to air.

Pain

Your perineum may be painful for a week or two after having baby, due to swelling and soreness from the stitches and/or perineal tears. The soreness usually peaks on day two or three and slowly lessens over time.

Ways to lessen the soreness or pain:

- put ice packs on your perineum every 4 to 6 hours to lessen the swelling the first day or two after birth.
- make ice packs by:
 - putting ice cubes in a clean, unused plastic bag (e.g. sandwich bag).
 - wrapping the plastic bag with ice in a clean dry washcloth or towel.
 - pouring a small amount of water into a plastic bag and freezing it.
- place ice pack on your perineum for only 20 minutes at a time.
- throw out ice pack after each use.

- warm water can also be used after the first 24 hours:
 - gently spray **warm** water over the perineum with a hand held shower nozzle or a plastic squirt bottle.
 - use a sitz bath in hospital and at home.
 - sit in a bathtub (on a rolled up towel or donut); Epsom Salts are also very soothing.
- NOTE: The tub must be cleaned prior to use.*
- DO NOT** use bubble bath or perfumed soaps.
- for pain use acetaminophen, naproxen or ibuprophen

Passing urine (water) often

Pregnant women store lots of fluid in their bodies. After baby is born, your body needs to get rid of this extra fluid and does so by sweating and passing water often. You may pass large amounts of urine for 2 to 5 days after you have baby.

Some mothers have trouble passing urine after delivery, due to soreness and/or swelling of the perineum. “Kegel Exercises” can help improve the passing of urine. (see page 39 for Kegel Exercises). Pass your urine often to avoid over filling your bladder.

Talk to your health care provider if you:

- have pain while passing urine.
- have trouble passing urine.
- cannot pass urine.
- cannot control your urine.
- have a fever.

Avoid constipation (hard, dry stool)

- drink lots of fluids.
- eat a diet high in fiber (fresh vegetables & fruit, whole grain/bran products).
- be more active e.g. walking, etc.
- use docusate sodium (Colace or Surfak over the counter medications).

Constipation may lead to hemorrhoids (piles) and pain. Ways to lessen hemorrhoids and pain include:

- avoiding constipation.
- using a special ointment (buy in pharmacy).
- sitz baths/soaks in a clean tub.

Menstrual period

When a woman's period returns varies. It is however important to know that you can get pregnant when breast feeding and without having had a period.

Mothers may or may not have a period while breast feeding. Mothers not breast feeding usually have a period 3 to 12 weeks after having baby. The flow of the first period may be heavier and last longer than normal whether you breast feed or not.

To lower the chance of an unplanned pregnancy, use birth control that is best for you and your partner.

Breast changes

Both during pregnancy and after having baby your breasts become bigger and heavier. The first days after giving birth, your breasts may become swollen (engorged) due to increasing breast milk and fluid. It is important that you wear a supportive bra to keep you comfortable.

The first milk your breasts make is called colostrum. During the first days after birth, your breasts make small amounts of colostrum (about a teaspoon), this is the perfect amount for baby's small tummy.

If you are breast feeding see the information about breast care during breast feeding (page 31 in this booklet).

If you are not breast feeding:

- your breasts will slowly become smaller within the first week or two.
- put cold face cloths or ice packs on your breasts, to help lessen the swelling.
- use pills (like acetaminophen, naproxen or ibuprofen) for breast soreness.

(Section resource: Health Canada 2000; WRHA 2001)

WHAT TO EXPECT AFTER A CESAREAN BIRTH

A hospital stay of 2 to 3 days

A cesarean birth means you had surgery to deliver baby. Your womb was closed with sutures and they dissolve on their own. Your belly has been closed with either sutures (stitches) or staples (metal clips). If you don't see any sutures they are under the skin and will dissolve on their own. If you see sutures or staples they have to be removed 5 to 7 days after your cesarean birth.

Self care after cesarean birth is different than after a vaginal birth because of the surgery.

Wound (incision) care

The dressing over the wound is usually removed on day two after surgery and then you get to shower. In the shower let warm water run over the wound and gently pat it dry with a clean towel. Leaving the wound uncovered helps it to heal. Do not have a tub bath for 2 weeks after a caesarean birth.

The wound takes a few weeks to heal; over time it will shrink and become paler in colour. Steri-strips should stay on the wound until it is healed or the steri-strips are no longer needed to support the edges of the wound.

Call your health care provider right away if your wound:

- opens.
- is swollen and red.
- becomes more painful.
- has fluid (blood, pus) coming from it.
- starts to have a bad smell.

Activity

Before your cesarean section you will have put on a pair of compression or support stockings to help the blood flow in your legs. Walking is a good exercise that helps blood flow in the legs; therefore on your surgery day a nurse helped you out of bed and walked with you.

For the first two weeks after your cesarean section:

- avoid straining, bending, pulling or lifting heavy objects; only lift baby.
- avoid driving until you feel comfortable.

Self readiness:

- avoid activity e.g. swimming until your wound has healed and/or your lochia has stopped.
- slowly increase your activity (e.g. walking), but avoid vacuuming, sweeping, etc. for several weeks.

Diet

Eat your usual diet once you feel like eating and drink lots of fluids. Gas pains are common after a cesarean section. To prevent gas pains eat a balanced diet and avoid pop. Lying down lie on your left side, this also helps pass gas.

Pain

Pain from the wound is normal and may get worse when you move around. You may also have “afterpains” during breast feeding and/or walking.

To lessen the pain:

- take pills such as acetaminophen, and either naproxen or ibuprofen but not both at the same time.
- breast feeding may increase afterpains, so take pills for pain before breast feeding (only use codeine if needed).
- put baby on pillows during breast feeding to avoid pressure on your belly.
- hold your belly with your hand(s) or a pillow when you move, cough or laugh.

Bowel & Bladder

During surgery you will have a catheter (tube) in your bladder to drain urine; it will be removed 12 to 24 hours later. When the tube is out empty your bladder often, it will lessen the lochia, afterpains and belly pain. To avoid your stool from getting hard, eat lots of vegetables, whole grain products (such as bran cereals) and drink lots of fluids.

Discharge Planning

If you are breast feeding and go home with a prescription for Tylenol #3 or T3s; you will also be told about codeine use when breast feeding and how it may affect baby. This will include how much to take and when to stop taking T3s.

If you have stitches or staples that need to come out, call your doctor's office for an appointment.

You will also need a follow-up appointment with the doctor who did your surgery.

Call your health care provider if you have:

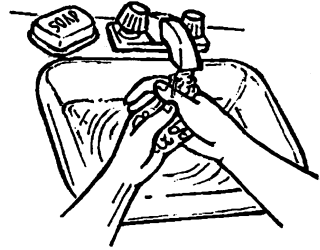
- severe chest pain or shortness of breath.
- pain, swelling or redness of one leg.
- leakage (pus, blood) from your wound.
- chills or fever over 38°C or 101°F checked by using a mouth thermometer.
- vomiting (throwing up) that does not go away.
- trouble or burning when passing urine.
- swollen belly and/or unable to pass gas.
- bad headache.

If you are unable to contact your health care provider or the covering health care professional, call Health Links - Info Santé at 204-788-8200 (toll free 1-888-3315-9257), or go to the nearest Urgent Care or Emergency Department.

(Section resource: Health Canada 2000; WRHA 2001)

Wash your hands before you start self and/or baby care by:

- using warm water and soap to wash your hands.
- rinsing your hands well.
- drying with a clean towel.



HOLDING BABY SKIN TO SKIN IS FOR ALL MOTHERS AND BABIES

Holding baby against your skin right after birth will calm baby, keep baby warm, steady baby's breathing and help baby sleep better. This is also a great time and place to start breast feeding.

Holding baby skin to skin can help you feed baby more often and remind your body to make lots of milk. Skin to skin holding also helps you bond with baby and can be done by family members or anyone else you choose.

BREAST FEEDING BABY

Health Canada and the Canadian Pediatric Society advise that only breast milk be given to baby for the first 6 months and that breast feeding continue for 2 years and beyond.

Breast milk is the best food for baby. Every day of breast feeding makes a big difference to baby's health and your health.

Breast milk is good for baby because it:

- is easily digested.
- is always available.
- protects baby against illness and infection.
- helps baby to be smarter and more secure.

Babies who are breastfed have lower rates of:

- Sudden Infant Death Syndrome (SIDS).
- obesity (being over weight).
- childhood cancers, including leukemia and lymphoma.
- pneumonia and other breathing infections.
- coughs and colds.
- stomach and bowel infections or problems.
- bladder infections.
- ear infections.
- asthma, allergies and eczema.
- heart disease and liver disease in adulthood.

Breast feeding helps mothers by:

- a faster return to pre-pregnancy weight.
- stronger bones in later life.
- a lower rate of breast and ovarian cancer.
- less cost and time than bottle-feeding.

When to breast feed baby:

Start breast feeding soon after birth. Most babies will be ready to breast feed within 30 to 60 minutes after birth, especially if they are held skin to skin by their mother.

Breast milk is easily digested, so baby will eat often. Watch for signs that baby is getting hungry. These include:

- waking, stretching, and stirring from sleep.
- sucking on fingers or hands.
- clicking or sucking on tongue.
- opening mouth and looking for the breast.
- feed baby before baby cries – this is a late sign of hunger.

To help baby breast feed and make lots of milk:

- breast feed baby often - every 1 to 2 hours and at least 8 times a day.

- let baby feed on the first breast until baby stops sucking and swallowing:
 - then try to burp baby (see page 35).
 - then offer baby the second breast.
- if baby feeds on only one side, start baby on the other side at the next feeding.
- wake up baby if baby is sleepy and has not fed often enough.
- feeding time is usually 20 to 30 minutes, but can be shorter or longer.
- when baby is going through a growth spurt, baby will feed more often (see page 36).
- give baby only your breast milk. The small amount of colostrum (first milk) in your breasts is all baby needs.
- feeding baby often will help you make lots of milk.
- feeding often also helps decrease breast engorgement (swelling).
- baby may lose some weight in the first 3 to 4 days after birth. This is normal and does not mean baby needs more milk.
- do not give soothers (pacifiers) or bottles while baby is learning to breast feed as they:
 - may cause baby to breast feed less often and affect your milk supply.
 - may also make it difficult for baby to remember how to breast feed.

Breastfed babies DO NOT need formula.

Mothers can make all the milk a baby needs if mothers breast feed often and baby has a good latch.

Giving baby a bottle of formula can increase the risks of:

- allergies.
- being over weight (obesity).
- getting diabetes.
- chest and tummy infections.

If you have questions about your milk supply call your health care provider, the Breast feeding Hotline, or Breast feeding Clinic; telephone numbers to call for breast feeding help can be found at the end of this book.

Getting through the second night with your breastfed baby

The “second night” of baby’s life can be stressful for mothers. By this time, baby has learned that the new world is noisy, busy and scary! Therefore, the only place baby settles is at the breast – where baby can hear mother’s heartbeat and voice – this place feels like home!

Usually, during the ‘second night”, baby falls asleep at the breast but wakes up crying when put to bed. This can go on hours! Mothers worry that they “do not have enough milk” and are “starving their baby”. This is NOT the reason for baby’s crying. Babies simply **need their mothers** at this time.

During the “second night”:

- know that this behavior is normal.
- let baby feed often for colostrum and cuddles.
- when baby has stopped feeding, gently slide your nipple out of baby’s mouth.
- snuggle baby until baby falls into a deep sleep.
- when baby is asleep, gently transfer baby to bassinette or crib.

TIPS FOR LATCHING BABY

Make sure you are sitting with your back, arms, and feet well supported. Hold baby at the breast with pillows so baby does not slide off the breast while feeding.

How to hold baby when breast feeding:

Two good ways to hold baby when you are learning to breast feed are the ‘cross cradle’ hold and the ‘football’ hold. These two holds help baby to latch to the breast and you to hold baby close to the breast while feeding. As baby gets older, stronger and is able to keep a close latch, other ways of holding baby (cradle, side lying) also work well.

Cross cradle hold:

- support baby across your chest by placing pillows on your lap.
- hold the breast with the hand on the same side (i.e. left hand holds left breast).
- hold baby with the other hand and arm.
- hold baby's hip and back with your arm.
- hold baby's head (at neck) and shoulders with your hand.
- hold baby so that baby's tummy is facing you.



Football hold:

- lay baby on pillows at your side.
- hold the breast with the hand on the other side (i.e. left arm holds right breast).
- hold baby with the arm on the same side.
- hold baby's head (at neck) and shoulders with your hand.

How to get baby to latch on:



- unbundle baby to waken and bring close to breast.
- tickle baby's lip with your nipple.
- wait until baby opens the mouth wide like a yawn.
- make sure baby's tongue is down and over the lower gum.
- quickly, but **gently** bring baby to the breast with baby's chin under the breast and your nipple pointing to the roof of baby's mouth. This will protect your nipple and start baby sucking.

- hold baby close to the breast during latch and while breast feeding.

How to know that baby is well latched:

- all of your nipple and part of the dark skin around your nipple (areola) will be in baby's mouth.
- baby's lips will be curled outwards.



- baby's chin will be touching your breast.
- baby's nose may be less close to your breast.
- you will see and hear baby swallowing.
- you should not hear smacking sounds.

If baby is well latched you should not have pain. If you have pain during breast feeding, unlatch baby by putting your finger between baby's gums to break the suction. Take baby off the breast and latch baby again.

Signs that baby is getting enough breast milk

- baby is feeding often.
- your breasts are full before and softer after breast feeding.
- you can see or hear baby swallow during feeding.
- baby is quiet and not hungry after feeding.
- baby has enough wet diapers and stools (bowel movements) each day:
 - you may want to keep a record for a few days or a week of when you breast feed baby, the number of wet diapers and stools.
 - a short form is available at the end of this book as a guide.
- baby is gaining weight:
 - babies often lose weight after they are born but should be back up to their birth weight by 2 weeks of age.

Remember – baby's tummy is small and small tummies need frequent feeding.

WHAT TO EXPECT FOR A BABY WHO IS BREASTFED		
Age	Number of Wet Diapers	Number & Type of Stools
Day 1	At least 1	1 to 2 Colour is black or dark green
Day 2	At least 2	1 to 2 Colour is black or dark green
Day 3	At least 3	2 to 3 Brown, green or yellow Lighter in colour, more yellow Soft, may look like little seeds
Day 4	At least 4 (heavy wet diapers)	At least 3 large Colour is yellow Soft, may look like little seeds
Day 5	At least 5 (heavy wet diapers)	At least 3 large Colour is yellow Soft, may look like little seeds
Day 6 and up to three weeks	At least 6 (heavy wet diapers)	At least 3 large each day Colour is yellow Soft, may look like little seeds
Four weeks to six months	At least 6 (heavy wet diapers)	At least 1 large every one to seven days Colour is yellow

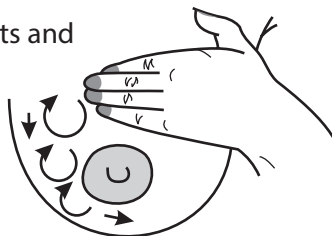
(WRHA 2004)

Hand expression

Using your hands to express and collect colostrum is a good way to feed baby extra milk in the first few days of life. This is also a good way to increase your milk supply. Hand expression also helps breast fullness and engorgement. Expressed milk can be stored for use later.

Before hand expression, wash your hands with soap and water.
Then:

1. Apply warm face cloths to your breasts and gently massage them. This helps the milk to flow.
2. Make a "C" around your breasts with your thumb and fingers.
3. Then gently push back, press and roll your thumb and fingers forward. Repeat these steps until the milk starts to flow.



4. Switch sides often.
5. Collect your milk to store or feed to baby.

A breast pump can also be used to express and store breast milk.

How to store expressed breast milk

Collect milk in clean (washed in hot soapy water and rinsed) or sterile bottles that are hard plastic or glass and have lids.

Milk storage bags can also be used. If you use liners for infant feeding systems, double these bags to prevent rips during freezing.

Before storing your milk, label container with date expressed.

How to use stored breast milk

- always use the oldest milk first.
- prepare only what baby needs for one feeding to avoid wasting breast milk.
- throw out leftover milk if baby is full.

Thaw breast milk by:

- putting bottles or plastic bags in refrigerator.
- running tap water over bottle or bag.
- putting bottle or plastic bag in warm water.

Warm breast milk by:

- running tap water over bottle or plastic bag.
- putting bottle or plastic bag in a bowl of warm water.
- **Do not heat breast milk on a stove or in a microwave; it can get too hot and burn baby.**

See chart below for different times that breast milk can be stored in either the refrigerator or freezer.

MILK STORAGE FOR A HEALTHY FULL TERM BABY:		
Where	Temperature	Length of Time
At Room Temperature	66 - 72° F (19 - 22° C)	Up to 4 hours
In a Refrigerator	32 - 39° F (0 - 4° C)	Up to 8 days
In a Freezer Compartment Inside a Refrigerator	Temperature varies	Up to 2 weeks
In a Freezer Compartment with a Separate Door	Temperature varies	Up to 6 months
In a Separate Freezer (deep freeze)	0° F (- 20° C)	Up to 12 months

If you are storing breast milk for a premature baby or a baby with special needs:

- the breast milk may be stored differently since baby may be more likely to get an infection.
- talk to your health care provider for more information.

KEEPING YOUR BREASTS HEALTHY

To Keep Your Breasts Healthy

- wash your hands before touching your breasts.
- clean your breasts with warm water only; soap can dry and crack nipples.
- gently dry your breasts after washing.
- express breast milk on your nipples and then allow them to air dry.
- avoid creams or ointments on your breasts and nipples (if your nipples are sore use pure lanolin products).
- if you wear nursing pads, change them when they are wet.
- wear a comfortable and supportive bra that is not too tight.

Sore Nipples

Baby's first latch may be painful for mothers because baby stretches the nipples while breast feeding. This pain should go away while feeding. Early latch pain can last about 4 days and should be gone by day 7.

Rubbing colostrum or breast milk on your nipples after feeding can lessen nipple soreness. If your nipples continue to be sore, try changing how you hold baby and get help with latch.

Pure lanolin products can be used to help nipples heal. A prescription cream from a health care provider can also be used for very sore nipples; this cream is safe during breast feeding.

Very Full Breasts (Engorgement)

It is normal for a mother's breasts to become fuller after birth because of extra fluid and milk. This normal fullness decreases within the first two or three weeks after birth. Some mothers have very full breasts called engorgement in the first week of breast feeding. This can last for 1 to 2 days.

Engorgement can be lessened by feeding early and often.

If engorgement makes breast feeding difficult:

- apply warm moist towels (or disposable diapers filled with warm water) to your breasts for several minutes, or take a warm shower to help your milk to flow.
- soften the nipple area by expressing some milk (by hand or with a breast pump); this makes it easier for baby to latch on.
- make sure baby is well latched and empties the first breast before switching to the other breast.
- start the next feeding on the second breast; this makes sure that both breasts are emptied completely.
- gently massage your breasts before and during breast feeding to keep the milk flowing.
- after breast feeding, apply cold towels (or disposable diapers filled with cold water) to your breasts for 15 to 20 minutes. This will help lessen the swelling and pain.

If engorgement is not lessened with the above methods:

- express your milk (by hand or with a breast pump), until your breasts are softer and more comfortable.
- if necessary, take pills for pain given to you by your health care provider.

Engorgement can also happen after baby has been breast feeding for many weeks if feedings are missed. To avoid this:

- breast feed baby often, every 2 to 3 hours during the day and night.
- empty each breast well at each or every other feeding.
- do not give baby a bottle with formula in the first few weeks of breast feeding.
- express your milk if you do miss a feeding.
- wean baby slowly.

Plugged ducts

A tender lump that does not go away with breast feeding may be a plugged duct.

To prevent plugged ducts:

- empty your breasts regularly.
- avoid pressure on one area of the breast (e.g. caused by a tight bra, sleeping on one side).

To treat a plugged duct:

- before breast feeding, apply warm wet facecloths (or disposable diapers filled with warm water) to the breasts to soften the plug and to help your milk to flow.
- gently massage the area with your fingertips during breast feeding.
- change the hold and position of baby while breast feeding.
- hold baby so that baby's nose and chin point to the sore area, as this will help drain the plugged area.
- see your health care provider if necessary.

Mastitis

Is an infection of the breast tissue, likely caused by:

- sore, cracked nipples.
- overly full breasts (engorgement).
- missed feedings or not emptying the breasts regularly.

Signs of mastitis are:

- soreness in one area of the breast.
- a red, warm and hard area of the breast.
- fever, chills.
- a flu-like feeling.

How to treat mastitis:

- see your care provider; take the medicine (antibiotics) ordered by your health care provider.
- continue to breast feed often on both breasts; both the breast milk and antibiotics are safe for your baby.
- if you cannot breast feed, empty your breasts by hand or with a breast pump.
- get lots of rest.
- drink lots of fluids.

Yeast infection

Sore, cracked nipples or mastitis can lead to a yeast infection of the breast.

Signs of a breast yeast infection include:

- burning, shooting pain of the nipples, areola (darker part around the nipple) and breasts.
- pain continues after breast feeding.
- nipples may look normal or may be pinker than usual.
- nipples may be very sensitive to touch.
- nipple pain despite a good latch.

Baby may have a yeast infection (thrush) in its mouth:

- this looks like small white spots on the tongue and gums.
- may cause pain and fussiness while breast feeding.
- may cause baby to come off the breast often while breast feeding.

If you or baby has any of these signs, see your health care provider as soon as possible.

Both you and baby need to be treated for yeast infections at the same time.

IMPORTANT POINTS ABOUT FEEDING BABY

Breast feeding is a good time for you to get to know and bond with baby. It is also a good time for you to relax and rest as you talk and/or sing to baby.

Baby will let you know when and how much baby wants. Sucking eagerly shows that baby is hungry. Baby will stop sucking when full. If fussing after the feeding, baby may need care or comfort in other ways. This is a good time for dad to help and settle baby.

Vitamin use when breast feeding

In Canada, where babies do not get lots of sunlight, vitamin D is important to help babies build strong, healthy bones. The Canadian Pediatric Society (CPS) advises that baby be started on Vitamin D soon after birth and up to one year of age (follow the rules on the box). Be sure to check with baby's doctor as to how much Vitamin D is needed daily.

Formula feeding

It is rare that a mother is unable to or advised not to breast feed. If you are unsure about breast feeding, talk to your health care provider. There are many ways to help you breast feed baby. If you decide not to breast feed, you will be taught how to safely prepare formula and feed it to baby.

WRHA Infant Formula with Iron, January 2006

Burping baby

Burping gets rid of air in baby's tummy. Some babies burp several times a feed – others need very little burping. Squirming or wiggling may be a sign that baby needs to burp. Breastfed babies may need to burp less often because they swallow less air.



Three Ways to Burp Baby:

1. Hold baby close to your body with baby's head on your shoulder. Hold baby's head and neck with one hand. Gently pat or rub baby's back with your other hand.
2. Sit baby on your lap with one hand holding the chin and stomach. With the other hand gently pat or rub baby's back.
3. Lay baby across your lap. Hold baby's chin and head with one hand. With the other hand, lightly rub or pat baby's back.

When baby has finished breast feeding on one side, try burping baby. If baby doesn't burp after a minute or two and seems content, there likely is no need for a burp.

Growth spurts

Baby will have growth spurts. These often occur at 2 to 3 weeks, 5 to 6 weeks, and 3 months of age. During these times baby will feed more often, possibly every 1 to 2 hours. This lasts only a few days. Breast feeding more often increases the amount of breast milk to meet baby's needs.

It is **not necessary** to offer formula to baby during growth spurts.

Night waking

Most babies wake up several times a night to feed. Don't expect baby to have a sleep and feeding schedule for at least the first 6 months. If baby sleeps during the day and is more awake during the night, try waking baby for feeds during the day.

Remember baby's tummy is very small at birth so baby needs to feed often - day and night.

NUTRITION FOR MOTHERS

Eating is important for you, especially after having baby.

“Eating Well with Canada’s Food Guide” gives information about:

- a healthy diet that helps you heal after giving birth.
- best foods and amounts to eat for yourself and your family.

See Health Canada website listed at the end of booklet for more information.

It is important to eat well while breast feeding:

- Canada’s Food Guide suggests extra servings each day from the four food groups.
- you do not have to drink milk to make milk. Other forms of calcium include cheese, yogurt or other milk products.
- limit the amount of caffeine in your diet to one to two cups per day. Caffeine is found in coffee, tea, some soft drinks and chocolate.
- avoid herbal teas until you have talked about their safety with your health care provider.
- instead of tea or coffee, try warm lemon water, warm milk or warm apple juice!
- talk with your health care provider about whether certain medications are safe while breast feeding.

More information about breast feeding

Breast feeding can help you lose weight. Breast feeding requires extra energy so some of that energy will be taken from the fat that you gained during pregnancy.

Allergies

There is no need to avoid foods (like peanuts) while breast feeding. Avoiding foods like nuts will not effect whether or not baby develops allergies. Taking certain foods out of your diet may limit your intake of some important food groups.

Alcohol

- it is best to limit alcohol intake while breast feeding. If you have a drink with alcohol, wait 2 hours before breast feeding again.
- if you have more than one drink, you should wait 2 hours for each drink before breast feeding. You need to pump and dump your milk during this time.
- pump or hand express before having a drink so you have breast milk for baby's next feed.
- if alcohol intake is a concern for you, talk to your health care provider before you quit breast feeding.

Smoking

- it is important to breast feed baby if you smoke.
- breast feeding helps to protect your baby against breathing problems and "Sudden Infant Death Syndrome" (SIDS)
- try to quit smoking or cut back on the number of cigarettes that you smoke per day – for your health and baby's health.
- smoking after feeding lessens the effects of the tobacco on baby.
- smoking outside or in a room away from baby lessens the second hand baby will breath.

***For help to reduce or quit smoking call
the Smoker's Helpline @ 1-877-513-5333***

Extra water and milk

- drink 2 litres or 8 cups of fluid each day; more fluid will not increase how much milk you make.
- **only** drinks without caffeine or alcohol count as part of your 8 cups per day.

Foods to avoid

- there is **no need to avoid** certain foods when breast feeding. Most babies enjoy and tolerate the taste of different foods in breast milk.
- the only foods a breast feeding mother needs to avoid are those to which she has a known allergy.
- fish is a good source of omega-3 fatty acids which is good for baby's growth and development.

REST

It is important to rest when baby sleeps. Rest and sleep will help your body physically, emotionally, and help you make more milk.

EXERCISE

REMEMBER:

- exercises help build up the muscles that were stretched out during pregnancy.
- when you are ready, slowly start with exercises and little by little add more. Too lively exercises will lead to heavier vaginal bleeding.
- walking is good for general well being and lessens the chance of blood clots in your legs, pelvis or lungs.

Kegel exercises

Are like trying to stop urine or gas. Learn to do them by placing one well washed finger into your vagina (while sitting on the toilet) and squeeze the muscle around your finger. After you know what this exercise feels like do it without your finger in the vagina.

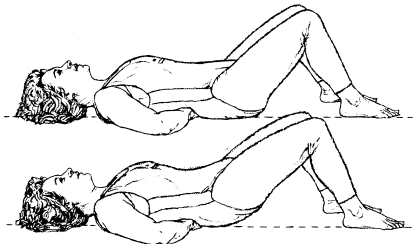
For the best outcomes do Kegel exercises 3 to 4 times a day; starting the day after your delivery.

These exercises help build up the muscles of the vagina and anus, and keep urine from leaking when you cough, sneeze, or laugh.

Pelvic tilt

This exercise helps tone and strengthens your belly muscles, lessen backache, and correct your posture.

1. Lie on your back with your knees bent and your feet flat on the floor.



2. Tighten your stomach and buttock muscles to tilt your pelvis.
3. Flatten the small of your back against the floor and hold for 2 - 3 seconds
4. Slowly increase to a count of 10.
5. Relax and breathe out (empty your lungs).
6. Repeat 3 - 5 times.

Caution

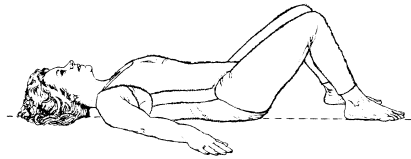
Do not curve your back, stick out your belly or push with your feet when doing this exercise. Squeeze your pelvic muscles (Kegel Exercise) before doing belly muscle exercises.

Do the pelvic tilt exercise every day; it should not hurt.

Belly (abdominal) muscle exercise

This exercise involves gentle squeezing of the belly muscles. Strong belly muscles are needed for a good back.

1. Lie on your back with your knees bent and your feet flat on the floor.



Keep your head and shoulders resting comfortably on the floor during this exercise.

2. Relax your body as much as possible and allow your weight to sink into the surface on which you are lying.
3. Put your hands on your belly, close your eyes and take note of your breathing.
4. Breathe in and notice your belly & hands rising, stretch your belly muscles outward – hold for a count of 5.
5. Breathe out and notice the belly & hands fall downward. Pull in your belly muscles – hold for a count of 5
6. Repeat 5 times.

Start this exercise only after you feel comfortable. If you had a Caesarean birth, talk to your health care provider before you start this or any exercises.

For other postpartum exercises see:

http://www.babies.sutterhealth.org/afterbirth/newmom/pp_ppexercise.html

IMPORTANT POINTS ABOUT YOUR BODY

Don't Ignore Back Pain!

Back pain:

- is common in pregnancy and after delivery, but is NOT NORMAL!
- can be due to back labour, an epidural, etc.
- if not treated will likely lead to back problems later in life.

To avoid hurting your back due to weakened belly muscles stretched in pregnancy take care of your lower back after delivery.

Back care

Talk to your health care provider if:

- your back problems of pregnancy continue after having baby.
- you have back pain after giving birth when you did not have it during pregnancy.
- you want to know more about back exercises or education programs.

Find out the reason for:

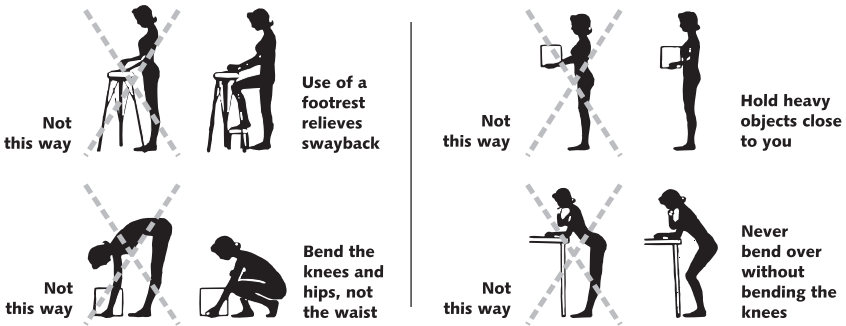
- buttock or hip pain.
- pubic or groin pain.
- pain from the groin down to the back of the leg

What to do for your backache:

- apply an ice pack for 15 minutes when you have a sharp pain (package of frozen vegetables works fine).
- apply heat to painful area for 15 minutes (put 2 cups of uncooked rice in cotton sock, knot one end and heat for 60 SECONDS in microwave).
- have your partner or friend massage your sore muscles.
- exercise your main muscles.
- talk to a physiotherapist for specific treatment.

<http://www.vitalcarept.com/ppmbackandpelvicpainHO.pdf>

The Do's and Don'ts for Good Back Care:



(Adapted from: "Postpartum Back Care and Exercise Information", 1995, Physiotherapy Department, Victoria General Hospital, Winnipeg; "Your Back and How to Care For It", Schering Canada Inc.)

BEING A MOTHER



Getting used to being a mother takes time. Both parents need to understand their real baby is different from a dream baby. Some new mothers feel love for their baby right after birth. Others, find that it takes time to get to know and bond with baby.

To bond spend lots of time with baby. Hold baby close to you, look into baby's eyes, talk to baby, and touch and stroke baby's skin.

Many women fear they will not to learn all they need to know about being a mother. You too may feel anxious about how to feed, bath, diaper, and comfort baby. Feeling anxious may affect your sleep pattern.

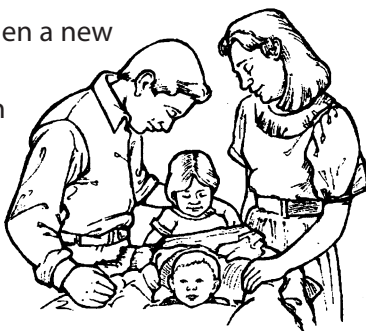
To help you get used to being a mother:

- rest when baby sleeps.
- be real in your expectations.
- set aside time to relax by yourself.
- spend time with your partner and/or family.

Refer to the front section of this book, "Who to Call for Help".

Family

- the family goes through change when a new baby comes.
- your partner may miss the attention that you were able to give him before baby came.
- if both you and your partner need help with parenting there are year round free support & advocacy services.
- if you have other children they may have a hard time accepting the new baby because they feel uncared for and think that you are more interested in the new baby.



How to involve others

- ask your partner, other children and family members to help with baby's care.
- set aside time to be with your partner and family.
- take time to be with all your children and do the special things that they enjoy.
- talk about the changes in your life. Be open about your feelings, fears, and concerns, so that your partner can know and help.
- at any time you are not sure what to do, ask for help.

If you have questions or needs go to Community Contact, a Winnipeg based service by the Volunteer Centre of Winnipeg Inc. (for more help see Other Sources of Information at the end of this booklet) <http://cms00asa1.winnipeg.ca/crc/crc>

POSTPARTUM EMOTIONAL CHANGES

New mothers have many emotions. Feelings of joy, being excited, to being very tired. New mothers often expect to feel very happy about the baby and are upset that they feel sad, angry, fearful or anxious. Up to 75% of women have “baby blues” that may begin within a few days after giving birth. These sad feelings often go away on their own by the time baby is two weeks old.

“Baby blues” are due to hormone changes and being a mother.

Signs of “baby blues”

- crying often and not always for a reason.
- feeling very tired.
- having trouble falling asleep.
- having trouble thinking clearly or feel out of touch.
- feeling very nervous about baby.
- feeling annoyed, angry and not understanding why.
- feeling that nothing will ever be the same.

If you feel “down”, hopeless and/or out of control and these feelings do not go away, see your health care provider.

For more information refer to Women’s Health Clinic or WRHA services (at end of this booklet).

If you have thoughts about harming yourself or baby, talk to someone right away

When you need help call:

- your health care provider
- Women’s Health Clinic (for support group information)
Tel: 204-947-2422 (ext. 513)
- WRHA Mobile Crisis Service Tel: 204-940-1781 (open 24 hours)

SEXUALITY

'Sexuality' means many things: how you see yourself as a woman, wife, mate, mother and maybe a career woman. You are a valued woman to many people. To be all you can as a new mother, you need to be good to yourself as well as take care of yourself.

A few ways to look after yourself:

- nap when baby naps to avoid getting too tired.
- let details go.
- try to get some time away from baby – go out to eat or shop without baby.
- start sex when you feel ready to do so.

Women often have less interest in having sex after having a baby, than before. This may be due to hormone changes, worries about you and/or baby and being very tired. You may have had an episiotomy or tears to your perineum which take time to heal. This also affects your readiness to have sex. You may enjoy sexual activity without vaginal intercourse during the first 6 weeks after baby is born. Have sex when you and your partner are ready, or advised that it is okay by your health care provider.

“Safer Sex”

Besides choosing a birth control method, you need to practice “safer sex”.

Practicing “safer sex”:

- means to avoid exchanging body fluids (such as sperm & vaginal fluid).
- is important unless you have sex with only one partner.
- means always using either a male or a female condom.
- helps protect against sexually transmitted infections including HIV (Human Immunodeficiency Virus, the virus that causes AIDS (Acquired Immune Deficiency Syndrome)

Vaginal dryness

Is common after having a baby and may lead to:

- pain during sex.
- repeated yeast or bacterial infections.
- itching or burning of the vagina.

If you have vaginal dryness talk to your health care provider about which lubricant you can use. Do not use petroleum-based lubricants as they can lead to pain of the vagina or breaking of the condom/diaphragm.

“MMR Vaccine”

During pregnancy you had a blood test to find out if you ever had Rubella (German Measles). If not that is why you need the MMR vaccination. MMR is a ‘live virus’ so it is **very important** that you **DO NOT** become pregnant within the month of getting the vaccine. (Canadian Immunization Guide, Seventh Edition).

Talk to your health care provider for more information about this vaccine.

CONTRACEPTION: Methods used to Prevent Pregnancy

It is possible to become pregnant any time after giving birth, even before you have a period and whether you breast feed or not. To plan your next pregnancy talk to your partner and plan what would be a good method for you before you have sex.

Talk to your health care provider about contraceptive options and specific information about each of the options available as to:

- the benefits and success.
- the risks and side effects.
- how soon different methods can be started after having baby.
- how to use the method, including use during breast feeding.
- information about how to use these goods.
- the option most suited to you and your partner’s needs.
- back-up methods.

Birth control methods

- **breast feeding** in and of itself is not a reliable method of birth control.
- **lactational amenorrhea method (LAM)** is used by a woman who has just given birth and is totally breast feeding (does not use soothers or bottles). This method is highly good for the **first six months** after childbirth, provided the woman breast feeds baby often both day and night, and has not yet had her period. After six months this method is not reliable and you may get pregnant at any time.
- **cervical cap** - a thimble-shaped rubber cap that covers the cervix (shaped like a cup).
- **diaphragm** – soft rubber cup that covers the opening to the uterus, stops sperm from reaching an egg and holds spermicide (very hard to get because pharmacies don't have them).
- **male condom** – a thin covering worn over the penis (use latex condoms; also guard against sexually transmitted infections including HIV).
- **female condom** – a soft, loose-fitting covering with two flexible rings which can be put into the vagina as many as eight hours before sex.
- **Depo Provera** – progestin hormone only, given every 3 months, keeps ovary from releasing an egg.
- **Progestin only pill** – a pill a day like other birth control pills.
- **intrauterine device (IUD)** – T-shaped plastic with copper (Flexi-T) or a hormone levonorgestrel (Mirena - no estrogen) device put inside the womb
- **birth control pills or patch** (e.g. Ortho, Evra) – have fake hormones like those made by the woman's body each month; both stop the ovaries from letting go of an egg. Some of these methods are not advised when breast feeding as they may lessen milk supply.

Success of birth control pills can change when the woman forgets to take her pill, has vomiting & diarrhea, or when taking other pills like antibiotics – another method e.g. condoms should be used.

- **birth control ring** – has estrogen & progesterin hormones; place inside the vagina for 21 days, after 7 days put next ring into the vagina.
- **spermicidal foams, creams and jellies** – put in the vagina where they kill sperm and stop them from going into the uterus. (Can still buy them but hard to find because drug stores do not have them).
- **fertility awareness** – women track their monthly cycles by taking their temperature and testing the thickness of their vaginal mucus.
- **abstinence** – a 100% successful.
- **withdrawal** – needs lots of self-control and practice – least helpful method of birth control.
- **Lea contraceptive** – can be used for 1 year, is a soft tool put into the vagina before sex – is good for 8 hours when left in place.
- **sterilization** – lasting form of birth control (vasectomy for a man or tubal ligation for a woman).

For more details about birth control methods go to:

<http://www.sexualityandu.ca/trialdp/index.aspx>

EMERGENCY CONTRACEPTION (EC) or Plan B

Emergency contraception, a form of birth control, is also called the 'morning after pill'.

Two types of emergency contraception are:

Type 1: has a high dose of hormone taken as soon as able after and up to 72 hours after risky sex. Causes period like bleeding and lessens the chance of an unplanned pregnancy.

EC or plan B is easy to get in Manitoba drug stores without a prescription.

Type 2: an Intrauterine Device (IUD) put inside your womb within 7 days of having risky sex; may be left inside the womb for 5 years. You can also call the health centre in your area; see your own health care provider, go to a walk-in-clinic, or the nearest birth control/sexual health clinic for EC.

EC is for special use only. Talk to your health care provider to plan a safe method of birth control for you and your partner.

<http://www.sexualityandu.ca/adults/contraception-1.aspx> copyright 2009

CARING FOR BABY AT HOME

You may have questions about how to care for baby. This section has information about how to care for baby in the first few months of life. If you have more questions, talk to your health care provider.

IF BABY IS FUSSY

It is normal for babies to be awake and fussy, especially in the evening. Crying is one way baby communicates. Reasons for fussiness or crying may be hunger, wet diapers, or being too hot or cold. Sometimes babies just need to be held.

Sometimes it can be difficult to find out why baby is crying

Calm baby by:

- holding and soothing baby when baby cries.
- gentle-rocking motions helps baby relax, settle, and go to sleep:
- hold baby skin-to-skin and cuddle in a rocking chair.
- rock baby in a cradle or place in a wind-up swing.
- dance with baby to slow music.
- place baby in a front pack or sling and walk.
- take baby for a ride in a stroller or a car.
- talking or singing to baby, this helps baby feel loved, safe and develops trust.
- burping baby well during and after feeds.

If baby's crying starts to get to you:

- put baby in a safe place to give yourself a few minutes to calm down.
- if someone else is around, ask them to help you during this time, then take a few minutes for yourself, before getting back to trying to calm your crying baby.

NEWBORN JAUNDICE (Yellow Skin)

Jaundice (yellow skin) occurs in many newborn babies, but should not occur before 24 hours of age.

A baby is born with many red blood cells. The break down of red blood cells during the first few days of life produces bilirubin. As the amount of bilirubin in the blood increases, baby's skin becomes yellow; spreading from the face to the chest, abdomen, arms, and thighs. Sometimes the whites of baby's eyes also become yellow.

Bilirubin in the baby's blood is not usually dangerous, but at high levels it can be harmful. A blood test can be done to check the level of baby's bilirubin.

A treatment called "phototherapy" may be needed if the level of baby's bilirubin reaches a certain level.

Extra milk and frequent stools will help baby get rid of the jaundice, therefore breast feed often.

Call your health care provider if baby's:

- skin looks yellow and has spread to the arms and legs.
- whites of the eyes are yellow.
- jaundice that started while in hospital does not go away.
- jaundice stays and baby is hard to wake, is fussy, and refuses the breast or bottle.

BATHING BABY

***Never, ever leave baby
ALONE in a baby bath***

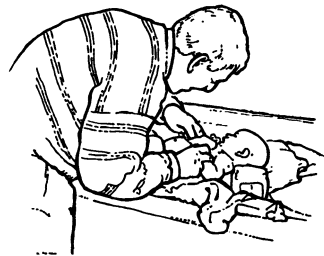
Bathing can be a good time for you and baby, giving baby a chance to play and exercise. It also gives you a chance to spend time with baby.

Bath baby anytime except right after a feeding so baby will not throw up in the bath. It is okay to bath baby every 1 to 2 days; clean the diaper area with each diaper change.

***Health Canada recommends that bath seats or rings
NOT be used for baby baths because of their danger;
they tip easily and baby could slip under water
and drown within a minute or less.***

Getting ready for the bath

- make sure the room is warm and draft free.
- remove all your jewelry with sharp edges.
- trim your sharp fingernails.
- wash your hands.
- gather the things you will need for the bath:
 - baby bathtub or basin.
 - mild, non-perfumed soap.
 - towels.
 - washcloth.
 - hair brush with soft bristles and/or comb.
 - clean diaper and clothing.
- spread a towel on a table or bed to put baby on during and after the bath.
- prepare the water by running the cold water first and then add warm water until you reach a comfortable temperature.





- when you have finished running the bath:
 - turn the taps off in reverse order (hot water first and then the cold water).
 - keep baby out of the bathtub while the water is running.
 - never leave baby unattended while the tub is filling.
 - mix the bath water with your hand to get rid of hot spots.
- before putting baby in the tub check the water temperature with your elbow – it should feel warm and not hot to your elbow; if the water feels hot to your elbow it is too hot for baby.
- carefully watch and supervise baby in the bath at all times.
- babies and young children should never be left in care of or supervised during a bath by any child under the age of 12 - 13 years.
- do not use bath oils in the water as they can make baby slippery.

Bathing baby in a baby bathtub

- have a firm hold on baby while in the baby bathtub.
- always support baby's neck and back:
 - Never, ever leave baby alone in a baby bathtub.
 - always keep baby in sight and within 'arms reach'. If you have to leave the room when bathing baby, **ALWAYS TAKE BABY WITH YOU.**
- bathe the eyes first, using only water and a washcloth to gently cleanse the eyelids from inner to outer corner (use a different corner of the washcloth for each eye to avoid infection).
- wipe the face with a damp washcloth (water only).
- wash the outer ear and behind the ear with a washcloth:
 - dry well behind the ears.
 - do not use cotton tipped swabs in baby's ears, nose or eyes as they can harm the soft tissues.
 - never put anything into the ear canal, any wax in the ear will come out on its own.

- wash baby's hair with mild soap or shampoo once or twice a week.
- if baby has cradle cap (a build up of oils & skin):
 - apply baby oil over night.
 - next day wash baby's head and hair with soap making sure all the soap is washed out well.
 - babies with cradle cap can have more frequent shampoos.
- wash baby's body with soap and water using your hand or washcloth:
 - make sure you wash all the creases at the neck, armpits, groin, and buttocks.
 - wash well between baby's fingers and toes.
- rinse baby well.
- wash the diaper area from front to back:
 - wash the rectal area last.
 - rinse well.
 - if baby is a boy **do not** push back the foreskin.
- dry baby as quickly as possible to avoid chilling.
- do not use baby powder on baby.
- dry the base of the cord well, using a clean dry cloth.

Keep the temperature of your hot water tank at 49°C (120°F) or less:

- Water at 120° will burn baby's skin in one second. A child's skin burns four times more quickly and deeply than an adult's at 120°.
- Find the temperature of your tap water by using a meat or candy thermometer that can show high temperatures.
- If you are renting talk to your landlord to have thermostat on the water tank set at 49°C or less.

BABY'S CORD

Keep the cord clean and dry to prevent infection

Right after birth a plastic clamp is put on baby's cord (umbilical cord); which at birth is soft; over the next several days the cord will become dry and hard.

The cord with the clamp in place or not will usually fall off by the 9th day:

- it may come off earlier or take as long as three weeks.

Wash your hands before caring for baby's cord.

Caring for baby's cord:

- keep baby's cord as dry as possible but do not cover with the diaper.
- if the cord becomes soiled with urine or stool, use a clean washcloth and wash with soap and water.
- routinely clean around the base of the cord after bathing and at diaper change with a clean wet wash cloth.
- dry around the base with another clean dry wash cloth.
- if you notice any discharge from the cord, use a clean dry face cloth or cotton tipped swab to wipe it away from the base of the cord.
- research has shown that nothing needs to be put on baby's cord to heal it.
- you may notice a few drops of blood when the cord falls off or small spots of dry blood on baby's diaper or clothing. This is normal.
- the cord is dead tissue and sometimes has an unpleasant smell. This is normal.

Call your health care provider if:

- there is bleeding (more than a few drops) or discharge coming from the cord or around the cord.
- there is redness or swelling around the cord.
- you notice a bad smell from the cord.
- baby has a fever (body temperature above 37.8°C or 100°F from baby's armpit).

CIRCUMCISION OF BABY BOYS

Circumcision is a surgery to remove the layer of skin (foreskin) that covers the head of the penis and part of the shaft

The Canadian Pediatric Society does not advise circumcision of baby boys. If this surgery is of value to you for private, religious, or social reasons talk about it with your health care provider.

You can also go to the website below for more information why or why not to circumcise your baby boy.

<http://www.cps.ca/english/statements/fn/fn96-01.htm>

KEEPING BABY SAFE DURING TRAVEL

Use an infant/child car seat every time your baby travels in a car

Infant car seats are a must for safe travel of babies in cars. By law, baby must always travel in an infant car seat and be correctly strapped even for short trips. Car seats must meet the Canadian Motor Vehicle Safety Standards (CMVSS); look for this information on the car seat label.

See Manitoba Public Insurance booklet ‘Child Car Seats: Securing Your Precious Cargo’ booklet for information.

(In Winnipeg call: 204-985-7199/1619;
outside Winnipeg call: 1-888-767-7640;
Website: www.mpi.mb.ca)

See “Who to Call for Help & Information” at the end of this booklet for a list of Manitoba Public Insurance and web sites about infant car seats.

(Section resources: Manitoba Public Insurance, Transport Canada, 2008)

SUDDEN INFANT DEATH SYNDROME (SIDS)

Sudden Infant Death Syndrome (SIDS) is also called crib death. This is when a healthy baby under the age of one year, dies suddenly while sleeping. Doctors cannot explain why a baby dies of SIDS.

Reducing the risk of SIDS includes:

- a safe sleep place.
- smoke-free setting.
- keeping baby's temperature right.
- breast feeding.
- sharing a room (not a bed) with baby for the first 6 months (CPS statement).

SAFE SLEEP FOR BABY

The safest place for baby to sleep is:

- alone in an approved crib or cradle.
- not on an adult bed, water bed, couch, sofa or recliner.
- on baby's back for night and nap time.
- on a firm flat mattress with tight fitted sheet.
- without pillows, quilts, toys, bumper pads and heavy blankets.
- in parent's room for the first 6 months.

(Public Health Agency of Canada, 2010) (Safe Sleeping for Your Baby, WRHA 2005)

http://www.perinatalervicesbc.ca/sites/bcrpcp/files/Guidelines/Health_Promotion_and_Prevention/Infant_Sleep_Environment.pdf

A safe crib includes:

Crib structure

- cribs that meet federal government's Crib and Cradle Regulations.
- cribs made before September 1986 or without a label should not be used as they do not meet the Canadian safety standard.
- sides of the crib lock in place.
- frame needs to be solid (check the screws regularly).
- place the crib away from electrical fixtures, windows, curtains, blind cords (tie cords high out of reach).

www.Canadian-health-network.ca (search for cribs)

Mattress

- must be firm and fit the crib tightly.
- must be moved to the lowest level, as soon as baby can sit up.
- if you chose to use a playpen for sleep:
 - use only the sleep compartment.
 - make sure that the sleeping surface is flat (not slanted or tilted).
 - remove change table accessory if it rests over the sleep compartment.

Smoke-Free Setting

Provide a smoke free setting both before and after birth.

Keeping your home smoke-free will help baby stay healthy and reduces the risk of SIDS. No one should smoke near baby or in your home.



Remember Manitoba's new law of 'No Smoking' in the car when anyone under the age of 16 rides in the car.

(http://www.gov.mb.ca/drivers/smoking_law.html)

Right Temperature for Baby

Keep the room at a temperature comfortable for you and it will be right for baby.

Dress baby so baby is warm but not hot:

- dress only in the same number of layers that you wear.
 - in a warm sleeper to do away with the need for covers.
- do not wrap or swaddle baby tightly.
- check the back of baby's neck; baby should not sweat.
- do not put a hat on baby's head when indoors as it may make baby too hot or slide down over baby's face.

Feed Baby Safely at Night

If you bring baby to bed to feed, make sure that:

- you are not so tired that you might fall asleep while feeding.
- neither you nor anyone else in your bed is affected by drugs or alcohol.
- your bed mattress is firm.
- pillows, soft covers, and duvets are kept away from baby's face.
- you return baby to the crib after feeding.

Remember:

***“Back to sleep, Tummy to play,
and lots of position changes throughout the day!”***

GIVE BABY A GOOD HEAD START

At birth baby's head is soft and still growing. Baby may get a flat spot on the back or the side of baby's head from lying on the same spot too much.

Three ways to give baby's head a good start include:

Sleeping

Baby needs to sleep on baby's back. To avoid too much pressure on the same spot on baby's head:

- place baby so that the head is at opposite ends of the crib several times a day; this will help baby turn the head in both directions

Tummy time

Baby should have tummy time when awake and watched in order to get pressure off of the back of baby's head. This also helps develop head and muscle control along with upper body strength.

Begin tummy time when you and baby come home:

- after each diaper change.
- lie on your back with baby on your chest facing you.
- place a small roll under the chest to help support baby.
- play on the floor with baby.
- spend lots of baby's wake time doing tummy time. This will help baby to develop motor skills such as rolling, sitting and crawling.

Positioning

- limit the time baby spends in a car seat, carrier or infant swing.
- side-lying is a good position for play, use both sides for play.
- carry baby on your opposite arms and hip.

Source Health Canada Product Safety, Healthy Environment and Consumer Safety Manitoba and Saskatchewan Region, January 2010

NEVER, EVER SHAKE BABY

**CRYING DOES NOT HURT BABIES!
HOWEVER, CRYING IS THE NUMBER ONE REASON
THAT CAREGIVERS HARM BABIES**

REMEMBER:

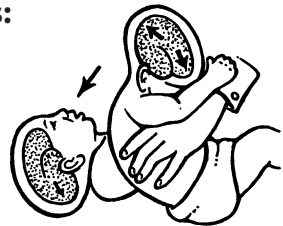
- a crying baby is not a bad baby, but a baby with a problem.
- a crying baby doesn't mean you are doing something wrong.
- **DO NOT** try to care for baby when you are angry:
 - put baby down in a safe place.
 - call someone to come and help you right away.
- try to calm down.
- it is very important NOT to shake baby when you are upset, instead:
 - ask family members and/or friends to help you care for baby during baby's crying or screaming spell or when you need some sleep or a break.
- you cannot spoil baby.

Shaking baby can lead to:

- bad neck injuries.
- brain damage.
- numbness and weakness of the legs and arms.
- mental retardation.
- seizures.
- blindness.
- death.

Shaking leads to injury because baby's:

- neck muscles are weak.
- head is large and heavy compared to the rest of the body.
- brain moves back and forth causing the blood vessels to break.



Shaking that leads to injury includes:

- mild shaking over a period of time.
- a few severe shakes.
- swinging baby or the small child without holding the head.
- throwing baby or a young child into the air and then catching them.

Protect baby from brain injury

- never shake baby.
- tell everyone who cares for baby about the dangers of shaking a baby.
- put baby down in a safe place and call someone to help with baby when you feel so tired and/or cross that you fear you might shake or hurt baby.
- head injury due to shaking baby:
 - is a form of child abuse.
 - can lead to serious lifelong injuries or death.

Call your health care provider to find out what help is available to you.

KEEP YOUR HOME SAFE FOR BABY & CHILD

Safety rules

- never leave baby alone on high places:
 - such as a bed, change table, sofa.
 - even when in a car seat, they could be knocked off or baby can rock themselves off the edge.
- never leave baby alone when bathing baby in a tub or on a counter.
- keep small toys that could lead to choking out of baby's reach. Babies put everything into their mouth, so let them have toys or things that are too big to fit into a toilet paper roll.

- check all baby items, such as toys and soothers (pacifiers) for strings longer than 20cm (8 inches) and remove them so baby won't strangle on them.
- baby walkers are so dangerous that they are banned for sale in Canada. If someone gives you an old one, do not use it, throw it out.
- fasten shelves or heavy furniture firmly to the wall.
- put a smoke and carbon monoxide detector on every floor of your house:
 - test smoke detectors each month to make sure they work.
 - if your detectors need batteries (not lithium batteries) change them at least twice a year.
- Do not drink hot beverages when you hold or carry baby.

See Health Canada's 'Is Your Child Safe?' pamphlet @ Information and Education Unit Health Canada.

If you need more information on how to prevent injuries, call IMPACT (204-787-1873) listed in the section "Who to Call for Help & Information" at the end of this booklet or go to following website: <http://www.wrha.mb.ca/healthinfo/preventinj/index.php>

PROTECT BABY FROM A RESPIRATORY (LUNG) INFECTION

Respiratory Syncytial Virus (RSV):

- causes the most serious lung infection in babies.
- infects about 67% of babies before their first birthday.
- occurs all year round, but is most common in winter.

Baby can get an RSV infection from a sick person:

- coughing into baby's face.
- who has the virus on their hands and touches baby.

Baby may get pneumonia from the RSV and need care in hospital.

A mild RSV infection is like a cold and baby may have:

- a runny, stuffy nose.
- a choking cough with lots of mucus that may last several weeks.
- difficulty breathing (wheezing) lasting for a few weeks.
- fever for several days.
- an ear infection.

Call your health care provider if baby:

- has a fever.
- has a hard time breathing.
- has a choking cough.
- has lots of thick mucus from the nose.
- is not feeding well.
- acts sick, is very tired and not playful.
- looks pale or bluish.

To protect baby from getting a RSV infection:

- wash your hands before caring for baby.
- do not allow visitors with colds or the flu to visit baby.
- keep baby away from places (e.g. shopping malls or schools) where you are likely to meet people with colds.
- wash your hands after blowing your nose, coughing or sneezing, or after being with a sick person.
- cover your cough with a Kleenex or hanky.

(Adapted from: Respiratory Infections in Newborn Babies Can be Serious: Here's How to Prevent Them Information For Parents, WRHA, 2003; More than a cold... RSV Manitoba RSV Program, SYN/94A01 – Dec. 2005)

VACCINATIONS STOP ILLNESSES

Start the “baby needles” when baby is two months of age and then follow the schedule of your health care provider.

“Baby needles”

- are safe.
- may cause two slight common side effects:
 - soreness of the arm or leg.
 - slight fever.
- do not often lead to serious side effects.

The chance of getting the disease is greater than having a bad side effect from the “baby needle”. The vaccine helps baby fight illnesses.

(Baby’s Best Chance Parents’ Handbook of Pregnancy and Baby Care 6th edition 2005. Province of British Columbia Ministry of Health, Victoria, BC.)

EXPECTED FAMILY CHANGES

A new baby brings change to the family and impacts everyone. Invite your family and friends to help care for baby.

When leaving baby in someone else’s care, make sure this person:

- can be depended on.
- knows how to safely care for baby.
- knows how to contact you in case of emergency.

Other children may react to a new brother or sister by:

- being proud and happy to have a new baby or sibling.



- being proud to be the big sister or brother.
- worrying that the new baby will replace them.
- being too busy to have much interest in the new baby.
- having feelings about the baby that change from time to time – loving one moment and angry the next.

Help your other child(ren) get used to the new baby by:

- not making other changes (e.g. toilet training) right after baby's birth.
- keeping in touch with your other child(ren) while in hospital.
- inviting your child(ren) to talk to and touch the new baby.
- letting them help with baby's feeding, bathing and diaper changing.
- teaching them to be gentle with baby.
- letting the other child(ren) know that a new baby does not replace them.
- spending one to one time with the other child(ren).

Who to Call for Help & Information

Emergency	Dial 911
Health Links – Info Santé	204-788-8200 1-888-315-9257 (toll free in Manitoba)
Mobile Crisis Service	204-940-1781 (24 hours)
Manitoba Poison Control Centre	204-787-2591
Family Doctor	Telephone #:
<p>Public Health Nurse</p> <p>As part of the follow-up plan of care for you and your baby, we will make a referral to Public Health (a service offered to all moms & babies).</p> <p>The referral form has information about your pregnancy, labour & delivery, and you & your baby during the postpartum period, your discharge plans & current family situation.</p> <p>If you have any questions about this visit talk to your nurse or midwife.</p>	Telephone # of Public Health Nurse in your area:

Breast feeding Support

Breast feeding Drop-in & Support: (for individual help and/or group support)	Please check with your Public Health Nurse for information about Breast feeding Clinics.
La Leche League – Manitoba various group locations, phone support	204-257-3509 <i>www.LLCC.ca</i>
Breast feeding Hotline 24 hours nurse phone support with possible referral to WRHA Public Health	204-788-8667
Breast feeding Online	<i>http://www.breastfeedingonline.com</i>
WRHA Public Health and community agencies offer free Breast feeding/Lactation Consultant support. Individual and group support by community areas. Phone to confirm times or book an appointment with a Lactation Consultant.	To make a weekend appointment with a Public Health Lactation Consultant, call Monday to Friday – 940-2362
Access River East 975 Henderson Highway	204-938-5000
Downtown and Point Douglas 755 Portage Ave.	204-940-6669
Fort Garry/River Heights 1155 Wilkes Avenue	204-940-2015
Inkster and Seven Oaks 3 - 1050 Leila Avenue	204-938-5607
St. James 2015 Portage Avenue	204-940-2040
Youville St. Vital – Lactation Clinic 6 - 845 Dakota Street	204-940-1692
Women’s Hospital 735 Notre Dame Avenue Phone support, Lactation Consultant by appointment or drop-in Breast feeding Clinic	204-787-1166
Mother Risk (Information on safety of medications and products during pregnancy and breast feeding)	1-416-813-6780

Other Sources of Information

<p>Women's Health Clinic 419 Graham Avenue (for more information about Mother's Programs, coping with Change, birth control, & unplanned pregnancy)</p>	<p>204-947-1517 www.womenshealthclinic.org</p>
<p>Mount Carmel Clinic 886 Main Street</p>	<p>204-582-2311</p>
<p>Youville Community Health Resource Centre (St. Vital) 6-845 Dakota</p>	<p>204-255-4840</p>
<p>Klinic Community Health Centre 870 Portage Avenue</p>	<p>204-784-4090 www.klinic.mb.ca</p>
<p>Crisis Counselling Line - Klinic 870 Portage Avenue 24 hour telephone service</p>	<p>204-786-8686 Toll free 1 888 322-3019</p>
<p>Health Canada's bath seat fact sheet</p>	<p>http://www.hc-sc.gc.ca/cps-spc/pubs/cons/bath_seat-sieges_de_bain-eng.php</p>
<p>WRHA Hot Water Burns Like Fire Brochure</p>	<p>http://www.winnipeg.ca/waterandwaterandwaste/pdfs/water/hot_tap_water_burns.pdf</p>
<p>Family Information Library, Children's Hospital, Health Sciences Centre Winnipeg</p>	<p>204-787-1012</p>
<p>Neil John Maclean Health Sciences Library, Consumer & Patient Health Information Service</p>	<p>204-789-3464 www.umanitoba.ca/libraries/units/health/reference/chis.shtml</p>
<p>The Highway Traffic Act (banning smoking in cars...) law July 15, 2010-07-30</p>	<p>http://www.gov.mb.ca/drivers/smoking_law.html</p>
<p>The Web Centre for Women's Health</p>	<p>www.umanitoba.ca/womens_health</p>
<p>Children's Hospital Web Site</p>	<p>www.wch.ca</p>
<p>Manitoba Health Site, Nutrition</p>	<p>www.gov.mb.ca/health/nutrition/index.html</p>

'Crib Safety' information:	Manitoba: 204-983-5490 OR on line: Mb_Prodsaf@hc-sc.gc.ca
IMPACT (The injury prevention program, Winnipeg Regional Health Authority provides information on car seat safety, safe sleeping, avoiding burns from tap water and home safety for infants and children)	204-787-1873 http://www.wrha.mb.ca/healthinfo/preventinj/index.php
Transport Canada Consumer Information Notice, Child Restraint Systems (TP 14563)	1-800-333-0371
Manitoba Public Insurance	204-985-7199 www.mpi.mb.ca
Health Canada Product Safety	http://www.hc-sc.gc.ca/cps-spc/child-enfant/index-eng.php
Safe Kids Canada (National Injury Prevention Program of the Hospital for Sick Children)	1-888-SAFE-TIPS www.sickkids.ca/safekidscanada/
Canadian Pediatric Society, Caring for Kids website	www.caringforkids.cps.ca
Canadian Health Network, Public Health Agency of Canada	www.canadianhealthnetwork.ca
Healthy Child Manitoba Programs: • Healthy Baby	www.gov.mb.ca/healthychild/programs/healthybaby/intro.html http://www.gov.mb.ca/healthychild/programs/healthybaby/index.html
Canadian Father Involvement Initiative, Ontario link	www.cfii.ca (then go to the Ontario link)
Neah Kee Papa (year round service for all men, may also include female partners) run by Manitoba Métis Federation	Community Liaison Department 204-586-8474 ext. 300 (coordinator ext. 371)
The Web Centre for Women's Health	www.umanitoba.ca/womens_health

Manitoba Health Site: Nutrition Dial-a-Dietitian	www.gov.mb.ca/health/nutrition/index.html Winnipeg 204-788-8248 1-877-830-2892
Eating Well with Canada's Food Health Canada website	www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php
Healthy Canada website	http://healthycanadians.gc.ca/kids
Mother Risk (information on safety of medications and products during pregnancy and breast feeding)	1-416-813-6780
Community Contact a Winnipeg based service by the Volunteer Centre of Winnipeg, Inc.	http://cms00asa1.winnipeg.ca/crc/crc 204-287-8827 (for calls outside the Winnipeg area) 1-866-COM-INFO (266-4636) Email: vmproject@mts.net http://www.volunteermanitoba.ca
Contraception (copyright 2009)	Sexualityandu.ca http://www.sexualityandu.ca/adults/contraception.aspx http://www.sexualityandu.ca/adults/contraception-2-16.aspx http://sexualityandu.ca/adults/contraception-1.aspx
Emergency Contraception after Sex	Sexualityandu.ca http://www.sexualityandu.ca/adults/contraception-1.aspx (copyright 2009)
Facts of Life Line, Sexuality Education Resource Centre	Email: thefactsoflife@serc.mb.ca 204-982-7800 www.serc.mb.ca

<p>Postpartum Depression Help Lines</p>	<p>Mobile Crisis Service 204-940-1781 (24 hours) Klinic Community Health Centre Crisis Line 204-786-8686 Manitoba Suicide Line 1-877-435-7170 (24 hours) Health Links-Info Santé 204-788-8200 (24 hours)</p>
<p>Choosing Wisely: A guide to help you make decisions about contraception</p>	<p>http://www.sexualityandu.ca/trialdp/index.aspx</p>
<p>S.O.S (stay on schedule) Your guide to taking contraception after a missed dose or extended use.</p>	<p>Sexualityandu.ca http://www.sexualityandu.ca/sos/index_e.aspx</p>