



Covenant  
Health

WOMEN'S &  
CHILD HEALTH

# CARING FOR YOURSELF AND YOUR NEWBORN



# TABLE OF CONTENTS

## 1. Getting Help

- Help for your baby
- Help for yourself

## 2. Caring for Yourself

- Postpartum mood disorders
- Paternal Mental health
- Normal body changes in the postpartum period
  - *Bladder*
  - *Bleeding*
  - *Bowel*
  - *Hemorrhoids*
  - *Pain Control*
  - *Pelvic Floor Dysfunction*
  - *Puffy feet and ankles*
  - *Tiredness*
  - *Tummy*
  - *Sweating*
- Cesarean Sections

## 3. Caring for your Baby

- When your baby can't stop crying
- Infant Care
  - *Bathing*
  - *Cord Care*
  - *Diapering*
- Caring for your Male Newborn
- Caring for you Female Newborn
- Safe sleep
- Skin-to-skin
- Baby Falls
- Car Seat Safety

#### **4. Infant Feeding**

- Understanding your Infants Cues
- How to know when your Baby is Full
- Breastfeeding:
  - *Latching*
  - *Positioning*
  - *Supply*
- Hand Expression
- Breast Pumps
- Breastmilk Storage
- Alternative Feeding Methods
- When Breastfeeding Isn't Possible
- Breast Health Concerns
  - *Engorgement*
  - *Ductal Narrowing*
  - *Mastitis*

#### **5. Screening for your Baby**

- CCHD
- EDHI
- Jaundice
- Newborn Metabolic Screen

#### **6. Resources**

- For Parents
- For Baby
- Perinatal Mental Health Resources
- Infant Feeding Resources

# 1. Getting Help:

Know where to turn when you or your baby need help

## HELP FOR YOUR BABY

### *QUESTIONS ONCE YOU GO HOME?*

**Babies less than 2-months of age:**

- Monday - Friday (9am - 5pm)
  - Call your local Public Health Centre (as early as possible in the day is recommended)
- Evenings, weekends and/or 24 hours/day
  - New Parent and Newborn Hotline - 1-833-805-2229 (BABY)

**Babies over 2 months of age**

- 24 hours/day - Call Health Link Alberta at 811

## WHEN TO CALL 911

Call 911 (or the emergency phone number in your area) or go to the nearest emergency department right away if your baby:

- is not breathing
- is having trouble breathing or is wheezing
- is choking and cannot catch their breath
- is making a moaning sound like they are sick
- has blue skin colour (if you are not sure, look inside your baby's mouth for blue tongue, lips or gums)

## WHEN TO CALL YOUR HEALTHCARE PROVIDER

Call your health care provider right away if your baby:

- has a body temperature of over 37.5° Celsius or less than 36.5° Celsius
- is not interested in feeding or is too sleepy to feed at least 8 times in a 24-hour period.
- forcefully vomits (throws up) several times in one day
- is not having enough pees or poops according to how many days old he/she is (see page 14 diapering)
- has very little energy and is not moving much (does not wake up on their own and is very sleepy when awake)
- looks yellow, especially in the whites of their eyes.

- has a bad smell coming from the umbilical cord, or if the area around the cord is red or is draining fluid
- is crying most of the time

## HELP FOR YOU

### **HEALTH LINK ALBERTA**

Health Link Alberta offers postpartum support through the New Parent and Newborn Line, a 24/7 service for new parents. The service is accessible by calling 1-833-805-BABY (2229).

## WHEN TO CALL 911

Call 911 (or the emergency phone number in your area) or go to the nearest emergency department right away if you:

- have trouble breathing or chest pain
- have heavy vaginal bleeding (bright red blood from the area between your legs) that completely soaks one or more maxi pads in one hour and does not slow or stop with rest
- if you are having thoughts of harming yourself, your baby or someone else and/or have symptoms of psychosis

**If you are having difficulty coping or caring for your baby, call the New Parent and Newborn line at 1-833-805-BABY (2229) and/or the AHS Mental Health Help Line at 780-424-2424 and/or**

## WHEN TO CALL YOUR HEALTHCARE PROVIDER

Call your health care provider or 811 right away if:

- vaginal bleeding becomes heavier and does not slow or stop with rest
- you have sharp pain in your abdomen
- you feel unwell or have a fever over 38.5° Celsius
- you have a bad-smelling vaginal odour that does not improve with bathing
- you have a red, sore area on your breast that may be swollen
- you have unusual pain, redness or swelling in one or both legs
- you have pain or burning when you pee or find it hard to pee

- you see changes in your C-section cut such as redness or discharge coming from the cut, or if it has a bad smell
- you have a very bad headache, blurry vision, dizziness or very bad pain under your rib cage
- you have signs of depression or anxiety (See also: Resource section: (Perinatal Mental Health Resources))

**A Public Health Nurse will call you within 24-48 hours to arrange follow up.**

**If you have not heard from the Public Health Nurse after 24 hours, please call your local Community Health Centre. Refer to Alberta Health Services website to find a center near you.**

**If your baby remains in NICU, the Public Health Nurse will call you again for another follow-up when baby is discharged from the hospital (within 24 hours after discharge).**

## **2. Caring For Yourself:**

### **POSTPARTUM MOOD DISORDERS**

New parenthood is often a time of emotional, social and physical change. It is common for new mothers to experience different levels of mood changes after giving birth due to hormonal changes in the body. Many of these feelings are normal and common for both parents as they adjust to their new life.

Some common postpartum mood disorder to be aware of:

	COMMON SIGNS/SYMPTOMS	WHEN AND WHERE TO SEEK HELP
<p><b>Baby Blues:</b> A common and temporary mood disorder that affects up to 80% of new mothers. Most people experience the “baby blues” 2-3 days after delivery and can last up to two weeks.</p>	<ul style="list-style-type: none"> <li>• Feeling low, sad or tearful</li> <li>• Feeling, irritable, restless or anxious</li> <li>• Finding it hard to concentrate</li> <li>• Crying for no reason</li> <li>• Experiencing mood swings</li> </ul>	<p><b>Seek help from your health care provider if:</b></p> <ul style="list-style-type: none"> <li>• feelings last for more than a few weeks</li> <li>• If you feel more and more sad or irritable</li> <li>• If you feel concerned about yourself or a new mom</li> </ul>
<p><b>Postpartum Depression:</b> Also known as PPD, and is a more severe, long-lasting form of depression. PPD can develop during pregnancy or up to one year after birth. PPD affects up to 20% of mothers globally.</p>	<ul style="list-style-type: none"> <li>• Feeling depressed most of the day every day</li> <li>• Feeling shame, guilt or like a failure</li> <li>• Feeling panicked or scared a lot of the time</li> <li>• Having severe mood swings</li> <li>• Having little interest in things you normally like to do</li> <li>• Having trouble concentrating or making decisions</li> <li>• Having trouble bonding with your baby</li> <li>• Thinking about hurting yourself or your baby</li> <li>• Thinking about suicide</li> </ul>	<p>If you think you have signs or symptoms of PPD, call your health care provider right away. There are things you and your provider can do to help you feel better.</p> <p><b>If you're worried about hurting yourself or your baby call 911 immediately</b></p>
<p><b>Postpartum Psychosis:</b> Also known as PPP is a rare but serious mental illness that can occur after giving birth. Symptoms are typically very abrupt in onset shortly following childbirth and up to 4 week post birth.</p>	<ul style="list-style-type: none"> <li>• Feeling confused and lost</li> <li>• Having obsessive thoughts about your baby</li> <li>• Hallucinating and having delusions</li> <li>• Having sleep problems</li> <li>• Having too much energy and feeling upset</li> <li>• Feeling paranoid</li> <li>• Making attempts to harm yourself</li> </ul>	<p><b>Postpartum Psychosis is a Mental health Emergency, if you think you have signs and symptoms of PPP call 911 immediately or go to the nearest emergency department</b></p>

## WHAT CAN HELP:

- Try to rest when baby sleeps/ask someone you trust to watch your baby while you get some rest.
- Ask for and accept offers of help.
- Eat regular, healthy meals.
- Decide how many visitors you want and when.
- Do things you find relaxing, even for a short time.
- Seek professional help from a counselor/therapist.
- Medications may be recommended by your health care provider.
- Attend groups for parents and/or peer support groups.
- See Resource section: Perinatal Mental Health resources

## PATERNAL MENTAL HEALTH

Up to 1 in 10 fathers can experience depression during pregnancy or after the birth, and it is important to recognize and address this. The symptoms look very similar to postpartum depression and most commonly include:

- Sadness
- Anxiety
- Irritability
- Difficulty bonding with their newborn
- Anger and aggression
- Difficulty concentrating
- Withdrawing from relationships
- Rapid mood swings

It is important for the individual or someone close to them to reach out to a healthcare provider to address these symptoms.

## PERINATAL MENTAL HEALTH CLINIC

Covenant Health offers early intervention, preventative care and mental health supports to patients during the perinatal period (from 12 weeks' pregnant to one year after giving birth) through the Perinatal Mental Health Clinic. For more information and referrals, speak with your doctor or nurse.



# **NORMAL BODY CHANGES IN THE POSTPARTUM PERIOD**

## **BLADDER**

You may pee often, find it hard to start peeing and/or it may sting when you pee.

### **WHAT YOU CAN DO:**

- Use your squeeze bottle filled with warm water and pour over the area between your legs after you pee.
- Pee in a warm shower.
- When you are awake attempt to pee at least every 4 hours.

## **BLEEDING**

- You will have a heavy flow of dark red blood for the first 1 to 3 days.
- This flow will be heavier than your normal period or menstrual flow.
- During days 4 to 10 your flow will become pink or brownish and should decrease a bit each day.
- You may have a gush of blood when you stand up from sitting or lying down for long periods of time.
- You may see a few blood clots. These blood clots are usually the size of a dollar coin ("Loonie") or smaller.
- Postpartum bleeding can last up to six weeks after birth.

### **WHAT YOU CAN DO:**

- Wear a maxi pad and change it about every 1 to 3 hours in the first few days.
- Fill a squeeze bottle with warm water and use it to clean your vaginal area regardless of if you had a c-section or vaginal delivery.
- Rest or nap when your baby is sleeping.
- Talk to your health care provider about when you can resume sexual intercourse.

## **BOWEL**

You can expect to have a bowel movement within 3-5 days of your baby's birth. It may be hard or painful to poop.

What you can do:

- Drink lots of water.

- Eat foods that have a lot of fiber (bran cereals, bran muffins, fresh fruit and vegetables).
- Take a walk (inside or outside).
- A stool softener may help. Ask your pharmacist. Stool softeners should not be used long-term.

## HEMORRHOIDS

You may feel grape-like lumps around your anus (bowel opening where your poop comes out).

These lumps may be painful or itchy.

### WHAT YOU CAN DO:

- Wet a clean maxi pad and freeze it.
- Put the frozen maxi pad in your underwear with a thin cloth between your skin and the pad.
- Use a hemorrhoid cream and/or towelettes.
- Lay down when you can. This will take the pressure off the hemorrhoids.
- Keep your bowel movements soft. (See bowel above)

## PAIN CONTROL

Your vaginal and perineum area may be sore, bruised, and swollen.

### WHAT YOU CAN DO:

- Apply an ice pack or a cold gel pack for 10-20 minutes at a time to relieve pain.
- Take medicine for pain. If you have questions, talk to your health care provider.
- Mobilize as often as possible.
- Avoid constipation (See bowel above)

## PELVIC FLOOR DYSFUNCTION

After giving birth, it's common for pelvic floor muscles to be stretched and strained. This can lead to pelvic floor issues such leaking, pain, and prolapse. Common symptoms include:

- Urinary incontinence
- Pelvic pain, including muscle spasms
- Pain during or after intercourse
- Leaking urine when you cough, sneeze, or jump
- Difficulty emptying your bladder or feeling like you have to pee all the time
- Perineum pain

### WHAT YOU CAN DO:

- Reach out to your healthcare provider and ask about pelvic floor physical therapy
- Try these pelvic floor exercises at home: [Pelvic Floor Exercises for After Childbirth](#)



### PUFFY FEET AND ANKLES

You may have puffy feet and ankles for two weeks or longer after delivery.

#### WHAT YOU CAN DO:

- Drink at least 8 glasses of water per day
- Elevate your feet
- Wear support stockings and comfortable footwear
- Do not wear clothes or socks with tight elastic
- Do not cross your legs when you are sitting

### SWEATING

Postpartum sweating, or night sweats, is a common experience after childbirth due to hormonal fluctuations as the body adjusts back to pre-pregnancy levels, and it's usually a normal and temporary phenomenon.

#### WHAT YOU CAN DO:

- Staying hydrated: Drink plenty of water throughout the day.
- Keeping cool: Maintain a cool bedroom temperature and wear loose, breathable clothing, and/or take a lukewarm shower or bath. Use a fan if available.
- Using breathable fabrics: Choose natural fabrics for bedding and clothing.
- Consult your healthcare provider: If night sweats are severe or persistent, or if you have other concerning symptoms, seek medical advice.

### TIREDNESS

It is common to feel a lack of physical and mental energy following birth due to factors such as hormonal changes, sleep deprivation and physical recovery.

#### WHAT YOU CAN DO:

- **Prioritize rest:** Take naps when you can, and don't hesitate to ask for help with childcare or household tasks.
- **Eat a healthy diet:** Ensure you're getting enough nutrients to support your body's recovery.
- **Stay hydrated:** Dehydration can worsen fatigue.
- **Seek support:** Talk to your healthcare provider about your fatigue and explore resources for new parents.
- **Move when you can:** Movement and gentle exercise can help improve energy levels.
- **Don't hesitate to ask for help:** Lean on your partner, family, or friends for support.
- **If fatigue persists, seek medical advice:** If your fatigue doesn't improve or worsens, consult with a healthcare professional to rule out any underlying medical condition.

#### TUMMY

- Your tummy may be swollen for a while after delivery.
- You may feel after-pains (cramps) especially while breastfeeding.

#### WHAT YOU CAN DO:

- Wear comfortable, clothing that isn't too tight.
- Consult with your health care provider about safe exercises.
- Taking walks is a safe and effective way to start moving.
- Eat a well-balanced diet that is high in fiber.

#### CESAREAN SECTION

- You will have a cut on your lower tummy that may be painful.
- You may see a bit of blood or pink fluid draining from the cut, this is normal and should decrease each day.
- You may feel gas pains in your tummy.
- You should not lift anything heavier than your baby for six weeks.

#### WHAT YOU CAN DO:

- Hold a pillow to your tummy when you stand up or move in bed.
- Take slow, deep breaths when you move.
- Take short walks in your home.

- Unless you have been given other instructions by your health care provider, take a shower daily and be sure to keep your incision area clean and dry.
- Take medicine for pain. If you have questions, talk to your health care provider.
- If you cannot see your incision, use a mirror or have someone look at it for you to make sure the edges of the cut are together.
- Talk to your health care provider about when you can start driving again.

### 3. Caring for Your Baby

#### WHEN YOUR BABY CAN'T STOP CRYING

Babies cry for many reasons - it is their only way to communicate. They may be hungry, need a diaper change, need to be cuddled, not feeling well, or need to release tension. All babies will have times when they cannot stop crying no matter what you do to try to soothe them. It does not mean that your baby is being bad or that he/she is angry with you. *It also does not mean that you are a bad parent.* It is important for you to plan ahead, so you are ready for the times when the crying becomes too much:

- Make your baby as comfortable as possible - hold your baby close to your chest; try feeding; make sure your baby is not too hot or too cold; keep your baby clean and dry; give your baby a gentle back rub.
- Provide gentle motion - walk or rock with your baby; use a baby swing; carry your baby in a sling or front carrier; take your baby for a car ride in a safely secured infant seat.
- Provide soft music or other relaxing sounds - try humming or singing a lullaby; the sound of a vacuum cleaner, clothes dryer, or dishwasher can sometimes calm a baby.
- Feed your baby slowly and burp him/her often - gas in your baby's tummy can be painful; if you think that your baby's crying may be linked to his/her feedings, talk to your health care provider or public health nurse.
- Keep yourself calm; take a break - before your emotions get out of control, place your baby in a safe place like a crib, leave the room, and shut the door; take a 15-minute break to relax and calm down before you try to console your baby again.

- Plan ahead with someone you trust - make a plan to have someone you trust come over right away if the crying becomes too much to handle; try to arrange breaks from childcare and get some rest.

**NEVER SHAKE A BABY FOR ANY REASON.**

**TAKE A BREAK, DON'T SHAKE.**

**Even a few seconds of shaking can cause serious damage to a baby.**

## INFANT CARE

### BATHING

- Bath your baby with mild soap and warm water. Be careful not to get soap in your baby's eyes.
- Dry the skin folds well. Do not use baby powder. Lotions are not usually needed, but if you choose to use lotion, use a fragrance-free, hypoallergenic one. Avoid putting lotions on baby's hands as they often put their hands in their mouths.

### CORD CARE

- Your baby has a small piece of umbilical cord attached to his/her belly button.
- When your baby was born, your health care provider put a clamp on the cord and then cut the cord. The clamp will be on your baby's cord when you go home from the hospital and will remain on until the cord falls off.
- Wash your hands before and after cleaning/handling the cord.
- When you are changing a diaper it's good practice to look at the cord. If there is pee or poop on or around the cord, it must be cleaned off.
- Use a cotton swab or clean cloth soaked with water to clean the base of the cord. Dry well. Cleaning the cord is not painful for your baby. After cleaning, fold the diaper below the cord to help the cord dry.
- You may bathe your baby in a bathtub while the cord is on, make sure that it is dried well after the bath.
- As your baby's cord is drying up it is important to watch for signs of infection, including: redness, swelling, foul odor, and yellow or green discharge around the base of the cord.

- Your baby's cord will dry up and fall off in 1 to 3 weeks after birth. When the cord falls off, you may see a small amount of blood.
- If the cord is still attached when your baby is 3 weeks old, tell your health care provider.

**Call your health care provider if the cord or the skin around the cord:**

- Continues to bleed.
- Is red, warm, or swollen.
- Has discharge that smells bad.
- Is very wet and draining discharge.

**DIAPERING**

- Wash your hands before handling your baby and after changing the diaper.
- Clean the diaper area well with every diaper change.
- If the diaper area skin looks red or like it has a rash, use a barrier cream (such as a zinc-based product).
- If the redness or rash does not get better or gets worse, see your healthcare provider

You can tell if your baby is getting enough breastmilk by the number of wet and dirty diapers they have:

Age	Wet diapers in 24 hours	Stools in 24 hours
Birth–24 hours old	<ul style="list-style-type: none"> <li>▪ at least 1 small, wet diaper</li> <li>▪ small amounts of dark orange or rusty looking urine</li> </ul>	<ul style="list-style-type: none"> <li>▪ at least 1 meconium stool</li> </ul>
24–48 hours old	<ul style="list-style-type: none"> <li>▪ at least 2 small, wet diapers</li> <li>▪ small amounts of dark orange or rusty looking urine</li> </ul>	<ul style="list-style-type: none"> <li>▪ at least 1 meconium stool, each the size of the palm of your baby's hand or larger</li> </ul>
48–72 hours old	<ul style="list-style-type: none"> <li>▪ at least 3 wet diapers</li> <li>▪ small amounts of dark orange or rusty looking urine</li> </ul>	<ul style="list-style-type: none"> <li>▪ at least 3 black, green-yellow (transitional) stools, each the size of the palm of your baby's hand or larger</li> </ul>
3–5 days old	<ul style="list-style-type: none"> <li>▪ at least 4 large, heavy wet diapers every 24 hours</li> <li>▪ amount of urine will increase and turn a light yellow and clear</li> </ul>	<ul style="list-style-type: none"> <li>▪ Day 3: at least 3 black, green-yellow stools, each the size of the palm of your baby's hand or larger</li> <li>▪ Day 4 and 5: at least 4 yellow, seedy stools every day, each the size of the palm of your baby's hand or larger</li> </ul>
6–7 days and older	<ul style="list-style-type: none"> <li>▪ at least 6 large, heavy wet diapers every day</li> </ul>	<ul style="list-style-type: none"> <li>▪ at least 4 yellow seedy stools every day, each the size of the palm of your baby's hand or larger</li> <li>▪ after 4 weeks, your baby's stools continue to be soft, yellow, seedy and easy to pass. After this, the frequency will vary with age.</li> </ul>

Taken from: [Getting-enough-breastmilk.pdf](#)

*If you have any concerns about your baby's pees or poops, please contact your healthcare provider*

## CARING FOR YOUR MALE NEWBORN

- When your baby boy is born, his foreskin is stuck to his glans (rounded end of the penis).
- As he grows, the foreskin and glans separate gradually.
- It is normal for little boys to have erections.
- You may notice a white substance (smegma) around the penis tip.
- This is also normal. It lubricates and protects the glans.

### UNCIRCUMCISED PENIS:

- Bathe your baby with soap and water. Clean after each diaper change.
- DO NOT pull back the foreskin. Usually the foreskin will be "retractable" (able to be pulled back) when your son is 3 to 5 years old but sometimes it may not until puberty.
- When the foreskin retracts fully, show your son how to clean it every day. This is a normal part of keeping his body clean.

### CIRCUMCISED PENIS:

- This is when the foreskin (a fold of skin that covers and protects the rounded tip of the penis) of the penis is surgically removed.
- Circumcision is not routinely recommended for all newborn males, but there may be benefits for some.
- Your baby must be stable and healthy to be circumcised. It may be done at your health care provider's office. There is a cost involved.
- You may decide to circumcise your baby for personal, religious or cultural reasons. You'll need to make a decision based on your own values, while also knowing the benefits and risks.

To learn more about circumcision, talk with your health care provider, or visit [MyHealth.Alberta.ca - Circumcision](http://MyHealth.Alberta.ca - Circumcision).



## CARING FOR YOUR FEMALE NEWBORN

It is important to clean in and around the labia as diaper creams, sweat, and other substances often collect in there.



### To clean your baby's labia:

- Wet a soft washcloth with warm water containing mild baby soap.
- Hold your baby's legs apart and wipe between the labia, starting at the front and gently wiping down.
- Use a clean part of the cloth if you need to wipe again.
- Dry your baby's genital area by gently patting with a soft towel.
- Do not use any soaps, lotions or gels that have perfume in them.
- It is not necessary to use any type of lotion on your baby's genital area.

### DISCHARGE

- Sometimes your baby might have a thick milky discharge - this doesn't need to be cleaned away. If you're unsure about any other discharge, speak with your doctor.
- It is common for newborn girls to have bloody vaginal discharge in the first few weeks after birth. This is a response to maternal hormones, which are still in your baby's body. This is often referred to as "pseudo-menses".

### SAFE SLEEP

To reduce the risk of Sudden Infant Death Syndrome (SIDS) and prevent other sleep-related injuries and deaths in babies up to 1 year old:

Put your baby on his/her back to sleep, every time they sleep.

- Use a crib, cradle, or bassinet that is free of clutter (no pillows, no stuffies etc.).
- Keep your baby warm, not hot.
- Keep spaces smoke-free before and after birth.
- Breastfeed your baby.
- Share a room. Do not share a bed, sofa, or any other sleep surface with your baby.
- Offer tummy time several times a day when your baby is awake and with you.
- Do not use playpens, car seats, swings, bouncy chairs, etc. for sleep.
- Do not use any pillows in the baby's bassinette or crib for the first year.



## SKIN-TO-SKIN CARE

- Kangaroo care = skin-to-skin care.
- Semi-upright skin-to-skin, chest-to-chest placement of your baby.
- Naked baby (with diaper and hat) on bare chest for at least 1 hour a day, or as long as you like.
- Remember: Do not fall asleep in this position, this is for bonding, not sleeping.

### Benefits for Baby:

- Less crying/reduces stress.
- Supports breastfeeding - warm, calm babies latch better, and hunger cues are more obvious.
- Regulates babies breathing, heart rate and temperature.
- Improves sleep.
- Enhances baby's immune system.
- Promotes bonding.



### Benefits for Mom:

- Reduces stress, depression, and anxiety.
- Increases production of breast milk and helps mom to understand baby's feeding cues.
- Helps to control postpartum bleeding and pain.
- Regulates blood pressure.
- Promotes bonding.

### Benefits for Partner:

- Promotes bonding.

## BABY FALLS

- Babies can easily fall from furniture and other surfaces by kicking and wiggling. It can happen very fast - even when you are in the same room and before you think your baby is able to move much.
- Babies have large heads compared to their bodies - during a fall, a baby's head will often hit the ground first and take the impact.

### Protecting your newborn baby from falls:

- It's important to stay awake when you are sitting and holding your baby to prevent them from possibly falling out of your arms. Some

tips for staying awake: chew gum or have a snack, drink ice water, or have a conversation with someone.

- Always stay with your baby when he/she is on a high place, such as a change table. Always keep at least one hand on your baby and always have the supplies you need in arms reach.
- If possible, change diapers on the floor.
- Place car seats, baby chairs, and bassinets on the floor instead of on a counter, bed, or sofa.
- Use safety straps when available.
- Supervision is the best prevention! Being at your baby's side is the best way to prevent falls. If you need to leave for a moment when your baby is on a raised surface, move your baby to the crib, playpen, or the floor.

### What to do if your baby has a fall:

- Stay calm.
- Check for responsiveness. If your baby is unconscious, call 911 immediately.
- Pick up and comfort your baby.
- Assess for any obvious injuries (i.e. Bleeding, swelling, broken bones).
- If you suspect serious injury, either call 911 or head to your nearest emergency center.
- If you have any concerns about the baby's condition, even if they seem minor, phone your family healthcare provider.

### CAR SEAT SAFETY

- A child is safest in a rear-facing car seat in the back seat until he/she is at least 2 years old or reaches the maximum weight or height limit for the rear-facing seat (as stated by the manufacturer).
- Read your car seat and vehicle owner's manual so you know how to correctly install and use your CSA (Canada Standards Association) approved car seat. It is illegal to use child car seats in Canada that do not have a National Safety Mark.
- Never place the car seat in front of an airbag.
- Always place the carry handle in travel position when in a vehicle. See manufacturer guidelines for correct travel position.



- Use car seats only for travelling in a vehicle. Stop every 1 to 1½ hours when driving. Take your baby out of the car seat and let him/her rest flat for 30 minutes.
- The straps should be snug against the baby and tight enough that you cannot pinch the strap fabric at the collarbone. Bulky coats or snowsuits should NOT be worn in a car seat. To keep baby warm, baby should be in regular clothes, place baby safely in the car seat with straps done up and then place blankets over top of the straps.
- All car seats have an expiration date (please check your manufacturer's guidelines for this).
- All car seats need to be replaced if involved in a car accident, even a minor one. Speak to your insurance company if this happens.
- Never leave your baby alone in a car seat or in a vehicle.



#### [CAR SEAT GUIDELINES IN ALBERTA](#)

## 4. Infant Feeding

### UNDERSTANDING YOUR INFANT'S CUES

- Infants show their hunger through various stages of cues, and recognizing these can help make feeding easier and less stressful. **These cues include:**
  - Sucking motions
  - Smacking their lips or opening and closing their mouth
  - Moving their hands and fingers into their mouth
  - Searching with an open mouth
- Crying is a late feeding cue, and if your infant is struggling and frustrated, it is best to try and calm them down before attempting to feed them. This can be done with talking, soothing motion like rocking, hand expressing milk into their mouth, and/or skin-to-skin.

### HOW TO KNOW YOUR BABY IS FULL

- Most newborns can be sleepy when feeding for the first few days, however if your baby is actively feeding, you will be able to hear

them swallow the milk between suckling. This sounds like a “kah” sound.

- As you baby begins to get full, their suckling will slow down and eventually stop.
- After feedings, your infant should be content, and relaxed.
- Your baby should sleep between feedings.
- Your baby has an appropriate amount of pees and poops.

## YOUR BABIES TUMMY SIZE



Day 1

size of a cherry



Day 2

size of a walnut



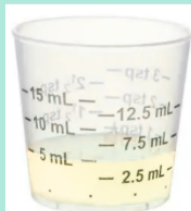
One week

size of an apricot



One month

size of large egg



Day 1	drops to 5mls each feed	drops to 30mls <u>total</u> in 24 hours
Day 2	5 to 15mls each feed	30 to 120mls <u>total</u> in 24 hours
Day 3	15 to 30mls each feed	120 to 240mls <u>total</u> in 24 hours
Day 4	30 to 45ml each feed	240 to 360mls <u>total</u> in 24 hours
Day 5	45 to 60ml each feed	360 to 480mls <u>total</u> in 24 hours

*This chart can give you a general idea of how much your baby will eat, however always watch your baby for cues. It is normal they may be more hungry one feed, less hungry another.*

## BREASTFEEDING YOUR BABY

Breastmilk is the only food and drink your infant requires for the first 6 months of life. Your family doctor or pediatrician will recommend when to introduce solids into your infant's diet, however this is normally around 6 months, once your baby can sit independently, and hold their head up on their own.

Feeding patterns are unique to each infant, and some babies will feed more frequently than others. Typical newborns will feed approximately

8-12x/ 24-hour period, as they establish their feeding patterns, and grow.

- Follow your infant's cues, not a clock or an app. Feed your baby anytime they show signs of hunger. Look for active feeding-suckling and swallowing.
- Offer the breast when your infant is showing hunger cues (rooting, hands to mouth, smacking lips), and try to calm your baby if they are crying.

**Cluster feeding:** It is important to note that as the days go on, you may notice your infant is fussier in the evening time and wanting to feed frequently. This is a normal newborn behavior known as "cluster feeding." The evening time is the time of day where milk flow from the breast is slower, and in response your baby may want to feed more frequently for shorter bursts. Note that your breasts are never completely empty, and if you are comfortable and your baby is feeding well, you can continue to nurse through cluster feeding by switching baby back and forth. This pattern of feeding helps your body increase your milk supply, which matches your growing baby's needs.

## HOW TO HELP YOUR BABY LATCH EFFECTIVELY:

- Make sure your baby is tummy-to-tummy with you and facing the breast they are feeding on.
- Support your baby behind the neck and shoulders, avoid putting any pressure on the baby's head.
- Wait for baby to have their mouth open wide like a yawn, before bringing them onto the breast.
- Baby's land their latch with their chin, it is important to bring your baby onto the breast NOT put the breast in baby's mouth. Their head should be tilted slightly back (like how we drink from a cup), and their chin and cheeks touching the breast. Your baby's nose will be close to the breast, but your baby will have space to breathe.
- A large portion of areola should be in their mouth, not just the nipple as this would indicate a shallow latch. There should be NO pain and NO pinching. Breastfeeding should feel like a gentle tug.



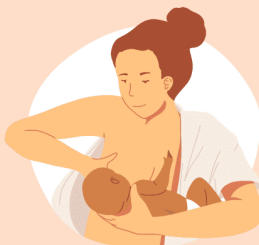
## Breastfeeding... Making it Easier for Baby to Latch On - YouTube

### Common Breastfeeding Positions



**Laid-back nursing position**

Used from first breastfeeding and great for anyone



**Cross-cradle hold**

Helpful for preemies, newborns, or babies with trouble latching on



**Football hold**

Good for nursing twins, c-section recovery, large breasts, and flat or inverted nipples



**Cradle hold**

Comfortable once baby latches on



**Side-lying position**

Great for nighttime feedings and c-section recovery

### BREASTMILK SUPPLY

- Breastmilk supply is established and maintained by frequent and effective feedings at the breast that are not painful, relieve discomfort of full breasts, and keep baby content and satisfied with appropriate poop and pee diapers, as well as healthy weight gain.
- All babies grow differently. Growth spurts often occur at 3 weeks, 6 weeks, 3 months, and 6 months of age.
- The best way to support your supply is to ensure that you are feeding your baby when they demand, and are not struggling with pain, damage, frequent unrelieved engorgement, or are struggling to keep baby content.

### HAND EXPRESSION OF BREASTMILK

- Hand expression can be a helpful tool to use if you are having difficulty feeding your baby at the breast, are adding stimulation

to help with the transition of milk from colostrum to mature milk, are trying to provide supplemental milk to your baby, or to help relieve discomfort and engorgement.

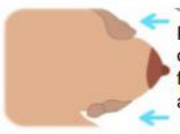
- You may need to express your breastmilk to:
  - Provide milk to your baby who is not latching
  - Relieve pressure or discomfort from engorgement (full breasts)
  - Provide milk if you are away from your baby
  - Provide milk for your sick baby or baby who is preterm
  - Maintain and support your supply if you are having difficulty breastfeeding

## HOW TO HAND EXPRESS YOUR BREAST MILK

### HAND EXPRESSION



Cup your breast in a C-shape. Position the thumb and index finger approx. 1-1.5 inches outside the areola.



Push back towards your chest. Keep your thumb and fingers cupped in a C-shape around the nipple.



Express your milk. Roll your fingers toward the nipple. Press, compress and release. Repeat rhythmically moving around the breast, to express the entire breast. Continue until the flow of milk stops.

Switch hands if needed and switch from one breast to the other.

### HOW TO BEST SUPPORT HAND EXPRESSION

- Place a warm compress on your breast prior to starting
- Gentle massage (as light as you would pet a cat) in circular motions around the breast
- Express while skin-to-skin with your baby
- Attempt to express every 2-3 hours if baby is not latching, is having difficulty staying awake at the breast, or if you and your infant are separated.
- Deep breathing and relaxation techniques prior to expressing can assist your body to release milk
- Utilizing your natural hormone- oxytocin. Oxytocin is known as the "love, labor, and lactation" hormone that helps milk to be released. Oxytocin can be stimulated by our senses, and this can be helpful in making hand expression more effective. Some examples include facetimeing your infant if they are separated (ex. The NICU),



smelling an item of your infants clothing, hearing your baby cry or coo, touching your infant (skin-to-skin).

### USING A BREAST PUMP

Similar to the reasons you would hand express, you may have to use a manual or electric breast pump to provide milk for your infant. There are many pumps available, and if you are not sure which pump will suit your needs, ask your health care provider or lactation consultant.

**HAND PUMPS-** Manual, or hand pumps, require no electricity, and can be useful for short-term, or on the go use. Keep in mind that most breast pumps come with a 21mm, 24mm, or 27mm flange, and these **MAY NOT** be the right fit for you.

**ELECTRIC PUMPS-** There are many variations of electric pumps on the market. Keep in mind that most breast pumps come with a 21mm, 24mm, or 27mm flange, and these **MAY NOT** be the right fit for you.

#### How to Choose A Pump: What to Look For

- \*Easy to clean
- \*Easy to use
- \*Able to find replaceable parts/ has spare parts
- \*Automatic intermittent vacuum
- \*Comfortable (no pain or pinching)
- \*Portability

### STORAGE OF BREASTMILK

#### STORING FRESHLY EXPRESSED BREAST MILK GUIDELINES

ROOM TEMP	FRIDGE	FREEZER COMPARTMENT OF ONE DOOR FRIDGE	SEPARATE FREEZER COMPARTMENT IN FRIDGE	DEEP FREEZER (-18°C)	INSULATED BAG WITH FROZEN GEL PACK
4 HOURS	96 HOURS (4 DAYS)	UP TO 2 WEEKS	UP TO 3 MONTHS	12 MONTHS	24 HOURS

*After thawing your breastmilk, ensure you refrigerate the milk and feed to your baby within 24 hours. Do not re-freeze thawed breastmilk.*

### OTHER WAYS TO GIVE YOUR BABY BREASTMILK

Establishing breastfeeding is a learning experience for both you and your baby and can take some time for your baby to effectively latch and suck.

Newborns are still learning to breastfeed and may have difficulty moving back and forth between breast and bottle. This may lead your baby to prefer the easier flow of the bottle and refuse the breast. This is more common if your baby is already having trouble latching.

- Sucking on a breast is different from sucking on a bottle nipple (regardless of the brand.) Sucking on a bottle nipple may encourage your baby to push the breast out and suck on your nipple. This leads to sore nipples and poor milk transfer from breast to baby. With a bottle the milk flow is immediate and requires little effort from your baby. At breast your baby needs to suck a couple of minutes to initiate the milk flow.
- If the milk flows too fast from a bottle nipple, your baby may bite down to slow the flow. This can result in your baby biting down on your nipple.

During this period, expressing your milk and feeding it by spoon or cup can be a good way to supplement colostrum or milk while still maintaining breastfeeding.

### SPOON FEEDING:

Spoon feeding is good for small amounts of breast milk.

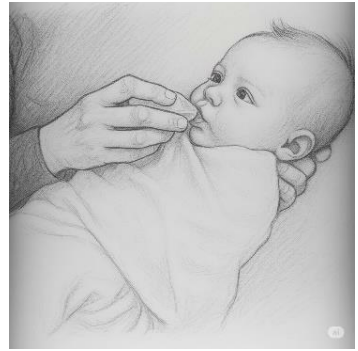
To feed your baby with a spoon:

- Express drops of your colostrum or milk directly into a spoon or pour a small amount into the spoon.
- Hold your baby upright (not flat on their back).
- Bring the spoon to their lips and allow them to lap the milk slowly from the spoon
- Ensure you give your baby time to swallow.

### CUP FEEDING:

Cup feeding is good for feeding your baby larger amounts of breast milk than you could with a spoon.

### To feed your baby using a cup:



- Pour 5-10 mls of breastmilk into a medicine cup
- Wrap your baby loosely with hands midline in order to prevent the hands from swiping the cup. Your baby should be in a calm, alert state with feeding cues present.
- Hold your baby close to your body in an upright position. Use your arm or hand to support their head, neck, and body.
- Gently tap baby's lower lip with the cup. This signals that it's time to eat.
- Direct the rim of the cup towards the corners of the upper lip and gums with the rim of the cup gently touching/resting against the lower lip. Do not apply pressure to the lower lip. The tongue should be able to move freely to the cups lower edge.
- Tip the cup so that milk touches the lips. Your baby should begin to lap the milk from the cup. Milk should NOT be poured into your baby's mouth.
- Keep the cup in this tipped position. DO NOT take the cup away when the baby pauses, unless she/he pulls away. Allow the baby to resume when ready and set the pace of the feed.
- Be observant and follow the baby's cues.
- Burp as you would any other feeding.
- When your baby has had enough, he or she will refuse to take more. Signs that your baby is full include:
  - Closes mouth
  - Turns head away from the cup
  - Relaxes hands
  - Uses hand motions or makes sounds

### Tips:

- Offer your baby your breast first, then give the extra milk if needed.
- Pump right after breastfeeding (10-15 minutes per breast).
- Try to finish each feeding and pumping in about an hour or less so everyone can rest.

- Watch your baby's behavior: the number of wet and dirty diapers and your baby's weight gain will show you if your baby is getting enough food.



**VIDEO: [CUP AND SPOON FEEDING](#)**

## **WHEN BREASTFEEDING ISN'T POSSIBLE**

You may not be able to or choose not to breastfeed. If you have enough information to make an informed decision to formula-feed your baby, we want to support and help you to do so. If you decide to use a bottle, consider the [paced bottle feeding method](#). This method allows your baby to be more in control of the pace of the feeding. It slows down the flow of milk, allowing your baby to feed more slowly and take breaks. This helps to prevent overfeeding, which is common with bottle feeding.



**PACED BOTTLE FEEDING METHOD VIDEO**

**However you feed your baby,  
the Baby-Friendly Initiative supports you.**

Skin-to-skin care is important for all babies and as your baby grows, continue skin-to-skin holding every day for the first month or so and whenever your baby needs comfort. Your partner or another trusted person can hold your baby skin-to-skin and provide your baby with some of the same benefits. Regardless of how you feed your baby, cuddle your baby skin-to-skin to enjoy the amazing benefits.

For information on formula feeding please refer to



## FORMULA FEEDING YOUR BABY - HEALTHY PARENTS HEALTHY CHILDREN.

### **BREAST HEALTH CONCERNS- ENGORGEMENT, DUCTAL NARROWING, MASTITIS**

*Engorgement:* Engorgement means very full breasts- they may become firm, hard, shiny, and uncomfortable. This is not normal, and appropriate management can prevent further breast health concerns.

#### **Engorgement can happen if:**

- Baby is not latching effectively, and therefore not removing the milk appropriately at the breast.
- Your baby is not feeding enough at the breast.
- Your baby sleeps for a longer period and you wake up with very full breasts.
- You are adding too much stimulation to the breasts when it is not necessary (your baby is feeding well and then you are pumping/hand expressing in addition to good feedings).
- Your pump does not fit you appropriately and does not remove the milk effectively.

#### **Preventing engorgement can be done by:**

- Latching baby effectively at the breast in a comfortable position.
- Feeding your baby at least 8-12 times per 24 hours, or more if your baby demands it.
- Responding to your baby's early feeding cues.
- Express or pump milk only if you are struggling with latching your baby, you are away from your baby, or your breasts are feeling so full that you cannot latch your baby.

### **CARING FOR ENGORGEMENT:**

- Before feeding: utilize a warm compress and massage breasts to help relieve pressure at the breasts and soften the tissue to allow baby to latch effectively.
- Use a cold compress after feeding/pumping/expression to support decreasing inflammation and slowing the refill time of your breastmilk.

### *DUCTAL NARROWING (blocked ducts):*

You may have blocked ducts if you are noticing:

- A red spot or area on one or both breasts.
- Tenderness or pain in one spot on one or both breasts.
- Discomfort between feedings due a feeling of a blockage.

It is best to use the BAILS method:

- **BREAST REST** - feed and/or pump as you NORMALLY would. DO NOT add in additional pumping sessions, or attempt to feed your infant more often to “unclog” the duct. This will only increase the inflammatory response and could escalate the condition to mastitis.
- **ANALGESIC AND ANTI-INFLAMMATORY** - with the direction of your doctor, using pain medication (such as Tylenol), and an anti-inflammatory (such as Ibuprofen) can help to minimize symptoms.
- **ICE (COLD COMPRESS)** - Use a cold wash cloth, ice pack, or compress after feeding or pumping to reduce swelling and increase comfort.
- **LYMPHATIC DRAINAGE** - this is a gentle massage (as light as you would pet a cat) done to displace extra fluid in the breast. Gently stroke up and away from the nipple towards the collarbone and armpit to displace fluid. NO AGGRESSIVE MASSAGE SHOULD BE DONE. Avoid massagers, heat, Haakaas, pumps on high suction, or any other aggressive method as this will increase the inflammation in the breast.
- **SEEK HELP** - You should always contact your most responsible health care practitioner. Never rely on the BAIL method alone without seeking medical help.

**MASTITIS:** Mastitis is the infection of the breast (or both breasts) and can be classified as either inflammatory or bacterial mastitis. Inflammatory mastitis is referred to as breast inflammation without confirmation of bacteria. This can be due to ductal narrowing, and typically results in red, hot, tender, or swollen breast tissue on either

one or both breasts. Bacterial mastitis indicates that there is a bacterial component in combination with the inflammatory response. It is important to note that there is no harm or ability of the infection to transfer to your infant, and breastfeeding may continue as normal. However- with inflammation and infection, it is common to have slower milk flow and thus a baby who may be fussier/demanding at the breast that is affected. As the infection resolves, this behavior should subside.

### Symptoms of both include:

- Redness in one area of the breast, or both breasts
- Tenderness and swelling
- Fever
- Chills
- Fast Heartbeat

Mastitis is a serious breast health concern, and you should make an appointment with your doctor immediately or visit the emergency room if you are experiencing fever, chills, and suspect an infection. The BAILS method is still recommended by the Academy of Breastfeeding Medicine.

## THRUSH

Candidiasis, also known as thrush, is an infection caused by a fungus or yeast called *Candida albicans*. Candida thrives in warm, moist environments. Mothers and infants who have had antibiotics in labour, or while breastfeeding, are at increased risk for thrush. Both the mother and the infant may have signs and symptoms that may include:

### MOTHER:

- Red, sore, cracked, itchy, burning, painful nipples, which may have white patches.
- Red, swollen, flaky/scaly or shiny-looking areolae (area around nipples).
- Nipple condition does not heal, although there is no concern related to positioning and latching or effective sucking/swallowing.
- Sudden painful nipples (may feel like a paper cut along the base).
- Severe nipple pain (during and after breastfeeding session).
- Sharp, shooting or burning pain in breast during or after feeds.

### INFANT:

- Visible white patches or plaque on tongue, gums, inner cheeks or soft palate (cannot be wiped off).
- Change in breastfeeding behaviour, breast refusal.

- Change in behaviour (e.g., gassy, cranky).
- Slow weight gain.
- Sore mouth indicated by non-rhythmical sucking and/or refusal to breastfeed.
- Diaper rash that has raised, red, sore-looking pustules or red, scalded-looking buttocks.

Once the nipple has been damaged or cracked, it is at risk for infection by bacteria such as *S. aureus*. The following strategies may prevent more complications:

- Wash nipples with soap and water once a day to help prevent bacterial growth.
- Air dry nipples between feeds.
- Do not apply or leave expressed breastmilk on a nipple with a fungal infection (fungi grow well in breastmilk because of the natural sugars).
- Use specialized nipple creams, as prescribed by a physician (use as per physician or pharmacist recommendation).
- Wash bras and washable breast pads in hot soapy water.

## 5. Screening for Your Baby

### NEWBORN SCREENING

While in postpartum, your baby will be offered screening for hearing loss, congenital heart diseases, newborn metabolic disorders, and jaundice.

### CRITICAL CONGENITAL HEART DISEASE SCREENING (CCHD)

CCHD is when the heart does not form properly before birth and doesn't work as well. Babies with CCHD may not be getting enough oxygen in their blood which they need to grow and be healthy. Some babies with CCHD may have the following symptoms:

- Fast, difficult breathing
- Grunting sounds with breaths
- Bluish lips
- Poor eating
- Extreme sleepiness
- Heart murmur

All babies are screened for CCHD around 24 to 36 hours after birth. A nurse will measure the amount of oxygen in the baby's blood with a



sensor to decide if the baby should have more testing done to diagnose CCHD. This will not hurt your baby. If the baby has low levels of oxygen in their blood, then the baby will need more testing to ensure it does not have CCHD. Prompt and careful treatment helps most babies with CCHD live healthy lives.

Some of these tests include:

- Echocardiogram (heart ultrasound)
- Blood tests
- Chest x-ray

## EARLY HEARING DETECTION AND INTERVENTION (EHDI)

Alberta's Early Hearing Detection and Intervention (EHDI) program tests all babies born in Alberta for hearing loss. Here is why testing a newborn's hearing is important:

- Permanent hearing loss is one of the most common conditions in newborns
- Even though a baby may respond to sounds, they may not hear well enough to develop speech and language.

### What does a newborn hearing test look like?

- A nurse will test your newborn's hearing by playing soft sounds in their ears while they are quiet or sleeping. A computer will measure how well your baby hears these sounds.
- This test is quick, safe, and won't hurt your baby.
- The result of the test is pass or refer.
- A pass result means that your baby is hearing well on the day of the screening.
- A referral result means that your baby will need to go for a more specialized hearing test to confirm or rule out hearing loss. Most babies who need further testing are found to have normal hearing, but some are found to have hearing loss. This test is done by a pediatric audiologist (a health care provider who specializes in children's hearing).

*Adapted from 'Alberta Health Services Early Hearing Detection and Intervention (2018, November).'*

## JAUNDICE

### What is Jaundice?

- Babies are born with extra red blood cells and when these cells breakdown, they release something called bilirubin. Your baby gets rid of bilirubin in the first few days through their stools (poops).
- If bilirubin builds up in the body, it causes jaundice, a condition that makes the skin and sometimes the whites of the eyes turn yellow.

### Babies are more likely to develop jaundice if:

- they are born less than 37 weeks
- are not feeding well
- babies and mothers have certain blood types

Jaundice should start to go away after your baby is 4 to 5 days old and is gone by 10 to 12 days. At low levels, jaundice will not harm your baby. In rare cases, very high levels of jaundice can be very harmful to your babies brain.

### Your nurse will check your baby for jaundice by:

- Assessing your baby's feeds, pees/poops.
- Using a jaundice meter to tell how much bilirubin is in the body. The meter uses a flash of light on the chest and does not harm the baby.
- Ordering a blood test to diagnose jaundice, if needed.

### What can help?

- Feed your baby often and for as long as they want to eat.
- If breastfeeding, make sure your baby is latching well and listen for swallowing while on the breast.
- Keep track of your baby's pees/poops (see page 34)
- Babies with jaundice can become sleepier and may not feed as well. If you are concerned:
  - Feed your baby more often when they are jaundiced (aim for a total of 8 to 12 feeds within 24 hours).
  - Talk to your health care provider or Public Health Nurse.
- If your baby needs treatment, they will need to be in the hospital for a few days under special lights (phototherapy). You and your support person will be allowed to stay with your baby in hospital while they are receiving treatment for jaundice.
- Do not place your baby in the sun as a treatment for jaundice.

## NEWBORN METABOLIC SCREEN

The Newborn blood spot screening is a blood test that is done when baby is 1-2 days old. This screen will help to show if your baby has certain conditions that can't be seen by looking at your baby. For more information, please refer to the *Why does my baby need to be screened* handout.

## 6.Resources

### FOR PARENTS AND BABY

- [Healthy Parents Healthy Children](#)
- [MyHealth Alberta](#)
- [Canadian Pediatric Society](#)
- [Global Health Media](#)
- Family futures network: [Family Futures Resource Network](#)
- What to Expect: [www.whattoexpect.com](http://www.whattoexpect.com)
- New Parent and Newborn Hotline - 1-833-805-2229 (BABY)
- Health Link Alberta - 811

### PERINATAL MENTAL HEALTH RESOURCES

#### Help Lines:

- Access 24/7: Phone : 780-424-2424
- Alberta Health Services Mental Health Help Line Phone: [780.424.2424](tel:780.424.2424)
- Canadian Mental Health Association Edmonton Distress Line  
Phone: [780.482.4357](tel:780.482.4357)
- Distress Line: phone: 780-482-HELP (4357)

#### Websites

- Covenant Health Perinatal Outpatient Mental Health Clinic: [Perinatal Outpatient Mental Health Clinic](#)
- Hope for Wellness Helpline: [Links and Information - Hope for Wellness Helpline](#)
- Hope Mental health 4 Women: [About | Hope Platform](#)
- Family Resource Networks: [Family Resource Networks | Alberta.ca](#)
- Postpartum Support International (PSI) Canada: [PSI Canada](#)
- The Family Center: [Postpartum Therapy Group: The Family Centre](#)

### INFANT FEEDING RESOURCES

- Edmonton Breast Feeding Resource: [Home - Edmonton Breastfeeding Resource](#)
- Breastfeeding Clinic: Grey Nuns Community Hospital: [Grey Nuns Community Hospital | Covenant Health](#). Phone: 780-735-7346
- Breastfeeding Clinic: Misericordia Community Hospital: [Misericordia Community Hospital | Covenant Health](#). Phone: 780-735-2731
- Global Health Media Breastfeeding Videos: [Breastfeeding Videos - Global Health Media Project](#)
- La Leche League Canada: [Home | La Leche League Canada - Breastfeeding Support and Information](#)
- First Droplets: [Droplet](#)

FEEDING AND DIAPERING CHART

Birth Date: \_\_\_\_\_ Birth Time: \_\_\_\_\_

Parent notes: Begin charting feeds and diaper changes at your baby's birth time. Feed as often as your baby shows signs (page 7). It is ok for your baby to have more wet or soiled diapers in a 24-hour period than the chart shows.

Active feed: Several bursts of continued sucking at each feed, rounded cheeks, flanged lips, see and hear swallowing.

DATE	DAYS/HOURS	MINIMUM # OF WET DIAPERS	MINIMUM # OF SOILED DIAPERS	FEEDING ATTEMPTS (✓)
	0 (0 to 24)	<div></div>	<div></div>	
	1 to 2 (24 to 48)	<div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	
	2 to 3 (48 to 72)	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	
	3 to 4 (72 to 96)	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	
	5 to 7	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	

## Your Experience Matters to Us!

Your insights pave the path to improved healthcare. Join us in making a difference through your valuable feedback. **YOU & YOUR BABY MATTER.** Please take a moment to tell us about your experience at our hospitals.

If you delivered at Grey Nuns Community Hospital:



If you delivered at the Misericordia Community Hospital:

