

HAVING YOUR BABY AT



**Halton
Healthcare**

GEORGETOWN • MILTON • OAKVILLE



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Introduction

Welcome to family and patient centred care at the hospitals of Halton Healthcare: Georgetown Hospital (GH), Milton District Hospital (MDH) and Oakville Trafalgar Memorial Hospital (OTMH). This booklet will provide you with information that will be helpful in your planning for the exciting months ahead. Learning and knowing what to expect about labour, birth and the days after birth, helps you feel better prepared and more confident.

This book was developed to help you know what to expect during your childbirth experience at our hospitals. In addition to prenatal and hospital information, we have also included important phone numbers and other resources you may find useful in the weeks following the birth of your child.

**Please remember to bring your Ontario Health Card
with you each time you come to the hospital.**



Prepared by the Family Continuity of Care Committee, whose goal is to partner with consumers and community resource representatives for the purpose of enhancing quality care and to facilitate a seamless continuum with the community for new families and the paediatric population.

Gender Specific Deliveries

A message from the Hospitals in Peel and Halton Regions - Congratulations on the upcoming birth of your child. The hospitals in the Peel and Halton regions are focused on providing a high level of care that recognizes your unique needs. In response to the growing number of requests for same gender physicians we would like to provide you with some information in advance regarding our ability to accommodate such a request.

It is not possible for the hospitals within the region to guarantee requests for female doctors or obstetricians. If this is a concern for you please discuss your concerns with your family doctor or obstetrician early in your pregnancy.

If you are uncomfortable with the gender of the doctors who are available at the time of your admission into a hospital, a decision to leave the hospital and seek care elsewhere is not recommended. In the interests of the health and safety of you and your baby we ask you to work with the staff available for your care.

We hope that this information is helpful as you evaluate your treatment needs and prepare for the birth of your child. If you have any questions or would like to discuss your concerns, you can contact the maternity/child unit of your local area hospital directly.



Prenatal Information

This section includes:

- General information
- Having the healthiest baby possible
- Childbirth preparation classes
- Important signs to watch for when you are pregnant
- 10 great reasons to breastfeed
- Preparing for your hospital admission



General Information (in alphabetical order)

Car Seat Safety - Understanding how to properly secure children in a vehicle is important for protection. Check with your local police or fire station, or public health unit about current child safety seat clinics. Information on child passenger safety can be found through the following website www.tc.gc.ca

Child Care - If you are planning to return to work, it is a good idea to plan ahead because there may be long waiting lists for child care agencies. Call the Child Care Directory and Information Line to obtain information about childcare that meets your needs. Call [905-875-0235](tel:905-875-0235) or visit the website at www.thrc.ca

Circumcision - is a personal decision. We encourage you to discuss the pros and cons of circumcision with your doctor or midwife. Please be advised that this procedure is not covered by provincial health insurance and there will be a charge for this service. Ask your doctor or midwife for details. For further information, visit the Canadian Paediatric Society website for parents, [Caring for Kids](http://www.caringforkids.cps.ca/handouts/circumcision) www.caringforkids.cps.ca/handouts/circumcision

Cord Blood Programs - offer parents the opportunity to retrieve and store stem cells from the umbilical cord of their newborn baby that can be used to treat some



childhood diseases. This must be arranged in advance of the birth. There is a fee charged by the hospital for collection of cord blood for this program. There are several Cord Blood Collection Programs in Canada. Ask your doctor or midwife for details and more information.

Doula Care - A doula is someone who provides non-clinical support and care to a woman (and her partner) during childbirth and the postpartum period. Knowing your Doula prior to your labour and birth will help you and your family feel more supported, educated and guided through your birth experience. The Associated for Ontario Doulas provides more information about birth and postnatal doulas and how to find one in your community.

Family Doctor - Please ensure that your family doctor or paediatrician is able to care for your new baby. If you need a doctor, call your local hospital prior to birth for a list of doctors in the area accepting new patients.

GH-905-873-0111, ext. 5021, MDH-905-878-2383, ext. 5021, OTMH-905- 845-2571, ext.5021. You may also visit the Halton Healthcare website at

www.haltonhealthcare.com for the names of doctors who are accepting new patients.

Halton region also has information of doctors accepting new patients. Call 311 or visit www.halton.ca. If your family doctor does not have hospital privileges, an on-call doctor will look after your baby while in hospital. Please bring contact information with you to the hospital.

Healthy Babies Healthy Children Program (HBHC) - is a Provincial program offered by Public Health units across Ontario in partnership with health care providers, hospitals, midwives and community agencies. It is a free and voluntary program intended to help children get a healthy start in life by providing screening, education and support for families from the prenatal period until the child transitions to school.

In the prenatal period and/or following the birth of your baby, you will be asked to sign consent to share your information with the HBHC program. Standard screen questions will be asked to identify areas where your family may need additional information and support. HBHC provides all consenting new parents with information about community resources, parenting programs and parenting services to assist in promoting their child's healthy growth and development. Home visiting with a Public Health Nurse may be offered to families that have stressors or challenges that could impact their child's developmental progress.

At any time in the prenatal period or following the birth of your baby, you can learn more about the HBHC program in your community to see if it is right for you. You can visit www.HaltonParents.ca or call 311 and speak with a Public Health Nurse.



A Public Health Nurse Liaison visits Halton hospitals most weekdays and may be available to meet with you while you are still in hospital if you have additional questions. If you reside outside of Halton, dial 311 to connect to your local Public Health unit. As HBHC is a voluntary program, follow-up by phone, mail or email will only be provided once you sign consent.

Labour Support - may be provided by a partner, doula, relative or friend. It is a good idea to share your plans/requests for labour support with your doctor or midwife and your partner ahead of time.

Midwives - are qualified healthcare professionals who provide care to healthy women throughout pregnancy, labour, birth and the postpartum period, and to their newborn infants. Prenatal care includes counselling and teaching as well as monitoring the health of mother and baby for a period of six weeks after the birth of your child. Community Midwives of Halton have privileges at OTMH. For more information call them at 905-338-8004 or email midwivesofhalton@gmail.com

Midwifery Care of Peel and Halton Hills Georgetown Satellite have privileges at GH. For more information call them at 905-702-1900 or email them at midwiferycarenorth@mcphh.ca. Currently there are no Midwifery privileges at Milton Hospital.

Prenatal Care (MDH & GH) - will be provided by your doctor or midwife. Referrals are made to the Obstetrical Unit where expectant mothers are assessed for well being and receive care that has been recommended by their doctor or midwife.

Prenatal Clinic (OTMH) - is located in the Maternal Child Unit on the 3rd floor. Please take the blue elevators to the third floor and follow the signs to Maternal/Child and Prenatal Clinic. The clinic is where expectant mothers are assessed for well-being and receive care that has been recommended by their doctor or midwife. Your doctor or midwife makes referrals to the prenatal clinic. Prenatal Tours - may be viewed online at OTMH.

www.haltonhealthcare.com/programs_otmh_maternal.php

For a tour of MDH call 905-878-2383, ext. 7030 and for an informal tour of the facilities at GH please call 905-873-0111, ext. 8245.

Safer Healthcare Now - is a key component in the advancement of patient safety in Canada. With its goal to improve healthcare delivery by focusing on patients and their safety while in the care of doctors or midwives, there are five key points that the Ontario Hospital Association (OHA) has outlined on how to be involved with your healthcare:

- Be involved in your healthcare. Speak up if you have questions or concerns about your care www.saferhealthcarenow.ca

- Tell a member of your healthcare team about your past illnesses and your current health condition
- Bring all of your medicines with you when you go the hospital or to a medical appointment
- Tell a member of your healthcare team if you have ever had an allergic or bad reaction to any medicine
- Make sure you know what to do when you go home from hospital or from your medical appointment

Social Workers are Here for You

Whether you are a first-time Mom, or just feel that you could use some support during your hospital stay, a Social Worker is there for you. A Social Worker can help you work through issues that you may be facing in your personal, family, and/or work life. While having a baby can be a very exciting time in your life, many parents can experience questions and concerns that they need help with. Social Workers are good listeners, and can help you to better identify and understand these challenges, develop coping skills, and find effective solutions. Social Workers can help you to make positive changes in your life, as well, as connect you with community resources. If you would like to speak with the Hospital Social Worker, please let your Physician and/or Nurse know, who will then make a referral on your behalf.



Having the Healthiest Baby Possible

Alcohol: There is no safe level of alcohol intake during pregnancy. Don't take a chance, stop drinking alcohol before you conceive and throughout pregnancy. If you have any questions about this, speak with your doctor or midwife.

Babies and Smoke Don't Mix!: Smoking and being exposed to second-hand smoke is dangerous to your health and the health of your unborn baby. If you are pregnant and are smoking, please try to quit or cut down. If you would like support contact the Healthy Babies Healthy Children line at 311 and ask about the "Stop Smoking Clinic" at Halton Region Health Department or look online at Halton's website www.halton.ca for clinic information. Please note that **Halton Healthcare is a smoke free organization**



and has implemented a total smoking ban at its three community hospitals. The BUTT OUT Smoking Cessation Program is offered by the Cardio Respiratory Department.

Drug Use: Any medications, including over-the-counter, herbal and prescription, may have an effect on your growing baby. Always check with your doctor or midwife before taking any medication while pregnant! For helpful advice contact your Pharmacist or the Motherisk information line at 416-813-6780 or at www.motherisk.org/ .

Healthy Eating and Body Weight: Weight gain during pregnancy is necessary to meet the needs of your growing baby. Ask your doctor or midwife or a registered dietician about how to achieve a healthy weight for your pregnancy. Pregnancy is not the time to lose weight. It is important to eat a balanced diet. Try to choose foods from all four food groups at each meal. To access a copy of "Canada's Food Guide for Healthy Eating" or to register for the Halton Prenatal Nutrition Program call 311 or visit www.halton.ca. If you have questions about healthy eating call 1-800-510-5102 to speak to a registered dietician.

Infectious Diseases: Some infectious diseases are known to affect your unborn baby's development. Contact your doctor or midwife if you have a fever or develop a rash of any kind. Cats may carry a parasite that can affect the health of a pregnancy, so wear gloves or have someone else change the litter. Sexually transmitted infections (S.T.I.) can pose a threat to your baby. Always protect yourself by using condoms if you are not in a steady relationship. Contact your doctor or midwife or a Public Health Nurse if you think you have been exposed to a STI.

Living and Working: Environmental exposure to some chemicals, heavy metals and solvents may be cause for concern during pregnancy. Ask yourself... What kind of environment am I living and/or working in? Is there a place to rest at work? Is my employer supportive and flexible? If you are working, speak to your occupational safety representative if you have concerns.

Physical Activity: Physical activity is vital for good health. Being active during pregnancy helps to minimize discomfort, speeds recovery after birth, and makes you feel good about yourself. Check with your doctor or midwife regarding safe physical activity during pregnancy. Avoid strenuous high impact aerobics, lying on your back for prolonged periods or sports that could cause injury. There are many activities and programs designed with safety in mind. Check with your local Parks and Recreation Department or other health clubs in your community.

Baby's Movements - Kick Counts: An important way to monitor your baby's health during pregnancy is to be aware of your baby's movement patterns. Usually you feel the baby move 6 times in 1-2 hours. Your baby will have times of activity and rest each day. At about 28 weeks in your pregnancy your doctor or midwife will give you specific instructions about keeping track of your baby's movements. If there is a significant change or reduction in the way your baby movements are felt you should always tell your doctor or midwife or call the hospital if they can't be reached.

Childbirth Preparation Classes

Childbirth preparation and early parenting programs are encouraged as they will help you learn and gain more confidence about your pregnancy, labour, birth and caring for your newborn. A variety of free childbirth education forums are offered to Halton residents through the Halton Region Health Department:

- **Weekend classes**
- **Evening classes**
- **Parenting expecting Multiples classes**
- **Car Seat Classes**
- **Breastfeeding class**
- **Online prenatal education**
- **Halton Prenatal Nutrition Program** (provides extra support to families facing challenging life circumstances)

Important Signs to Watch for When You Are Pregnant

Go to hospital right away and contact your doctor/midwife if you have any of the following symptoms or if something doesn't feel right:

- Bad cramps or stomach pains that won't go away
- Bleeding, trickle or gush of fluid from your vagina
- Lower back pain/pressure, or change in lower backache
- A feeling that the baby is pushing down
- An increase in the amount of vaginal discharge
- Fever, chills, dizziness, vomiting, a bad headache and/or severe heartburn
- Blurry vision or spots before your eyes
- Sudden or severe swelling of feet, hands or face
- A change in the amount your baby usually moves

(Reference: Best Start Ontario)





Breastfeeding Information

All mothers should receive a booklet called "Breastfeeding Matters" provided by Halton Regional Department of Health. Follow the link below for an electronic copy. www.beststart.org/resources/breastfeeding/pdf/BreastfeedingMatters_2013_low_rez_reference.pdf

This is an excellent resource before the baby is born, at the hospital and after the birth. The information includes:

- Breastfeeding positions
- Learning to breastfeed
- How to tell if your baby is breastfeeding well
- Caring for your breasts
- Expressing breastmilk
- Storing milk/thawing frozen breastmilk
- Questions about breastfeeding

If you did not receive one prior to birth you will receive one in the hospital. This resource is available in 12 other languages on the Best Start website.

10 Great Reasons to Breastfeed

Breastfeeding is one of the best starts a mother can give her baby.

1. **Tailor Made** - Only your milk is specifically made for your baby. Your body will automatically monitor it so that it is not too rich or watery. It will have just the right protein, fat, vitamins, and minerals, and as your baby grows, it will change to meet his/her changing needs. It is the easiest milk of all for your baby to digest. Your breastfed baby may tend to burp less, will not get constipated and will have very soft, small, frequent stools that are non-odorous.
2. **Nutrients Plus** - The first milk your breasts will produce is colostrum. It is a rich yellowish fluid which contains water, sugar, protein and vitamins that your baby needs. It also provides your child with some protection against infection and allergies. Babies can still develop allergies but chances are greatly reduced and an allergy may be less severe.

3. **Convenient & Safe** - Breastmilk is always safe, fresh, and exactly the right temperature. It's ready for a baby at a moment's notice, and you don't have to stop and boil water, sterilize bottles or heat formula. That makes night feedings a lot easier to handle! It also makes it easier to take baby visiting.
4. **Automatic** - Your baby should start to nurse as soon as possible after birth. It may take two to four days for the breastmilk to appear. The suckling signals your body to produce milk, and the more often you nurse your baby, the more milk you will produce.
5. **Continues the Special Relationship** - You can begin to nurse as soon as your baby is born. You will be establishing a close physical contact with your baby that will help build a secure, loving relationship. You can't spoil a new baby, so give him/her all the cuddling he/she wants.
6. **Available for Months** - Your baby may not need anything but your milk for up to six months. If you nurse your baby as often as she wants, your baby will get everything he/she needs to grow.
7. **Easy on the Budget** - It is made from what you eat, so your only extra expense will be the few extra calories you must consume to produce the milk.
8. **Helps with Weight Control** - Breastfeeding can help you return to your pre-pregnant weight because it uses up the extra fat stored in your body during pregnancy. You should eat an extra 500 calories a day to produce the milk.
9. **An Enriching Experience** - Learning to breastfeed takes a little time and some patience but it's worth it. Many women have some difficulties, especially in the early weeks, but this is perfectly normal. Don't hesitate to talk about it to a lactation consultant, public health nurse, or your doctor or midwife.
10. **Works for Working Mothers** - Don't feel you have to lose this unique experience as soon as you return to work/school. It's best if you can be home for at least six weeks, as it takes about that long for your milk supply to become well-established. As your baby gets older, you can express the milk by hand or with a breast pump and leave it with your caregiver to feed the baby later on. It can be frozen for future use.

Adapted from Health Canada's 10 Great Reasons to Breastfeed



Making an Informed Decision About Infant Feeding

Are you considering giving your baby breastmilk substitutes (formula)? Take time to learn about the importance of breastfeeding and the risks of formula.

Some key points to consider:

Importance of Breastfeeding:

- Breastfeeding promotes bonding between you and your baby
- Breastmilk is convenient, always the right temperature and available any time
- Breastfeeding promotes proper jaw development
- Breastfeeding builds healthy eating habits
- Breastfeeding promotes healthy brain development
- Breastfeeding helps control postpartum bleeding for mothers
- Breastfeeding is free and environmentally friendly

Risks of Formula Feeding

Formula fed infants are at more risk for:

- Infections such as ear, chest and bladder infections
- Upsets of the stomach and gut, causing diarrhea or later bowel problems
- Sudden Infant Death Syndrome (SIDS)
- Obesity and chronic diseases later in life
- Some childhood cancers
- For mothers, NOT breastfeeding increases their risk of postpartum bleeding and cancer of the breast or ovaries

How to Prepare for Breastfeeding

- Read about breastfeeding and attend a prenatal breastfeeding class
- Learn about the importance of breastfeeding. Share you plan to breastfeed with your support team: your partner, family, friends and healthcare providers
- Learn how to have the best birth possible for you and your baby
www.haltonparents.ca
- Know where to get support when your baby arrives. Support is important for breastfeeding success! Community breastfeeding support information is available on the Halton Baby-Friendly Initiative website
www.babyfriendlyhalton.ca Mother-to-mother phone support is available from the Halton Breastfeeding Connection www.haltonparents.ca
- Learn how to hand express colostrum. Colostrum is the first nutrient your baby needs.



Preparing For Your Hospital Admission

This section includes information about:

- Pre-registration
- What to bring with you to the hospital

Pre-Registration Information

At all three hospitals pre-registration forms are given out at the doctor's office, at the tours, or are available from the obstetrical units.

Georgetown Hospital - Completed registration can be given directly to the Admitting Department or mailed in to the hospital.

Milton District Hospital - Completed registrations can be given directly to your doctor or the Admitting Department in the hospital. If you weren't pre-registered through your doctor's office, register by calling 905-878-2383 ext. 7017.

Oakville Trafalgar Memorial Hospital - Pre-register as early as possible by completing the registration form and returning it to our Maternal Child Program in person, or by mail. If you have any questions or additional information for your file, call the Maternal Child admitting desk at 905-338-4664.



What to Bring with You to the Hospital

PLEASE NOTE ** Milton District Hospital and Georgetown Hospital have pre-packaged supplies for a \$30.00 fee. The personal care package includes 1 package of peripads, 2 mesh panties, 3 large "attends" pads, pericare bottle, tissues, 1 package of newborn diapers, Vaseline and dry wipes. The hospital does not provide these personal care items. You may want to pack your bag a few weeks before your due date, just in case...

For MOTHER:

✓ Provincial Health Card	✓ Maxi sanitary pads (24+)
✓ Proof of semi-private or private coverage	✓ Your own pillow (optional)
✓ Pens (you will be filling out forms)	✓ Toiletries including soap, shampoo, comb, toothbrush, toothpaste, hair dryer, tissues
✓ Nursing bras and pads, maternity underwear, socks, slippers, housecoat and nightwear suitable for breastfeeding, going home outfit, likely maternity-styled	✓ Clock/watch with second hand ✓ Small amount of money
✓ Personal snacks. Please identify them with your name if you plan to store them in our fridge.	✓ Notepad/notebook for jotting down questions during your stay

For BABY:

✓ Diapers - newborn size (approximately 24) ✓ Disposable wipes if you wish (we provide wash cloths, only)	✓ Infant car seat that meets Canadian Motor Vehicle Standards (see website below)
✓ Clothes including sleepers, socks, undershirts, bonnets, as well as clothing and blankets to take the baby home in	✓ www.tc.gc.ca/eng/roadsafety/safedrivers-childsafety-index-53.htm

We recommend that you pack separate bags for mother and baby and leave the baby bag in the car until after delivery to decrease clutter in the birth room.

For DAD or SUPPORT PERSON:

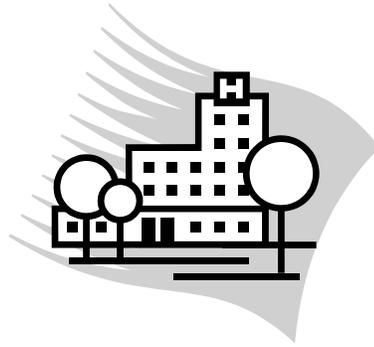
✓ Pajamas or appropriate clothing if staying overnight	✓ Toiletries ✓ Tylenol or headache medication
✓ Camera (optional)	✓ Memory card for camera
✓ Extra snacks i.e. fruit, granola bars	✓ List of phone numbers



Your Labour, Birth and Hospital Stay

This section includes:

- Signs that your body is getting ready for labour
- Eating and drinking during labour
- When to go to the hospital
- Your care during labour and birth
- Having a support person during labour
- Making yourself comfortable during labour
- Your care during labour and birth
- Birth by Caesarean Section



Be prepared before labour starts

Labour typically begins between the 37th and 42nd week of pregnancy. It is a natural physiological process that usually begins when you and your baby are ready. It is best to be prepared for whenever your labour might begin. Being prepared can increase your confidence in your ability to labour and birth your baby. To prepare physically and emotionally for labour, you can:

- Learn about the process of labour and birth and ways to find comfort as you move through the stages of labour
- Think about your needs and preferences and how you will discuss these with your health care provider
- Talk with your support person(s) about what you think may help during labour
- Pack a bag with things you will need during labour and after birth
- Make a list of contact numbers including your support person(s), your health care provider(s) and your hospital
- Plan to wait for labour to start on its own unless medical concerns arise

Your baby moves to a lower position - As your baby settles down into the pelvis you may feel you can breathe more easily. You may feel more pressure or feel as if you need to pass urine more often. This is called 'lightening' or 'engagement' and can occur up to 4 weeks before your labour starts. If you have had a baby before, engagement may not occur until you are in labour.

Your cervix begins to soften - At the beginning of pregnancy, the opening of your uterus, called the cervix, is rigid and firm. As you get closer to your due date, your cervix begins to soften to prepare for the birth of your baby. Your doctor or midwife may examine you to see if your cervix has softened.

You have mucous discharge from your vagina - Early in pregnancy a plug of mucous forms at the opening of your cervix; as you get closer to your due date, your cervix begins to soften and open slightly. This often causes the mucous plug to come out. When this happens you may notice a mucous discharge from your vagina. The



discharge may be clear or have a small amount of blood. ***If your discharge looks more like blood or water, call your doctor or midwife right away.**

You have irregular contractions - Your uterus may start contracting; tightening and then relaxing. This may feel like menstrual cramps. If your contractions become regular or get closer together you may need to go to the hospital.

Eating and Drinking During Labour

When you are in early labour at home, it is important to eat and drink as you feel necessary. Having plenty of fluid is important so drink clear juice, water or suck popsicles, hard candy, and/or ice chips. Staying hydrated and eating small quantities of protein every few hours may help your labour stay on track. When you are in hospital, please let your doctor or midwife know if you wish to eat and based on your progress in labour a decision will be made what is best for you. If you do not feel like eating, you should still drink water or clear juice. Some women feel sick and may vomit during labour.



When to Go to the Hospital

Go to the hospital when any of these things happen:

- Your contractions are regular or you are uncomfortable
- You think your water has broken
- You have bleeding from your vagina
- There is a change in how often your baby is moving
- You are concerned about yourself or your baby



Georgetown Hospital	Milton District Hospital	Oakville Trafalgar Memorial Hospital
<p>Call first to advise the nursing staff that you are in labour and planning to come in so that they can prepare for your arrival.</p> <p>Call <u>905-873-0111</u> <u>ext. 8245</u></p> <p>Enter through the Emergency Department doors after 9:00 p.m.</p>	<p>Call first to advise the nursing staff that you are in labour and planning to come in so that they can prepare for your arrival.</p> <p>Call <u>905-878-2383</u> <u>ext.7030</u></p> <p>Enter through the Emergency entrance between 8 p.m. and 7 a.m.</p>	<p>Call first to advise the nursing staff that you are in labour and planning to come in so that they can prepare for your arrival.</p> <p>Call <u>905-338-4688</u></p> <p>If you are in early labour and coming to hospital between 7am and 10pm, enter through the main doors. Proceed south along the main hospital corridor to the South (Green) elevator. Take the elevator to the third floor and follow signs to the Birthing Suite.</p> <p>If you are coming to the hospital between 10pm and 7am, or you are experiencing an obstetrical emergency, please enter the south entrance and proceed straight down the hall to the green elevator. Take the elevator to the third floor and follow the signs to the Birthing Suite</p>
<p>Access the parking lot from Princess Anne Drive. See map at the back of the booklet. Patients and visitors will obtain a ticket upon entry, take it into the hospital, pay for parking at the Pay Station and then insert the paid ticket into the gate at the exit. Payment with credit card is accepted. Pay Station is located at the ER/South entrance.</p>	<p>Access the parking lot from either Derry Road or Bronte Street. See map on back cover. Patients and visitors will obtain a ticket upon entry, take it into the hospital, pay for parking at the Pay Station and then insert the paid ticket into the gate at the exit. Payment with credit card is accepted. Pay Station is located at the ER/and main lobby. There is an ATM machine in the emergency department.</p>	<p>Access the parking lot from Hospital Way. For parking after hours (10 pm to 7 am) or for obstetrical emergencies, please park in lot P3 See map on back cover. Patients and visitors will obtain a ticket upon entry, take it into the hospital, pay for parking at the Pay Station and then insert the paid ticket into the gate at the exit. Payment with credit card is accepted. Pay Station is located at the ER/and main lobby. There is an ATM machine in the emergency department.</p> <p>Visitor parking is in lots P4 and P5 and in the parking structure</p>
<p>Upon Arrival please register at admitting before you walk down to the unit for assessment.</p> <p>If you arrive during the night please check in at the Admitting or Emergency Department staff.</p>	<p>Staff will direct you to the Obstetrical Department where you will be assessed in the Triage area.</p>	<p>When You Arrive, proceed to the Birthing Suite where you will be assessed in Early Assessment (Triage) Room.</p>



Your Care During Labour and Birth

Upon arrival your nurse or midwife will welcome you and help you feel comfortable. Your nurse and doctor or midwife will take your history, review your birth plans and assess the stage of your labour, take your vital signs and listen to your baby's heart rate. In most cases, a blood sample will be taken from your arm. If you are in the early stages of labour, the nurse will encourage you to move around.

Nurses provide supportive care in labour. If possible, the same nurse will stay with you during your labour and birth. Please share all concerns/information with your nurse so she can provide the best possible care for you as an individual.

Here are some ways that the nurse can support you:

- Help you relax, find comfortable positions and manage pain
- Assess and keep you up to date with the progress of your labour
- Check your temperature, blood pressure and pulse, and your baby's heart rate
- Provide information to meet your learning needs
- Provide one-on-one support to you when you are having strong contractions and during the birth of your baby

Birthing your baby - When your cervix is fully dilated and you feel the urge to push, the nurse will help you into a comfortable position to push. Your partner and/or support person as well as the nurse, doctor or midwife will help you during your baby's birth.

A variety of positions can be used when you push your baby out. You can try:

- Sitting
- Semi-sitting
- Squatting
- Kneeling
- Being on your hands and knees
- Lying on your side

During birth, a small tear may occur in the perineum, the area between the vagina and rectum. A tear can usually be repaired with a few stitches.

If the doctor or midwife has concerns about your baby's well-being or the progress of your labour, he or she may need to assist your baby's birth.



Procedures that the doctor or midwife may need to consider include:

- Using a medication to make your contractions stronger
- Using forceps
- Using a vacuum machine
- Making a small incision in the perineum called an episiotomy
- Urgent or emergency caesarean section

As soon as possible after your baby's birth, you can hold your baby skin-to-skin and begin breastfeeding.

Will I need an Intravenous (IV)? - All patients being induced with Oxytocin, who require antibiotics, or who receive epidurals require an intravenous line in the arm or hand. The intravenous is removed after the birth and after the effects of the epidural have worn off providing there are no other concerns such as excessive bleeding from childbirth.

Having a Support Person During Labour

Research has found that women who feel supported during labour are better able to cope with the intensity of labour. You may choose anyone you wish to be your labour support person. You and your support person will work closely with the doctor or midwife during labour and birth.

The person(s) you choose to be with you during your labour can:

- Help you find comfortable positions
- Breathe with you to keep you focused
- Rub your back or use massage to help you relax
- Reassure and encourage you



Making Yourself Comfortable During Labour

There are many ways to relax and find comfort during labour at home and in the hospital. Before labour begins, you can practice some of these methods, so you and your support person will be ready for your labour. Your doctor or midwife can help you decide which pain relief/comfort measures will work best for you. Each woman feels discomfort or pain and copes with it in her own way.



Walking and changing positions - Moving about and changing your body position may help you better cope with pain and speed up your labour. Research has shown that women who are upright in the first stage of labour have less pain and do not need as much pain medication or epidurals. You can try:

- Walking or standing
- Kneeling on your hands and knees
- Sitting or squatting
- Using a birthing ball

Using heat - The stress of labour can cause muscles to become tight. Heat may help relieve pain by helping you relax and feel less stress. You can try:

- A warm bath or shower
- A warm blanket or compress

Using cold - Cold can help relieve or lessen back pain from labour by numbing the pain. You can try:

- A cool shower
- A cool cloth
- A cold compress

Using touch and massage - Touch and massage help lower stress. Lower stress helps your labour progress and helps you cope with discomfort. You or your support person can try:

- Light stroking and hand holding
- Massage using pressure

Using distraction - Thinking about something can distract you from thinking about labour pain. You can try:

- Changing your breathing patterns
- Thinking about something calming
- Concentrating on a picture or object that is special to you
- Meditating
- Listening to music
- Visualization



Using TENS: Transcutaneous Electric Nerve Stimulation - TENS is simple and easy to use with preparation and practice. To use TENS, small pads are placed on your back. A low voltage electrical current is passed across these pads. This stimulates your body to make its own natural pain relieving substances, called endorphins. As labour progresses and contractions become more painful, the electrical stimulation can be increased. TENS units can be rented through local pharmacies. This should be arranged well ahead of your due date and we encourage you to practice and read how to use this unit ahead of time.

Taking medication for comfort - Medications can be safely used to relieve labour pain. If you are considering pain medication, the doctor or midwife and nurse will discuss the risks and benefits with you and answer your questions. Should you request medication for comfort in labour, the most appropriate medication will be suggested based on your stage of labour.

Narcotic medications during labour are seldom given however Fentanyl or Morphine may be an option during labour in some situations to help you relax and lessen some of your pain. Narcotic medications are usually given through a needle into your buttocks or thigh, or through an intravenous in your arm.

This medication may make you feel sleepy and may cause nausea and vomiting. If your baby is born within 4 hours of having the medication, it may affect your baby's breathing. Giving your baby a special medication, when he or she is born, can reverse this effect.

Using Entonox (available at OTMH & MDH only) - Entonox is a mild, pain relieving gas that contains a mixture of oxygen and nitrous oxide. Breathing the gas mixture through a mouthpiece/ mask helps ease the pain of labour. Entonox has been called laughing gas, because it makes some people feel "goofy". It may make you feel a bit light-headed or groggy. Not everyone will feel this way. While you are using Entonox, the nurse will monitor its effect on you.

Entonox is usually used in the last part of labour, when your cervix is almost fully dilated and you are almost ready to push to birth your baby. It is used for short periods of time, usually no longer than 2 hours.

Having an epidural - The following information will help you understand what an epidural in labour is about.

What is an epidural and who does it?

An epidural is a kind of anaesthetic (medication to block pain). It is commonly used during labour and birth because it temporarily blocks pain while allowing you to remain awake and alert. It is generally the most effective method to reduce labour pain.



Different combinations of medications (usually local anaesthetics and low dose narcotics) can be given for the epidural. An ideal epidural eliminates pain without significant leg weakness. Almost all patients retain the ability to move their legs and change position in bed without assistance.

A doctor trained in anaesthesiology does the epidural. He/she is a specialist in performing epidurals and in pain management.

When should I have the epidural?

An epidural can be done any time you are in active labour and if the birth is not expected immediately.

How is the epidural given?

You'll be asked to sit at the edge of the bed with your back curved out or lie on one side with your knees drawn up. Your midwife or nurse will help you stay in this position. Your support person may remain in the room, sitting nearby. It is important to keep very still during the procedure.

The skin of your back is first cleaned. A small amount of local anaesthetic ("freezing") is then injected under the skin where the epidural will be inserted. This is usually the worst part of the epidural. It hurts like a bee sting or as much as having an IV started. This lasts for only a few seconds. While the actual epidural needle is being inserted some women experience the feeling of "pressure in the back." A thin flexible tube (epidural catheter) is passed through the needle. Once in place, the needle is removed. When the plastic tube is going in, some women may have a momentary tingling feeling in the hip or leg. You need to keep as still as you can, if this occurs. The tube is taped firmly on your back and stays there until after the baby is born.

How long does it take for the epidural to work and how long does it last?

Putting in an epidural usually takes approximately 15 minutes. It takes between 10 - 20 minutes for the epidural to work. Once in place, medication is injected slowly and carefully through the tube in your back. To prevent the pain from returning, medication is given continuously through the tube using an infusion pump throughout your labour. Changing the rate of the pump, or giving more medication through the tube can be adjusted to meet each patient's need for pain control. Most epidurals today have the ability to allow you to give yourself extra small amounts throughout your labour, by pushing a button. This is called patient-controlled epidural anaesthesia (PCEA). Your nurse or midwife will explain this to you.



What are the risks and possible complications of an epidural?

Epidural pain relief in labour is very safe for both mother and baby, but there is a small risk of complications, even when the best technique is followed. The risks and possible complications are:

- Your blood pressure may go down. The blood pressure is taken many times so that low blood pressure may quickly be treated with either extra fluids through the intravenous or medication.
- Headache may occur if the needle goes deeper than the epidural space. The headache may be severe and, without treatment, may last more than a week. Fortunately, there is an effective method of treatment available. The risk of this headache is about 1 in 100.
- If the medication goes into a blood vessel you may become dizzy, have ringing in the ears, or have a metallic taste in your mouth. If you feel these types of reactions, you must mention them to the anaesthesiologist right away so corrective action can be taken.
- Rarely, the anaesthetic medication may spread further than intended, and this could result in difficulty with your breathing. Ensure that you report this to the anaesthesiologist and/or nurse immediately who can start the appropriate treatment.
- Mild backache or minor bruising at the site of the epidural may occur. This should go away in a few days. Backache that lasts longer occurs in about one third of all women who give birth whether or not they have an epidural.
- Mild nerve damage, which is usually not permanent, can occur once in 10,000 cases. To put this into perspective, the risk of similar nerve damage, from labour alone, occurs with about the same frequency.
- Rarely, severe permanent nerve damage or paralysis may occur. The risk is about one case in 10,000.
- Other life threatening complications may also occur. These are related to over dosage, allergic reactions, etc. and are extremely rare.
- The epidural does not affect the baby unless the mother has had an adverse reaction. Fetal heart rate monitoring is performed, so if there is a problem with the baby, it is recognized promptly and corrective measures are taken.



Is the epidural guaranteed to work?

Most patients are extremely satisfied. However, for various reasons, even with the most experienced anaesthesiologist, an epidural may not impart total comfort.

Although it will usually provide comfort at least initially, as labour progresses it may become less effective. Some patients experience less relief on one side or in one location. This can usually be remedied by additional medication called a "top-up". Infrequently, the epidural may need to be re-done to achieve comfort and, even more rarely adequate comfort may not be achieved at all.

Are there times when an epidural cannot be given?

An epidural may not be given if you have had a previous bad reaction to a local anaesthetic. Patients with medical conditions such as bleeding disorders and infection at the site of the epidural insertion may be advised not to have an epidural. Any woman with a history of back problems or disease of the nervous systems should discuss their problems with the anaesthesiologist. Any history of extensive or prolonged bleeding should also be discussed before epidural insertion.

What is a spinal?

Spinal anaesthetic involves a similar procedure as the epidural, using a very thin needle inserted just a little deeper than the epidural, into the fluid space. No needle or tube stays in your back. The spinal has the same effect as an epidural but takes less time to work. It is mainly used for caesarean birth and assisted deliveries.

Questions?

If you have any questions concerning epidural in labour, please ask your doctor, nurse or midwife.

Birth by Caesarean Section

A caesarean section, or "c-section", is surgery to deliver the baby. The doctor makes an incision through the lower abdomen and uterus to deliver the baby. In Canada, about 1 out of 5 women have a caesarean birth.

Some women know ahead of time, before labour starts, that a caesarean birth is necessary. The date and time of the birth is planned. This is called an **elective caesarean birth**.

Some reasons for an elective caesarean birth are:

- The placenta covers the opening of the vagina, called placenta previa
- The woman has an active herpes infection at the time that labour starts
- Breech presentation



If you have a planned caesarean birth you will have a pre-op appointment for teaching and to have blood work taken in preparation for the birth.

Not all caesarean births can be planned ahead of time. For some women, it may be necessary to do a caesarean section during labour. This is called an urgent or emergency caesarean birth.

Reasons you MAY need a caesarean section include:

- Your doctor or midwife is concerned about your health or your baby's the baby is unable to come through the birth canal
- The baby is coming bottom first instead of head first, called breech position
- The baby is lying across your abdomen, called transverse position
- You are having more than one baby
- There is heavy bleeding during labour
- Your blood pressure is very high
- You have a serious medical illness

Before the caesarean section, your caregivers will talk with you about:

- The reasons why a caesarean birth is necessary
- The benefits and risks of having this surgery
- The options for anaesthesia and pain control
- What to expect during and after the surgery

There are different **ways to prevent pain during a caesarean birth**. Types of anaesthesia include:

- A spinal block or epidural that blocks pain, but allows you to be awake
- Rarely, a general anaesthetic that makes you sleep during surgery is necessary

The anaesthetist will discuss what options are available to you and explain the risks and benefits of each option. Your partner or support person can remain with you during the caesarean if you have an epidural or spinal (*but not if you require a general anaesthetic). Also, in some emergency situations your partner or support person may not be able to stay with you. Your nurse will, however, be with you to give you support and answer questions.

If there are no health concerns with your baby, he or she can stay with you in the recovery room in Oakville and Milton. In Georgetown, the support partner and a nurse bring the baby to the nursery. As soon as possible you can hold your baby skin-to-skin care (SSC) and begin breastfeeding. If you like, you can take pictures of your baby at this time. If mother is unable to provide SSC immediately after birth, then the newborn can be placed skin-to-skin on the partner.



As with other operations you may be uncomfortable and the abdominal incision will be sore. Pain medication will be available so if you need it make sure you ask. The hospital stay after a caesarean birth is usually 2-4 days. The length of stay depends on the reason for your caesarean birth and on how long it takes for your body to recover. When you go home you will need to take special care of yourself and limit your activities. It is best to follow your doctor or midwife's advice about when you may resume sexual intercourse.

Just because you have had a caesarean birth in the past does not mean it isn't possible to have a vaginal birth the next time you have a baby. This is called a VBAC - Vaginal Birth after Caesarean. Talk with your doctor or midwife before your next pregnancy.



Following the Birth of Your Baby

KEY SAFE SLEEP MESSAGE

The Canadian Paediatric Society recommends for the first year of life, the safest place for babies to sleep is in their own crib and in the parents' room for the first 6 months.

(Canadian Paediatric Society, Reaffirmed, 2014).

Infants with specific medical conditions may need alternate sleep positions as advised by a doctor or midwife.

Safest Sleep Practices:

- Always place baby on back for naps and at night
- No smoking around baby
- Baby sleeps alone in crib
- Crib empty of toys and loose bedding
- Crib next to adult's bed for first 6 months
- Firm crib mattress, tight-fitting sheet
- Crib meets Health Canada's most current safety standards
- Baby's face uncovered
- Baby in light clothing, not too warm
- Share this information with anyone who may care for your baby

For more information, please refer to these documents.

www.publichealth.gc.ca/safesleep , www.healthcanada.gc.ca/cps ,
www.caringforkids.cps.ca

Milton District Hospital (MDH) & Georgetown Hospital (GH)

Initial Assessment/Identification - Your baby will be placed skin-to-skin for an initial assessment. This contact helps to regulate your baby's heart rate, breathing and stabilize its temperature. After you've had some time to bond with your baby through skin-to-skin contact, the nurse will weigh him/her. Your baby will receive a Vitamin K injection, which helps prevent bleeding complications, and Erythromycin eye ointment, which prevents eye infections.

* Matching identification bracelets will be placed on baby, mom and the support partner.

At GH, following birth, the nurse will place a security bracelet (HUGS® tag) on your baby's ankle and activate it. The tag on the bracelet is connected to our electronic



infant security system. Please let your nurse know if the bracelet becomes loose or falls off.

The labour, delivery and immediate postpartum care take place in a birthing room. Mother and baby are then moved to a postpartum room for the remainder of the hospital stay.

Babies stay with their mothers' during their hospital stay.

If you have a caesarean birth, you will be recovered in the recovery room and then moved to your post partum room. You will be given special instructions regarding your care. Your baby will stay with you in your room and your support person may also stay with you.

Calling Your Nurse - There is a call button on a cord at your bedside. When you press the button, the nursing station will be alerted that you need assistance and a staff member will respond to your signal as soon as possible. Let your nurse know if your support person is not with you.

Education - is provided by the nursing staff at various times during your stay. You are encouraged to ask questions and use the discharge teaching request sheet that is in your information package.

Information Packages - Important documents for you and your baby are enclosed in these packages and given to each family shortly after the birth of your baby. You are encouraged to look through these and ask your nurse questions.

Infant Hearing Screening Program - All newborn babies in Ontario can have their hearing screened. At Milton or Georgetown this will be offered at a community screening clinic. There is no charge of the screening. It is a simple, reliable process that is quick, completely safe and comfortable for your baby.

The infant Hearing Screener will explain how the simple test is performed prior to screening. Results are given immediately after the screen is completed.

Security information - The staff in the Obstetrical Units have program specific identification badges. Public Health Nurses will wear Health Department identification.

The **Obstetrical Nursing Staff and Physicians' Identification Badge** has the person's picture, name, designation, and a **teddy bear** located on it. Never give your baby to anyone who does not have this proper identification. If you ever have any concerns about your baby's safety, please use the call bell by your bedside immediately.



Oakville Trafalgar Memorial Hospital (OTMH)

Initial Assessment/Identification - Immediately after birth, your baby will be placed on your chest for skin-to-skin contact. Skin-to-skin contact stabilizes the newborn's temperature and heart rate and breathing. Skin-to-skin contact will help with the initiation of breastfeeding when your newborn is ready. After you've had some time to bond with your baby through skin-to-skin contact, the nurse will weigh him/her. Your baby will receive a Vitamin K injection, which helps prevent bleeding complications, and Erythromycin eye ointment, which prevents eye infections.

* Matching identification bracelets will be placed on baby, mom and the support partner.

Following birth, the nurse will place a security bracelet (HUGS® tag) on your baby's ankle and activate it. The tag on the bracelet is connected to our electronic infant security system. Please let your nurse know if the bracelet becomes loose or falls off.

Healthy babies remain with their mothers for the entire hospital stay. Babies requiring special care will be cared for in the Special Care Nursery (SCN).

If you have a caesarean birth, you will be cared for in the Post-Anaesthetic Care Unit (PACU) for about 1 ½ hours following birth. Your baby will be cared for at your bedside. Your support person(s) may remain with you.

You will be moved from the Birthing Suite to your room about an hour or two following your birth.

Calling Your Nurse - There is a call button on a cord at your bedside. When you press the button, the nursing station will be alerted that you need assistance and a staff member will respond to your signal as soon as possible.

Emergency Call Bell -by pulling the bathroom call bell, the Emergency system will be activated alerting all staff on the unit of an urgent situation from your room.

Education - is provided by the nursing staff at various times during your stay. Visit our "Health Reference Centre" brochure holder in the waiting area to get more health information and information on available services.

Information Packages - are given to each family shortly after the birth of your baby. You are encouraged to look through these and ask questions of your nurse.

Infant Hearing Screening Program - All newborn babies in Ontario can have their hearing screened, either in hospital when they are born, or at a community clinic. There



is no charge of the screening. It is a simple, reliable process that is quick, completely safe and comfortable for your baby. Infant Hearing Screening tests are done on site at OTMH Monday - Friday. Infants being discharged from OTMH on weekends or stat holidays will be instructed to have their infant's hearing tested at a community clinic. Clinic locations and hours will be provided.

The **Obstetrical Nursing Staff and Physician Identification Badge** has the person's picture, name, designation, and a **teddy bear** located on it. Never give your baby to anyone who does not have this proper identification. If you ever have any concerns about your baby's safety, please use the call bell by your bedside immediately.

Your Hospital Stay

General Information

Please refer to the **Patient Services Directory** located at your bedside for general information related to your hospital stay.

Cellular Phones - may not be used in certain areas of the hospital. Signs are clearly posted where cell phones may be used.

Internet - access is varied across the three hospitals due to the age of the buildings.

Phone - is at each bedside with an automatic charge to your account.

Hearing Impaired Accessibility - A number of services to assist those with hearing loss are available including TTY, Sound Units, Baby Sound Monitors and Specialized Telephones. Certified American Sign Language Interpreter Services are also available at MDH. Speak to your nurse if you require access to any of these services.

Interpreters - and a Language Line are available to assist with clear communication between patients, family and staff. If you require this service, please advise the birthing unit.

If you have any concerns about your care, please contact the Patient Care Manager at your Hospital site: Oakville - ext. 3792, Milton - ext. 7328, Georgetown - ext. 8243.



Visiting Guidelines

General Visiting Guidelines:

There are no specified visiting hours. However, quiet time has been designated from the hours of 10pm until 7am.

- Please help us create a restful, healing environment by encouraging brief visits and limiting the number of visitors at a time.
- New mothers and families need alone time for rest and to learn about baby's care.
- All visitors must wash their hands using the alcohol-based hand rubs located throughout the hospital.
- Visitors with colds, sore throats, coughs, or other contagious diseases should not visit.

Your **partner/ support person** is not considered a visitor. He/she plays an important role in your recovery as a companion, advocate and helper. This person may stay with you at all times, including overnight if feasible. This person is here to help you and to learn how to care for your new baby.

Siblings - (brothers and sisters of baby) must be accompanied and supervised by an adult visitor at all times.

We encourage you to suggest that family and friends visit the new baby after discharge from hospital. Remember, your baby will probably need to feed frequently, you will be tired and your time in the hospital is brief. This busy time will be best used for getting to know your new baby, for rest and for education. If you decide to have visitors while in hospital, please speak to them well in advance of labour/birth and inform them of general visiting guidelines and, more importantly, of your need for rest.

Oakville Trafalgar Memorial Hospital -The Birthing Suite, Postpartum/Paediatrics Unit and Special Care Nursery are locked overnight. If you arrive between the hours of 10 pm and 6 am please pick up the phone outside of the doors to the unit. The staff will speak with you and buzz you in

Milton District Hospital - The obstetrical unit at MDH is locked and visitors must ring the doorbell and identify themselves prior to entering.



Food Services

Georgetown Hospital	Milton District Hospital	Oakville Trafalgar Memorial Hospital
<p>The cafeteria serves a variety of food and beverages. There is no cafeteria service after 1:15 p.m.</p> <p>Vending machines for snacks and beverages are located in the Cafeteria and Emergency Room waiting area.</p> <p>Monday to Friday: Muffins and tea/coffee/juice are available in the Gift Shop.</p>	<p>Tim Hortons and the cafeteria serve a variety of food and beverages and are located on the first floor across from the Administration offices.</p> <p>Monday-Friday 7:00 a.m. - 8:30 p.m.</p> <p>Weekends 8:30 a.m. - 8:30 p.m.</p> <p>Vending machines for snacks and beverages are located in the Emergency area and at the elevators by Diagnostic Imaging.</p>	<p>Parsons Pantry, located off of the main street or corridor, serves a variety of food and beverages. Open until 2 pm weekdays. Closed on weekends.</p> <p>Several food vendors, located off of the main corridor and in Parsons Pantry, serve many food and beverage options</p> <p>Tim Hortons, near the Emergency Department will offer 24 hour food and beverage service.</p> <p>Vending Machines offer a variety of snacks and beverages. Vending machines are located in the Emergency Department waiting room and the entrance to Parsons Pantry.</p>



Shopping

Georgetown Hospital	Milton District Hospital	Oakville Trafalgar Memorial Hospital
<p>The Gift Shop is located in the main lobby and is operated by the Georgetown Hospital Volunteer Association. Candy, toiletries, baby gifts, cards and greeting cards are all available.</p> <p>The gift shop is open from Monday -Friday 8:00 a.m. - 4:00 p.m. and 6:00 p.m. - 8:00 p.m. and weekends 12:00-8:00 p.m.</p> <p>The ATM is located in the lobby.</p>	<p>The Gift Shop is located in the main lobby and is operated by the MDH Auxiliary. Beautiful gifts, baby items, jewellery, greeting cards, candy, toiletries and flowers are available. All items are HST exempt.</p> <p>Tender Loving Care Retail Centre (TLC), located just outside the Obstetrical Unit. TLC rents and sells a variety of brand name manual and electric pumps. It also carries breastfeeding support items. The store operates on the same schedule as the Breastfeeding Support Clinic. Call <u>905-878-2383 ext. 7610</u> for more information.</p> <p>ATM is located in the emergency department waiting area.</p>	<p>Tender Loving Care Retail Centre (TLC), located in the Breastfeeding Clinic on the third floor, is staffed by the Lactation Consultants from the Breastfeeding Clinic. New moms receive expert advice and instruction specific to their needs before making a purchase. TLC rents and sells a variety of brand name manual and electric pumps. It also carries accessories such as pads, creams, sterilizers, breastfeeding pillows and stylish maternity underwear. The store operates on the same schedule as the Breastfeeding Support Clinic. Call <u>905-338-4131</u> for more information.</p> <p>A Pharmacy is located on the main corridor, carries a wide variety of products to meet your medication and personal needs. Your nurse can fax your prescription to the Centre so that your medication will be ready in time for your discharge.</p> <p>Treasure Cove Gift Shop, located in the main lobby, and operated by the Auxiliary, offers beautiful gifts, clothing, jewellery, greeting cards, snacks, toiletries and flowers. Gifts or flowers may be ordered and delivered to a patient's room by calling <u>905-845-2571 ext. 2380</u>. Call for hours of operation.</p>



Getting Ready to Go Home

General Information

Newborn Screening - As a new or expecting parent, your baby's health is important to you. To ensure that your baby gets the best start in life and stays healthy, your newborn - and every other newborn in Ontario - will be screened for at least 27 rare disorders. Although most babies with these disorders look healthy at birth, they may be at risk of having serious health problems - including developmental disabilities, recurrent sickness and even death - if their disorder is not detected and treated. Early identification is the key to effective treatment.

In order to perform the screening test, a small sample of blood is taken from your baby by pricking the heel. The blood is collected on a special paper card and then sent to the Ontario Newborn Screening Program Laboratory for testing. With the same heel prick, another test is done to check for jaundice in your baby prior to discharge.

Blood samples can be taken anytime between one day (24 hours) and seven days after your baby is born. The best time to collect the blood sample is when your baby is between 24 hours and 72 hours old. **If your baby is tested before 24 hours of age, your baby's doctor or midwife should repeat the test within five days of birth.**

A screening test only shows whether there is a high or low risk that your baby has a disorder. It is important to understand that the test does not make a diagnosis of a disorder, but only identifies babies who need further testing.

The Newborn Screening Laboratory will send a report by mail to your hospital and/or doctor or midwife. It will be filed in your baby's medical records. ****Before you have your baby it is advised that you have the name and phone number of the doctor who will be seeing your baby after discharge.** For more information, please visit <http://www.newbornscreening.on.ca>.

Newborn Registration Services - lets you submit your child's birth registration online and apply for a Birth Certificate, Social Insurance Number and Canada Child Benefits all at once at www.serviceontario.ca/newborn.

Health Card - You will be asked to complete a Health Card application while in hospital. The hospital will mail the application to the Ontario Government. You should receive your child's permanent health card in 4-8 weeks. You will be provided with a temporary health card by the hospital to use until such time as you receive the permanent card.



Education - Review the checklist on the next page to ensure that you have the information you need to care for yourself and your new baby. Ask your nurse or doctor or midwife any questions before you go home.

Hospital Discharge - You may go home as early as 24 hours following vaginal birth and 48 hours following a Caesarean birth. If you require additional assistance or your baby has jaundice, you may require a longer stay.

Labour, Birth, Recovery and Postpartum (LBRP) - EARLY DISCHARGE - For those women who wish to go home within four to six hours following birth, discharge usually occurs directly from the Birthing Room. If you are interested, please discuss this option with your doctor or midwife.

Infant Car Seats - Newborns must ride in a **rear-facing** car seat that meets current Canadian Motor Vehicle Safety Standards (CMVSS). Look for the CMVSS sticker as well as the expiry date on your car seat. It is **illegal** to use a car seat in Canada that was purchased in another country or one that is expired. If possible, car seats or the infant seat base should be installed in your car before your baby is born.

To make sure that you are installing a car seat properly, always follow BOTH your car seat instruction manual and your vehicle manual.

For more information:

- Call **311** or visit www.halton.ca
- Visit Transport Canada's website: www.tc.gc.ca
- Visit the Ontario Ministry of Transportation website to choose the right car seat: <http://www.mto.gov.on.ca/english/safety/choose-car-seat.shtml>

View car seat installation videos online at:

<http://www.halton.ca/cms/One.aspx?portalId=8310&pageId=14089>

For families new to Canada - Call **311** or visit www.safetydrivesus.ca/ to view car seat installation videos in different languages.

If your baby is born at less than 37 weeks or weighs less than 2500 grams, the nurses will complete car seat testing to ensure that your baby can safely use the car seat that you have.

Patient Satisfaction Questionnaires - Your feedback is very important to us. Please take a few minutes to complete the satisfaction questionnaire. You can do this before you go home or you can complete the questionnaire once you are at home and mail it in at your convenience. This form will be provided to you on postpartum after the birth of your child.



Before You Leave the Hospital Checklist

* Fill in this form and speak to your nurse about any concerns/questions you may have.

Baby Care

Do you feel comfortable with the following aspects of baby care?

- handling
- diapering
- burping
- signs of dehydration
- reasons for vomiting
- infant hearing follow up
- sleep position
- bathing
- cord care
- dressing
- soothing a crying baby
- taking his/her temperature
- going outside
- recognizing jaundice
- car seat use

Feeding

Do you feel comfortable with breastfeeding?

Breastfeeding

- getting baby latched on and off the breast and positioning
- how frequent baby needs to breastfeed - at least 8 times/24 hours
- how to know baby is feeding well
- where to call for support

Bottle Feeding

- choosing formula
- mixing formula
- sterilizing bottles & equipment
- about how often to bottle feed
- storing the formula

Personal Care

Do you have questions regarding?

- urinating
- bowel movements
- bathing/showering/swimming
- breast care
- vaginal care
- resuming sexual relations
- resuming physical activity
- emotional health
- community supports
- birth control

Questions:



Support When You Go Home

Breastfeeding Support - is available at no cost for outpatients from several organizations.

The **MDH Breastfeeding Clinic** is staffed by a Certified Lactation Consultant. Call 905-878-2383, extension 7610 for an appointment.

Clinic hours:

- Mondays 12:00 - 4:00 p.m.
- Tuesdays 9:30 - 2:00 p.m.
- Wednesdays 12:00 - 4:00 p.m.
- Thursdays 6:00 - 9:00 p.m.
- Fridays limited appointments

The **OTMH Breastfeeding Support Clinic** is staffed by Certified Lactation Consultants. Call the clinic at 905-338-4131 for an appointment.

Clinic hours: (by appointment)

- Monday - Friday 9:00 - 4:00 p.m.
- Saturday - Sunday 9:00 - 12:00 noon.
- Closed STAT holidays

Support for Breastfeeding the Community- Infant feeding support is available through www.babyfriendlyhalton.ca.

See the "Community Directory" later on in this booklet for a listing of other breastfeeding supports or go to www.halton.ca.

Homecare - A number of agencies are available to provide assistance in the home.

- **Community Care Access Centre (CCAC)** provides home care services to mothers and/or infants who have a medical problem and require treatment which can be provided at home. Upon referral, a case manager will assess your needs and refer you to appropriate community services. Fees may apply. Call 905-639-5338 or 1-800-810-0000.



Parent-Child Centres/Ontario Early Years Centres - offer a variety of programs and services for families. Most programs are for children age 6 and under. These may include a support program, drop-in programs, parenting courses, and workshops. Some have toy lending libraries and a library of resources.

Call 905-849-6366 for Oakville, 905-876-1244 for Milton and 905-873-2960 for Georgetown or go to <http://www.oeyc.edu.gov.on.ca/>

Telehealth Ontario - provides you with free access to registered nurses 24 hours per day, seven days per week. Call 1-866-797-0000.

Once You Are Home

Baby Care

***** Make an appointment with your baby's doctor or midwife for 24-48 hours after you leave hospital.** It is best if you know who this person will be PRIOR to your baby's birth. Here are some general guidelines for baby care.

****Contact your doctor or midwife if you have a CONCERN about your BABY'S HEALTH.** You can also call **Telehealth Ontario** to speak to a nurse 24 hours per day / 7 days per week at 1-800-797-0000.

Bowel Movements:

For the first week after birth, the appearance of your baby's stools will change every day. Your baby's first bowel movement will probably occur between 8 and 24hrs after birth. He or she will pass a sticky, odourless material that is greenish-black or brownish-green. This is called "meconium". By the third to fifth day, your baby's stools will be loose and greenish yellow. The stools will also contain mucous. Babies who are breastfed will have stools that vary from pale, bright or mustard yellow to greenish yellow. The stools may also be soft and runny with a curdled or seed-like appearance. The frequency of bowel movements will also vary.

Cord Care:

To care for the cord, clean around the base with cotton-tipped applicators at bath or diaper changing time. Keep the cord dry after it is cleaned. Place the diaper below the cord to prevent cord irritation. The clamp remains on and will fall off naturally with the cord within the first 10 days. This may cause a small amount of blood spotting, but the area will soon heal. Keeping it dry and clean is very important.



Feeding: Babies need to feed at least 8 times or more within 24 hours. Call your doctor or midwife if your baby is feeding less than five times in a 24-hour period, is reluctant to feed, or if concerned about possible dehydration. Remember, your baby's tummy is only about the size of a cooked chick pea or hazelnut the first day or two of life, then about the size of a cherry or medium grape up to around 7 days of life. From 2 weeks up to 6 weeks, your baby's tummy is about the size of a walnut.

Jaundice: Yellow-tinged skin or the whites of the eyes (mild-jaundice) are not unusual for newborns. A baby who is also sleepy, is becoming more fussy, has fewer wet diapers / bowel movements for his/her age, or does not feed well may have jaundice requiring medical treatment. It is very important to call your doctor or midwife. **DO NOT WAIT** for your baby's next appointment. If you are unable to reach your doctor or midwife, take your baby to the nearest hospital Emergency Room to be checked.

Second Hand Smoke: Second hand smoke is very harmful to infants and children. When exposed to second hand smoke, infants and children are more likely to develop pneumonia, bronchitis and asthma. A smoke free home and clothing free of smoke residue is necessary, not only for your baby's health but also to reduce the risk of SIDS (Sudden Infant Death Syndrome). The only way to avoid these harmful effects in your home is to ask a smoker to take it outside.

Shaken Baby Syndrome: **NEVER SHAKE A BABY!** The damaging effects could last a lifetime. If you are feeling frustrated, put your baby in a safe place and take a short time out. Call someone for help if you need to.

Sun: Babies under one year of age should be kept out of direct sunlight.

Urine: In the first three days of life, one to two wet diapers per day is normal. By days four to six, as milk production increases, four to six wet diapers a day is normal. That is approximately one wet diaper for each day of life up to day 8.

Example - Day 2 = 2 or more wet diapers in 24 hours
Day 5 = 5 or more wet diapers in 24 hours
Day 8 and onward = 8 - 12 wet diapers /day



Spitting Up and Vomiting:

Spitting up small amounts after a meal is very common in the first few months of life and is not the same as vomiting. As the baby's digestive system matures and becomes more efficient, he or she will outgrow the spitting up. As long as your baby is well and you have discussed it with your baby's doctor, spitting up should not be a matter of concern. Bouts of vomiting occur less frequently than spitting up. Vomiting involves the forceful throwing up of large amounts of liquid, is usually associated with an illness, and can lead to dehydration. Consult your doctor immediately if vomiting continues.

Bathing your Baby:

Babies are not bathed immediately after birth. It will be done when your baby's temperature has stabilized. This may not be done until the next day. This is a good time to have a close look at your baby. The nurse can bathe your baby or help you and your support person do the first bath. Your baby can have a "tub bath". There is no concern about immersing your baby in warm water while the cord is still attached. Dry the area well after the bath.

You can learn how to bath your baby by:

- Observing a bath demonstration
- Asking your nurse to show you

Your baby does not need a bath every day. You can decide how often you want to bathe your baby when you go home.

Your Baby's Weight:

It is normal for your baby to lose a little weight in the first few days. Your baby should start gaining weight after about 3 to 5 days. Generally, babies gain 15 to 30 grams ($\frac{1}{2}$ to 1 ounce) each day or 120 to 240 grams (4 to 8 ounces) a week. By 2 to 3 weeks of age, babies are usually back to their birth weight. Your baby should be checked and weighed by the doctor or midwife within 48 hours after you go home. If your baby goes home before he or she is 48 hours old, your baby should be checked and weighed by the doctor or midwife within 24 hours of going home.

Baby's Second Night

You've made it through your first 24 hours as a new mom. Maybe you have other children, but you are a new mom all over again....and now it's your baby's second night.

All of a sudden, your little one discovers that he's no longer back in the warmth and comfort - albeit a bit crowded - womb where he has spent the last 8 $\frac{1}{2}$ or 9 months - and it is SCARY out here! He isn't hearing your familiar heartbeat, the swooshing of the placental arteries, the soothing sound of your lungs or the comforting gurgling of your intestines. Instead, he's in a crib, swaddled in a diaper, a tee-shirt, a hat and a



blanket. All sorts of people have been handling him, and he's not yet become accustomed to the new noises, lights, sounds and smells. He has found one thing though, and that's his voice....and you find that each time you take him off the breast where he comfortably drifted off to sleep, and put him in the bassinet - he protests, loudly!

In fact, each time you put him back on the breast he nurses for a little bit and then goes to sleep. As you take him off and put him back to bed - he cries again....and starts rooting around, looking for you. This goes on - seemingly for hours. A lot of moms are convinced it is because their milk isn't "in" yet, and the baby is starving. However, it isn't that, but the baby's sudden awakening to the fact that the most comforting and comfortable place for him to be is at the breast. It's the closest to "home" he can get. It seems that this is pretty universal among babies - lactation consultants all over the world have noticed the same thing.

So, what do you do? When he drifts off to sleep at the breast after a good feed, break the suction and slide your nipple gently out of his mouth. Don't move him except to pillow his head more comfortably on your breast. Don't try and burp him - just snuggle with him until he falls into a deep sleep where he won't be disturbed by being moved. Babies go into a light sleep state (REM) first, and then cycle in and out of REM and deep sleep about every $\frac{1}{2}$ hour or so. If he starts to root and act as though he wants to go back to breast, that's fine...this is his way of settling and comforting. During deep sleep, the baby's breathing is very quiet and regular, and there is no movement beneath his eyelids.

Another helpful hint... his hands were his best friends in utero... he could suck on his thumb or his fingers anytime he was the slightest bit disturbed or uncomfortable. And all of a sudden he's had them taken away from him and someone has put mittens on him! He has no way of soothing himself with those mittens on. Babies need to touch - to feel - and even his touch on your breast will increase your oxytocin levels which will help boost your milk supply! So take the mittens off and loosen his blanket so he can get to his hands. He might scratch himself, but it will heal very rapidly - after all, he had fingernails when he was inside you, and no one put mittens on him then!

By the way - this might happen every once in a while at home too, particularly if you've changed his environment such as going to the doctor's, to church, to the mall, or to the grandparents! Don't let it throw you - sometimes babies just need some extra snuggling at the breast, because for the baby, the breast is "home."

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***** Call your doctor or midwife IF YOUR BABY has any of these PROBLEMS during the first month of age:**

- Feeding:**
- Does not want to eat - refuses 2 feedings in a row or does not cry or fuss to be fed for 6 hours.
 - Cries a lot and is not sleeping between feedings
 - Forceful throwing up (vomiting) of large amounts of liquid
 - Vomit is green in colour or has blood in it
- Wet diapers and stools:**
- Has less than 6 wet diapers a day after 6 days of age
 - Has stools or bowel movements that are black and tarry after 3 days of age
 - Has stools that are more frequent than usual, watery and foul-smelling
 - Has stools that appear to have blood in them
- Infection:**
- Has a temperature higher than 37.5° C or lower than 36.4 ° C when taken under the armpit
- Jaundice:**
- Has yellow coloured skin or the whites of the eyes look more yellow

Call your doctor or midwife any time that you are concerned about your baby or how your baby is feeding.

For more information on general questions related to childcare, you may wish to view the **Canadian Paediatric Society** website at <http://www.caringforkids.cps.ca/>

Mother Care

***** Make an appointment to see your doctor or midwife two to six weeks after you leave the hospital or as per your doctor or midwife's instructions.**

Here are some general guidelines on some common concerns.

***** Contact your doctor or midwife if you have questions or concerns about YOUR Health.**

You can also call **Telehealth Ontario** to speak to a nurse 24 hours per day/7 days per week at 1-800-797-0000.

Ask for help: Ask for help! Many women find it difficult to ask for help, but having a baby can be tiring and, therefore, a stressful time in your life. If you find you need help please pick up the phone and call one of the many support numbers found in this booklet on page 46.

Breasts: On or about the third day after your baby's birth, your breastmilk will change to mature milk and your breasts will feel heavy and fuller. You might feel slightly feverish and uncomfortable. Call for advice if you have pain or difficulty with breastfeeding. See "Breastfeeding Support" on page 48.

Caesarean: You may need to take special care and limit your activities. Give yourself and your body time to heal and feel better. Your incision should appear to be healing cleanly. Call for advice if there is increased redness, drainage or tenderness.

Sleep: Sleep when your baby sleeps.

Temperature: Call your doctor or midwife for an appointment if you have a temperature greater than 38° C / 100.4° F accompanied by flu-like symptoms or chills.

Urine/Bowel Movements: You should be able to pass urine and have bowel movements comfortably. Call for advice if you have difficulty or pain with urination, or if you have not had a bowel movement within three days after your baby was born.

Vaginal: Your bleeding should decrease every day, and the colour will change from bright red to dull brown. You may notice a slight increase in bleeding with breastfeeding or increased activity. Call for advice if you are passing blood clots larger than the size of a quarter, your flow increases a lot or if the odour is different from a normal menstrual period.



Mood:
Postpartum Depression vs. Baby Blues:

Postpartum mood disorders include a range of conditions that differ in both symptoms and severity. The most common condition, is known as "baby blues", and affects 4 out of 5 women. This condition, which typically begins on the third or fourth day postpartum, includes **feelings of sadness** and emotional instability. It may come and go and tends to be resolved within two weeks. For some women, however, mild symptoms may last for as long as six weeks and may even merge into a more severe postpartum mood disorder such as **postpartum depression**. Women can distinguish postpartum depression from the blues by looking at three factors:

Sleep: While most postpartum women are tired, one with postpartum depression never seems to feel rested. Rather than waking during the night to care for her baby and then falling asleep again, a depressed woman will find herself awake before her baby cries and will often be unable to get back to sleep after feeding.

Reactions: Most new moms, no matter how exhausted or harassed, can respond happily when their baby is not fussing. Women who are depressed feel forlorn all the time - nothing makes them feel better.

Ability to think: A woman with postpartum depression has difficulty making decisions and functioning on a day-to-day basis.

Who is at risk for Postpartum Depression?

There are factors that can put a woman at risk for postpartum depression, however, some women have all of these factors and do not get postpartum depression and some women have no risk factors and still get it.

- History of emotional problems or depression
- Earlier postpartum depression
- A difficult delivery or high-need baby
- Isolation or inadequate social support
- Grief over the loss of freedom, career, or spontaneity
- Recent major loss
- An unsupportive partner, no partner or difficulty in the relationship
- Low family income
- Difficulty asking for help (the perfectionist or "supermom")



*****CRISIS HELP LINES - SEE PAGE 46**

Call your doctor or midwife and talk about your situation.
Not dealt with or ignored, these issues can have a negative effect on the health and well-being of the entire family. With appropriate treatment, a full recovery can be expected. The earlier the problem is diagnosed the speedier the recovery.
(*"Ups and Downs" A new Mother's Guide, Eileen Beltzner, 1995*)

***** Please complete EDINBURGH POST-NATAL DEPRESSION SCALE on the next page to self assess for post partum depression.**



Edinburgh Post-Natal Depression Scale

Please circle the response that best describes how you felt in the PAST 7 DAYS for every question.

1. I have been able to laugh and see the funny side of things
0 - as much as I always could 1 - Not quite as much now
2 - Definitely not as much now 3 - Not at all
2. I have looked forward with enjoyment to things
0 - As much as I ever did 1 - Rather less than I used to
2 - Definitely less than I used to 3 - Hardly at all
3. I have blamed myself unnecessarily when things went wrong
3 - Yes, most of the time 2 - Yes, some of the time
1 - Not very often 0 - No, never
4. I have been anxious or worried for no good reason
0 - No, not at all 1 - Hardly ever
2 - Yes, sometimes 3 - Yes, very often
5. I have felt scared or panicky for no very good reason
3 - Yes, quite a lot 2 - Yes, sometimes
1 - No, not much 0 - No, not at all
6. Things have been getting on top of me
3 - Yes, most of the time I haven't been coping as well as usual
2 - Yes, sometimes I haven't been coping as well as usual
1 - No, most of the time I cope quite well
0 - No, I have been coping as well as ever
7. I have been so unhappy that I have had difficulty sleeping
3 - Yes, most of the time 2 - Yes, quite often
1 - Not very often 0 - No, not at all
8. I have felt sad or miserable
3 - Yes, most of the time 2 - Yes, quite often
1 - Not very often 0 - No, not at all
9. I have been so unhappy that I have been crying
3 - Yes, most of the time 2 - Yes, quite often
1 - Only occasionally 0 - No, never
10. The thought of harming myself has occurred to me
3 - Yes, quite often 2 - Sometimes
1 - Hardly ever 0 - Never

If you answered YES to question 10 or your score is greater than 11 or 12, IMMEDIATELY contact your family doctor, midwife, psychiatrist or any of the CRISIS resources listed next.



*** CRISIS HELP LINES***

COAST - Crisis Outreach and Support Team Halton
(Telephone support and mobile intervention for persons who
have a mental health crisis/concern) 1-877-825-9011

Oakville Distress Centre
www.distresscentreoakville.com 905-849-4541

North Halton Distress Centre 905-877-1211

Halton Region Health Department 311 or visit www.halton.ca

Postpartum Depression Support
www.op-cc.ca
www.lifewithnewbaby.ca/
www.helpformom.ca/

*** If you have ANY concerns or PROBLEMS after you have delivered your baby CALL your family doctor, obstetrician or midwife.

- Fever**
- Your temperature is higher than 38° C or 100.4° F
- Vaginal Flow**
- Heavy bleeding, soaking a maxi pad in 1 to 2 hours, or passing clots from your vagina
 - An increase in the amount of discharge from your vagina
 - Discharge from your vagina has a bad smell or makes you feel itchy
- Perineum**
- Pain, redness or swelling gets worse
- Breasts**
- Your breasts are painful or have red areas
- Caesarean Section Incision**
- Pain in your incision that does not get better with pain medication
 - Your incision is painful, bleeding, draining or coming open. The skin around your incision becomes red or swollen
- Passing Urine**
- Pain, burning or bleeding when you pass urine
 - Trouble passing urine. An urgent feeling that you have to pass urine all the time
- Feelings:**
- If you have some of the following symptoms that have lasted for more than two weeks - you may be suffering from



postpartum depression.

- Chronic exhaustion... which does not go away even if you get a few nights of uninterrupted sleep
- Extreme irritability, frustration or angry feelings
- Feelings of hopelessness or no hope for the future
- Trouble sleeping - even when the baby is sleeping
- Loss of appetite or extreme gain in weight
- Difficulty concentrating or remembering things
- Excessive worries about your baby's health or your own... even after the doctor has checked you both physically
- Crying for no reason
- No interest or pleasure in your baby
- Overwhelming feelings of guilt or worthlessness or that you are a "terrible mother"
- Hot sweats or heart palpitations
- Anxious or panicky feelings
- Not wanting to be with friends or family members you once previously enjoyed
- Scary thoughts about harming your baby

***** If you have any feelings about harming yourself or your baby get help immediately. Call a close friend, a distress line and your doctor or midwife.**

Other

- Pain, redness, swelling in your lower leg or thigh
- Short of breath, chest pain, coughing, trouble breathing or coughing blood
- Dizziness for more than a few seconds or fainting



Telephone Directory

Hospital Contacts

Georgetown Hospital

Obstetrics Department

905-873-0111 ext. 8245

Milton District Hospital

Obstetrics Department

905-878-2383 ext. 7030

Breastfeeding Clinic Appointments

905-878-2383 ext. 7610

Tender Loving Care Retail Centre

905-878-2383 ext. 7610

Prenatal Breastfeeding Course

905-878-2383 ext. 7610

Oakville Trafalgar Memorial Hospital

Breastfeeding Clinic & Tender Loving Care Retail Centre

905-338-4131

Maternal Child Unit

905-338-4670

Maternal Child Program / Admissions

905-338-4662

Prenatal Clinic

905-338-4662

Community Contacts

Breastfeeding Support

Prenatal Breastfeeding Classes are offered at the MDH twice per month by an independent lactation consultant. To register or for more information please call.

905-878-2383 ext 7610

Connection (PEER telephone support)
(supported by Halton Region Health Department)

311 or visit www.halton.ca

Credit Valley Hospital Breastfeeding Clinic

905-813-2200

Group Drop In for Women and Babies - Each Friday
10:00 a.m. - 11:30 a.m. at the Milton Hub - Our Lady of Victory School, 540 Commercial Street (Corner of Derry and Commercial Street). Information sharing, mother support, babies weighed. NO appointment necessary. All services staffed by a Board Certified Lactation Consultant and covered by OHIP.

Guelph Hospital Breastfeeding Clinic
Monday-Friday 8:30am -4:30pm

519-822-5350 ext. 2238

Joseph Brant Hospital Breastfeeding Clinic

905-681-4831



La Leche League Canada	1-800-665-4324 www.lllc.ca
MDH Breastfeeding Support Clinic	905-878-2383 ext. 7610
OTMH Breastfeeding Support Clinic	905-338-4131
Peel Breastfeeding Support Clinic	905-791-7800
Halton Parents	311 or visit www.halton.ca
Halton Baby-Friendly Initiative	311 or visit www.halton.ca www.babyfriendlyhalton.ca

Car Seats

www.tc.gc.ca For information on car seat installation for families new to Canada, please call Halton Region 311 or visit www.halton.ca

Halton Multicultural Council 905-842-2486

The Cooperators Insurance (for schedule of car seat clinics) 905-681-7711

Ontario Provincial Police - Burlington Unit 905-681-2511

Transport Canada 1-800-333-0371

Counselling

Burlington Counselling and Family Services 905-637-5256

Halton Family Services 905-845-3811



Health Information Lines

Motherisk Helpline (Monday to Friday 9 a.m. to 5 p.m.)
(will answer medication questions from pregnant & breastfeeding women)

416-813-6780
www.motherisk.org

Motherisk Morning Sickness Hotline
(Monday to Friday 9 a.m. to 5 p.m.)

1-800-436-8477

Poison Control - Hospital for Sick Children
(24 hours/day, 7 days/week)

416-813-5900

Healthy Babies Healthy Children (Halton Region Health Department) - to speak to a Public Health Nurse

311 or visit www.halton.ca

Telehealth Ontario 24/7 Breastfeeding Support

1-866-797-0000 or
TTY: 1-866-797-0007

Homecare

Community Care Access Centre (CCAC)

905-639-5228

Birth and Postpartum Support

Community Midwives of Halton

905-338-8004

Association of Ontario Doulas

1-888-879-3199
www.ontariodoulas.org

Midwifery Care of Peel and Halton Hills Georgetown Satellite

905-702-1911



Parent Child Centres

Acton	519-853-2574
Burlington	905-632-9377
Georgetown	905-873-2960
Milton	905-876-1244
Oakville	905-849-6366

Prenatal Classes

Halton Region Health Department Prenatal Classes	311 or visit www.halton.ca
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Other Services

Birth Certificates - Ontario Registrar General	1-800-431-2156
Canadian Foundation for the Study of Infant Deaths re: SIDS	416-488-3260
Child Care Directory and Information Line	905-875-0235
Information Oakville (Community Service Directory)	905-815-2046
Infant and Toddler Safety Association	519-570-0181
Milton Community Resource Centre	905-875-4636
Ministry of Health - Health Card Information	1-800-664-8988
Oak Park Moms and Tots www.oakparkmomsandtots.ca	905-257-9080
Parents of Multiple Births Association	416-626-4116



Other Resources

Recommended Websites

Aboriginal Children

www.children.gov.on.ca/htdocs/English/topics/earlychildhood/health/index.aspx

Best Start:

Ontario's Maternal Newborn and Early Child Development Resource Centre

www.beststart.org

Canadian Paediatric Society

www.cps.ca

Childbirth and Postpartum Professional Association (CAPP) Canada

www.cappa.net

Dr. Jack Newman
(Breastfeeding Information)

www.breastfeedinginc.ca

Halton Baby Friendly Initiative
Healthier Children. Healthier Families
Healthier Halton

www.babyfriendlyhalton.ca

Halton Healthcare
(Georgetown Hospital, Milton District Hospital, Oakville Trafalgar Memorial Hospital)

www.haltonhealthcare.com

Halton Our Kids

www.ourkidsnetwork.ca

Halton iParent

www.ourkidsnetwork.ca/iparent

Halton Parents

www.haltonparents.ca

Healthy Babies Healthy Children Program

<http://www.children.gov.on.ca/htdocs/English/topics/earlychildhood/health/index.aspx>

Health Canada

www.hc-sc.gc.ca



Hospital for Sick Children	www.sickkids.on.ca
INFACT (Infant Feeding Action Coalition) Canada	www.infactcanada.ca/FactSheets.htm
Joseph Brant Hospital	www.josephbranthospital.ca
La Leche League Canada	www.lllc.ca
Motherisk	www.motherisk.org
Ontario Early Years Centres "A Place for Parents and Their Children"	http://www.oeyc.edu.gov.on.ca/
Society for Obstetricians and Gynaecologists	www.sogc.org



Recommended Reading

Healthy Beginnings - Your Handbook for Pregnancy and Birth, 2009
Society of Obstetricians and Gynaecologists of Canada

Pregnancy and Birth - The Best Evidence: Making Decisions That Are Right For You, 2000
Teresa Pitman and Joyce Barrett

Dr. Jack Newman's Guide to Breastfeeding, 2003
Jack Newman and Teresa Pitman

The Womanly Art of Breastfeeding 8th edition
La Leche League International

Postpartum Survival Guide
Ann Dunnewood and Diane Sanford

The Year After Childbirth
Sheila Kitzinger

The Baby Book
Dr. Sears

The Birth Partner
Penny Simkin

Pregnancy, Child Birth and the Newborn
Penny Simkin

Notes / Questions



Appendix A Patient Declaration of Values

Patient Declaration of Values

We are committed to putting our patients first by providing quality, patient and family focused care. Our goal is the best possible patient experience. We depend on patients and families to be our partners in achieving this. Together we value: Having a Voice, Partnership, Courtesy & Respect and Quality.

Having a Voice

Having a Voice means:

- Being personally involved in my care
- Having my questions answered in a way that I can understand
- Talking about my fears and concerns with the healthcare team
- Giving my family the chance to speak to the healthcare team
- Being listened to and knowing that what I have to say will be valued
- Being able to decide if I want to accept or refuse treatment based on my understanding of the risks and benefits involved
- Getting help with a language barrier if I need it
- Telling the healthcare team of any changes in my condition

Courtesy & Respect

Courtesy & Respect means:

- Caring for me with dignity and respect
- Treating me with courtesy and compassion
- Treating others with courtesy and kindness
- Considering my views and my beliefs
- Respecting my right to privacy

Partnership

Partnership means:

- Partnering with my healthcare team to work towards meeting my healthcare goals
- Being updated about what is happening with my plan of care
- Taking part in decisions about my care with the healthcare team
- Being encouraged and supported by the healthcare team
- Learning about my role in patient safety and becoming aware of safety issues and steps I can take to reduce risk
- Doing my part to keep my hospital setting safe, like washing my hands
- Being given information that I understand when I leave the hospital
- Being told the names and roles of all persons providing my care and service
- Being told of any extra costs that I will have to pay

Quality

Quality means:

- Receiving my care in a timely way based on need
- Receiving the best possible quality of care
- Receiving my care in a safe and clean hospital setting
- Responding to my pain with the right amount of pain control



The HHS Patient Declaration of Values represents the voices of patients and other stakeholders based on public consultation and on information from our patient satisfaction surveys.

June, 2011



Tell Us What You Think

1. What did you think of this booklet? Excellent Good Fair Poor

Comments:

2. I found it easy to read. Yes No

Comments:

3. Did the booklet help you...
 Before your baby was born? Prepare for labour and birth?
 During your hospital stay? When you returned home?

4. Did you access any community services that were mentioned in the booklet?

Yes No

If yes, which ones?

5. Did you access any of the resources that were mentioned in the booklet (websites/books)?

Yes No

6. How many weeks pregnant were you when you received the booklet?

7. Who did you get the booklet from?

8. Are there any changes you would suggest we make to the booklet?

Thank you for taking the time to complete this feedback form.

***** Please drop off completed form to:**

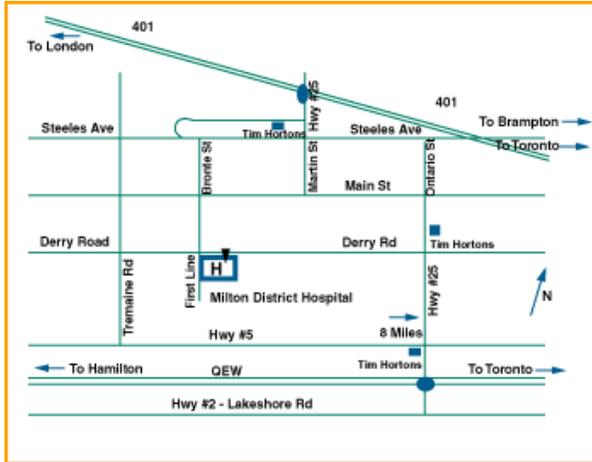
**Maternal Child Program
Oakville Trafalgar Memorial Hospital**





The Family Continuity of Care Committee would like to thank Mr. Steve Nease for allowing us to reproduce his "PUD" comic strips and include them in our booklet.

Map and Directions to Milton District Hospital



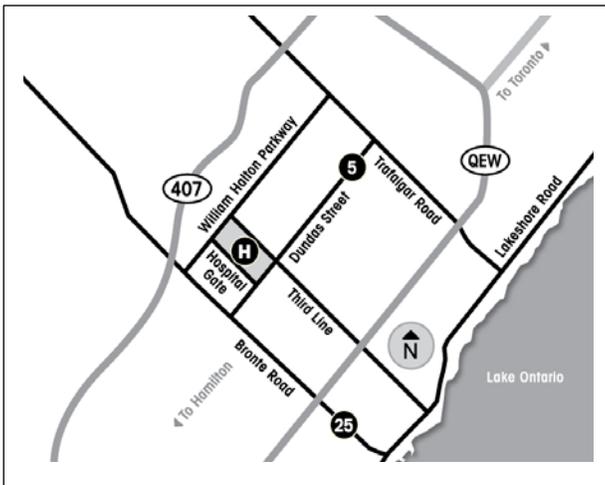
From the 401 Highway:

- Exit to Trafalgar Road
- Proceed south on Trafalgar Road
- Turn right (west) at Derry Road
- The main entrance to Milton District Hospital is located at 30 Derry Road just west of Highway 25

From the Queen Elizabeth Way (QEW) Highway, East or West:

- Exit to Bronte Road (Highway 25)
- Proceed north on Bronte Road
- Turn left (west) at Derry Road
- The hospital is located at 30 Derry Road

Map and Directions to Oakville Trafalgar Memorial Hospital*



***Current location in operation until
December 13, 2015 at 6 am***

Directions to "New" Oakville Trafalgar Memorial Hospital

From the QEW, east or west:

- Exit on Trafalgar or 3rd Line
- Proceed North to Dundas Street and turn Left (west).
- Turn right at Stoplights onto Hospital Gate
- The hospital is located at 3001 Hospital Gate Oakville, ON L6M 0L8

Map and Directions to Georgetown Hospital



From the 401 Highway and/or the QEW:

- Exit to Trafalgar Road.
- Proceed north on Trafalgar Road to the community of Georgetown
- Turn right (east) on Princess Anne Drive.
- The main entrance to Georgetown Hospital is located on the north side at 1 Princess Anne Drive





Support is Available

If you need to smoke while working, **visiting or staying** at the hospital, please talk to your family doctor about your options. A number of Smoking Cessation Aids are available to make you as comfortable as possible.

If you are ready to quit but need some support, there are a number of different Smoking Cessation Programs and resources are available to you at our hospitals and in the community.

Resources

BUTT OUT Smoking Cessation Program
905-338-4691

Halton Region Health Department
www.halton.ca

The Smokers' Helpline
1 -877- 513-5333

Questions or Concerns?
Email: smokefree@haltonhealthcare.com

Halton Healthcare is now a smoke free facility in and around all three sites.

**Thank you for helping us become
smoke free!**

