

Preparing to go home with your baby

Discharge information about you and your newborn

Introduction

It will take approximately 30 minutes to complete the following five sections:

1. Parent Discharge Communication Tool
2. Caring for Yourself
3. Newborn Discharge
4. Caring for Your Baby
5. Additional Resources

All of the topics listed on the Parent Discharge Communication Tool and throughout this presentation can be found in the *Taking Care: Information for Parents* book provided to you during your hospital stay.

Additional Resources are listed at the back of the book.

1. Parent Discharge Communication Tool

Parent Discharge Communication Tool

- All parents will receive a Parent Discharge Communication Tool that gives basic guidelines about what to do over the next several weeks, as well as important care instructions, warning signs and when to resume normal activities.
- At the top of the Parent Discharge Communication Tool, it will state your baby's date of birth, name of attendant at birth, and type of birth. It also includes who and when you need to make follow up appointments for you and your baby.

Parent Discharge Communication Tool

- The birthing parent will need to make an appointment with their health care provider 6 weeks postpartum (unless otherwise instructed).
- **All babies should be seen by a primary health care provider within 24 to 72 hours of leaving the hospital for checkup (unless otherwise instructed).**
- If you are going home with any equipment from the hospital, it will also be indicated on this tool (i.e. breast pump, sitz bath, walker).

2. Caring for Yourself

General Information

- Postpartum is the period of time after the birth of your baby, when your body is changing back to normal.
- It lasts about 6 weeks or until your uterus returns to its normal size.

Breast/Chest Care

- Breast/Chestfeeding your baby at least every 3 hours or on your baby's cues will help to maintain your milk supply.
- To minimize engorgement, a warm shower, warm compresses and breast/chest massage will help the milk to flow.
- After feeding you can use cold compresses to help soothe the pain of the swelling.



Breast Care

- You can call the Postnatal Ambulatory Clinic (PNAC) for advice or to book an appointment to be seen by a lactation consultant/RN after you have gone home. **PNAC: 416 586 - 4800 X 7409**
- Seek medical attention if your breast/chest is red/warm/shiny or if there is unusual discharge from the nipple(s).



Perineal Care

- You can expect to have bleeding from your vagina for 2 to 6 weeks. In the beginning, the bleeding will be heavy and dark red. As the days pass, the bleeding will become less and the colour will change to brownish pink then to a yellowish/ white colour.
- In order to prevent infections from occurring, do not use a tampon until your follow-up appointment in 6 weeks. Keep your perineal area clean with soap and water at least once a day; and change your pad often.

Perineal Care

- If you had a vaginal birth, you may want to use a sitz bath to promote healing of the perineum. A sitz bath is a special basin filled with warm water, to soak your perineal area.
- If you have stitches they will dissolve in about 2 weeks.
- Seek medical attention if you are soaking a pad with bright red blood in less than 1 hour or passing large clots (size of a plum or larger), having foul smelling discharge or fever greater than 38 degrees Celsius.

Incisional Care Post C-Section

- When the initial dressing is removed, your incision will be left to air dry.
- You will be able to shower when the incision is left to air dry. Allow the water and soap to wash over the incision. Gently pat the incision dry.
- Ensure that your incision is kept clean and dry. Wear cotton underwear and loose clothing for comfort.
- The skin from the incision will heal in several days. The full depth of the incision takes about 6-8 weeks to heal completely.

Incisional Care Post C-Section

- If you have steri strips, they will fall off on their own, or should be removed within 5 days from when they were applied.
- If you have staples please ensure you have instruction from your primary nurse on when to have them removed.
- If you experience fever, increasing abdominal pain, redness, discharge from the incision site or your incision opens, seek medical assistance immediately.

Bladder Function

- You may not always feel like your bladder is full. This sensation will return in a few days or when the bladder muscle is exercised and regains tone.
- Empty your bladder every 2 to 3 hours even if you don't feel like it.
- Pain or burning when urinating, or the urge to urinate frequently, may indicate a bladder infection and should be reported to your health care provider.
- Practicing kegel exercises will help you regain muscle tone.

Bowel Movement

- Bowel movements can be delayed because of the lack of food during labour and discomfort due to hemorrhoids or an episiotomy.
- Constipation can be minimized by remaining active and eating foods high in fibre (whole grains fruits, and vegetables).
- Drink plenty of fluids. Prunes, dates, figs, and bran are helpful remedies as well. If prescribed by your health care provider, take a stool softener or laxative as prescribed.

Hemorrhoids

- Hemorrhoids during pregnancy and after giving birth are common.
- Hemorrhoids are varicose veins of the rectum caused by the weight and pressure of the baby and the force of pushing.
- Using ice packs, sitz bath and medications or Tucks pads will help decrease the discomfort.
- Avoid becoming constipated or standing for long periods.

Swelling/Fluid Retention

- It is normal to see more swelling in your legs and feet during the first 2 weeks after birth.
- You may notice an increase in perspiration and urination as your body works to eliminate the extra fluids from pregnancy.
- Elevate your legs and avoid standing too long in order to minimize and cope with the swelling.

Pain Management

- It is important to keep pain under control by taking regularly scheduled pain medication.
- Well managed pain will promote healing and allow you the mobility and ability to care for your baby.
- Your primary nurse will provide you with regularly scheduled pain medications. These medications are safe with breast/chestfeeding.

Pain Management

- When you go home please continue to take what you usually take for pain at home.
- If you were given a prescription, please fill this before you get home, so that if your regular pain medication is not enough to manage your pain, you have this for extra pain management.

Resuming Normal Activity

- By the time you are ready for discharge you may be able to go for short walks and use the stairs. Allow your body to guide your activity. Do not resume exercise until you meet with your health care provider. Do not carry anything heavier than your purse or your baby.
- Before resuming sexual activity, please speak to your health care provider about what method of contraception is best suited for you and your partner.
- If you have had a vaginal delivery you may drive when you feel ready. If you have had a caesarean section it is recommended to wait 2 to 3 weeks.

Baby Blues, Anxiety and Depression Postpartum

- You may have many feelings ranging from joy and excitement to guilt and sadness. These feelings are normal after having a baby.
- The causes of these feelings are not completely understood, however they may include lack of sleep, hormone changes, stress, and not feeling supported by family or friends.
- Your primary nurse will discuss and review signs and symptoms of baby blues, anxiety and depression postpartum with you (and your support person) during your hospital stay. You are not alone. Support is available to you. Please inform your health care provider immediately, if you are having difficulty coping at home.

Warning Signs

Seek medical attention if:

- ☐ You are unable to empty your bladder
- ☐ You have a fever (38 degrees Celsius or 100.4 degree Fahrenheit)
- ☐ You have unexplained abdominal or perineal pain
- ☐ You are soaking a pad in less than 1 hour, passing large clots, or having foul smelling discharge - consider going to your nearest Emergency Room (ER)
- ☐ Your breast/chest is red, warm, shiny or there is unusual discharge from the nipple(s)
- ☐ You have discharge from an episiotomy/laceration or the incision site
- ☐ You have unusual/new/ongoing headache or vision change
- ☐ The back of your leg(s) are tender and/or red and painful
- ☐ You have prolonged and noticeable change in mood (feel depressed or feeling blue)

3. Newborn Discharge

Newborn Discharge Communication Tool

- This is an outline of your baby's delivery, physical assessment and exams during the hospital stay. Show this paper to the health care provider you have chosen for your baby after discharge.
- If there are any issues with results of the Newborn Hearing Screen, Ontario Newborn Screening (ONS) and Critical Congenital Heart Disease (CCHD) your baby's health care provider will be informed.
- **All babies should be seen by a primary health care provider within 24 – 72 hours of leaving the hospital for checkup (unless otherwise instructed).**

OHIP and Birth Registration

- The top section of the OHIP form is to be filled out and returned before you leave. The bottom slip will be given to you as your baby's temporary health card. You should take this slip with you to all of your baby's appointments until the card is mailed to you.
- You can complete your baby's birth registration and apply for the birth certificate on the www.serviceontario.ca/newborn website.

4. Caring for Your Baby

Safe Sleeping/SIDS

- Your baby should be sleeping on its back on a firm flat mattress. Do not put blankets, pillows, bumper pads or stuffed animals in the crib.
- For warmth, layer your baby in fitted clothing.
- Bed sharing is discouraged for the first year of life, as it may increase the risk of Sudden Infant Death Syndrome (SIDS).
- Smoking in the house is not recommended.

Holding Your Newborn Baby

- Support the head and neck with one hand, and the bottom and thighs with the other. Hold your baby close to your body.
- Remember to never shake your baby or toddler.



Crying: Baby's Communication

- Crying is a baby's way of communicating. It can mean "I'm hungry"; "I'm wet"; "I want to be held", etc.
- Some babies have crying episodes, especially if they are overstimulated.
- You can try to calm your baby through skin-to-skin, talking softly, singing or playing soothing music.
- Evaluate why your baby could be crying and take action: feed/burp, change the diaper, etc.



Bonding with Your Baby

- Having your baby skin-to-skin with either parent is a great way to bond with your baby. It is soothing and calming for parents and baby.
- When you are skin-to-skin with baby, the baby is naked down to the diaper, and the parent is naked from the waist up.
- The benefits of skin-to-skin include: baby listening to your heartbeat, voice and breathing, smell and feel of your skin, and the ability visualize your face better.



Feeding Your Baby

- Learning to feed your baby is easier when you cuddle skin-to-skin during and between feeds.
- If you are exclusively breast/chestfeeding, baby should feed at least 8 to 10 times in 24 hours.
- Babies will go through periods of cluster feeding and sometimes feed more frequently during the night.
- If you are feeding human milk substitute, babies can feed every 3 to 4 hours (be sure to follow human milk substitute preparation instructions).

Feeding Your Baby

- Responding to your baby's earliest feeding cues will make things easier for you and baby.
- Some early cues include: wriggling movements, rooting, sticking out the tongue, small noises and sucking on hands/fingers or blankets.
- Crying is a late sign of hunger, try to feed your baby on cue or every 3 hours.
- Signs that your baby is getting enough milk include: gives cues for feeding every 2 to 3 hours, feeds 8 to 10 times in 24 hours, satisfied after feeding and sleeps for 1 to 2 hours, weight gain and appropriate number of wet and dirty diapers.



Elimination: Pees and Poops

- You should expect your baby to have 1 pee within the first 24 hours. This increases with the age of the baby.
- There should be at least one bowel movement (poop) a day for the first week.
- Your baby's stool (poop) will be sticky, black and tar like (meconium). Around day 4 the stool will turn greenish brown and then yellow.

Diapering

- You may need to change your baby's diaper every 2 to 3 hours or whenever you feed your baby.
- Wipe the diaper area with a warm wet washcloth or non-scented baby wipes. Pat the area dry or allow to air dry.
- Clean from the front to back. For males, also wipe under the scrotum. Never pull back your baby's foreskin when cleaning the penis.
- You may apply a barrier cream to protect the skin. Never use powders or cornstarch.



Caring for the Umbilical Cord

- Use a wet washcloth to gently clean around the base of the cord. Ensure the area is dry after cleaning.
- The umbilical stump should be kept dry and above the diaper until it falls off within 7 to 10 days.
- Continue to gently clean the belly button for a few days after the cord falls off.

Bathing Your Baby

- Ensure you have everything ready and within easy reach before you start.
- **Never leave your baby alone in the bath, always keep at least one hand on your baby.**
- You do not have to bathe your baby every day. Two or three times a week is sufficient.
- Always test the temperature of the water with your elbow or wrist.
- After bathing, ensure you pat baby dry with special attention to the skin folds.

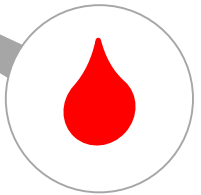


Skin and Nail Care

- To protect baby's thin and fragile skin: avoid direct sunlight; make sure baby is wearing a wide brimmed hat in the summer; in the winter, cover up their skin as much as possible to prevent frostbite.
- You can use a gentle moisturizer after bathing to massage your baby before bedtime.
- The best time to care for your baby's nails is when they are relaxed or asleep.
- To care for your baby's nails you can use emery boards or nail files. Do not clip in the first 2 weeks, as you could accidentally cause abrasions or bleeding.

Bilirubin (Jaundice)

- Jaundice is very common in newborns. It can give the skin or the whites of the eyes a yellow colour and babies can appear overly sleepy.
- Feeding the baby frequently, every 2 to 3 hours, can reduce jaundice.
- Seek medical advice if any of these symptoms appear.
- A blood test can be done to see if your baby needs treatment.



Car Seat Safety

- Car seats are only to be used while traveling in a vehicle (never for sleeping).
- Your primary nurse can give you advice on putting your baby in the car seat and can check and see how you did putting the baby in before you leave the hospital.
- Refer to the photo included in your package to use as a guide.



Newborn Warning Signs

Seek medical attention immediately:

- If your baby's skin or whites of the eyes are increasingly yellow
- If your baby is not interested in feeding or is lethargic
- If your baby's temperature is persistently over 37.5 or under 36.5 degrees celsius by underarm
- If your baby has not passed urine or stool in 24 hours in the first week
- If there is forceful vomiting of a large amount of spit up
- If there is green, brown or fresh red blood in the spit up
- If your baby is gagging or coughing persistently
- If your baby has green foul smelling discharge around cord or circumcision site

5. Additional Resources

Resources for Parents and Families

- Health resources and supports can be found in the back of the *Taking Care* booklet.
- Canadian Pediatric Society
www.caringforkids.cps.ca
- Toronto Public Health www.Toronto.ca/health
- Breastfeeding Information
<http://breastfeedinginfoforparents.ca>
- Postnatal Ambulatory Clinic (PNAC) 416-586-4800 x 7409



Taking Care
Information for Parents

We hope you enjoyed your stay with us!