Pregnancy and Birth

Healthy Parents
Healthy Children

Alberta Health Services
This book belongs to:

Baby’s due date is:

You can bring this book to your appointments and to your birth centre. Your healthcare provider can also review it with you.

Important contact information

Healthcare provider
Name:
Phone:

Birth centre/hospital
Name:
Phone:

Community/public health centre
Name:
Phone:

Health Link Alberta (24-hour nurse advice or general health information)
Call toll-free in Alberta at 1-866-408-LINK (5465)

MyHealth.Alberta.ca
(online health information) https://myhealth.alberta.ca

Alberta Health Services
(information on health programs and services)
www.albertahealthservices.ca

211 Alberta (information on community, health, government and social services)
Phone 211 from many places in Alberta

This book contains general information. For specific questions, please ask your healthcare provider.

The content in this book reflects Alberta Health Services’ information at the time of printing. Refer to healthyparentshealthychildren.ca for regular updates.
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Our Book for You

**Congratulations—you have a baby on the way!**

Now what happens? You can read this book to find out. Our made-in-Alberta reference guide will help you with the many changes that are coming. We’ll take you from the early stages of pregnancy (“It’s true, we’re pregnant!”), through the thrill of your baby’s birth (“It’s a boy!” or “It’s a girl!”), and into your baby’s first few weeks (“What do we do now?”).

**If you are pregnant...we wrote this book for you.**

We want you to have the healthiest pregnancy and baby possible. There’s a lot of information out there on pregnancy and childbirth. But too much information can be confusing, especially when you hear different things from different sources.

We asked expectant and new parents what they wanted to learn about, and we invited health experts from across Alberta to help write this book. This book is your place to go for current and reliable information. We’ve based our book on the best knowledge, evidence and practices.

*Families are as unique as the people in them*

Your family might include a woman and man together or on their own, same-sex parents, foster parents, grandparents, brothers, sisters, aunts, uncles or close friends. Remember that this book is for you and your family, whoever they are.
How to use this book

In the chapters ahead, you’ll find:

- **Nine Months, Three Trimesters, So Many Changes—an Overview of Pregnancy** gives you a general look at pregnancy and the many changes you can expect.
- **Starting Off Healthy** highlights how you, your partner and your baby can be healthy during this pregnancy and in the future.
- **First, Second and Third Trimester** are separate chapters that let you know what to expect during each of these stages and some practical tips for common discomforts of pregnancy.
- **Labour and Birth: The Big Event** tells you about the process of labour and birth, ways to work with your body’s natural instincts and many helpful coping and comfort strategies.
- **Postpartum: The First Six Weeks** tells you about taking care of yourselves and your baby during the first 6 weeks.
- **Learn More** gives you more detailed information about child safety seats and breastfeeding.
- **Glossary** explains words you may not already know.
- **Where to Go For More Information** lists organizations, websites and contact information.

In this book, we refer to your unborn baby as ‘your baby’, no matter how many weeks pregnant you are. When referring to your baby, we alternate the use of ‘he’ and ‘she’ between chapters.

This book may also be found online at www.healthyparentshealthychildren.ca

We’ve also written another book for you called *Healthy Parents, Healthy Children: The Early Years*. It picks up where this book leaves off. *Healthy Parents, Healthy Children: The Early Years* will help guide you from the newborn stage until your child starts school. If you haven’t received this book already, you can get an online version by visiting www.healthyparentshealthychildren.ca
You’ll also find:

- **Definitions** at the bottom of some pages that explain words you may not already know.
- **Different text boxes** that contain different types of information as shown below:
Thank you!

We want to thank the many expectant and new parents who shared their ideas. We also want to thank the experts who provided content and reviewed numerous drafts, and the people who worked on previous Alberta Health Services resources from which we’ve adapted content. Some of those resources are:

- *All About Me: Growth and Development Series*
- *Caring for My Baby and Me Information Booklet*
- *From Here Through Maternity: A Resource for Families*
- *Growing Miracles: The First Six Years with Your Child*
- *Health for Two: Your Pregnancy and The Mom’s Book*

We wish to acknowledge these additional resources from which we’ve also adapted content:

- *Alberta Family Wellness Initiative* (Norlien Foundation)
- *Apple, Fall 2012* (Alberta Health Services)
- *Healthy Eating and Active Living for Pregnancy* (Government of Alberta)
- *Managing Mental Health Conditions During Pregnancy and Early Parenthood—A guide for women and their families* (Beyond Baby Blues, Australia)
- *Women and Substance Abuse Information Series* (Alberta Health Services)
- *The Early Prenatal Risk Assessment Program* (multidisciplinary collaborative of Elliott Fong Wallace & Associates, Specialists in Diagnostic Imaging, Calgary Laboratory Services and the Calgary Zone, Departments of Obstetrics and Gynecology and Medical Genetics)
Nine Months
Three Trimesters
So Many Changes
Nine Months, Three Trimesters, So Many Changes—An Overview of Pregnancy

Welcome to the next 9 months and beyond! In this chapter, you’ll learn about the 3 phases (trimesters) that make up 9 months of pregnancy. We will introduce you to some of the many changes you can expect. Our goal is to help you have the healthiest pregnancy possible to get your baby off to the best start.
Becoming a Parent

Parenting is the art of raising a child. Parenting starts in pregnancy, long before your baby is born. By looking after yourself during pregnancy, you’re making a great start for your life as a parent. You can look to this book to answer many of your questions about pregnancy, birth and the first few weeks. After your baby arrives, you can find information for the early years in our next book, *Healthy Parents, Healthy Children: The Early Years*.

**Attachment begins in pregnancy**

Attachment, the two-way emotional connection between you and your baby, begins to form even before your baby is born. For the first few months of your pregnancy, it might be hard to connect with your baby. The fact that you’re going to have a baby might not become real to you until you feel your baby move.

During the second trimester, your baby will begin to hear and recognize voices. You can strengthen the bond with your baby by talking to her in a calm voice. Singing to your unborn baby and gently stroking your abdomen (belly) can also help you build attachment. As your baby’s due date draws near, you may experience a nesting instinct to make your home safe and secure and to get everything ready as you prepare to welcome her home.

**Thinking about your baby?**

Write her a letter or make a video about your hopes, dreams or the story of your pregnancy.
Understanding Pregnancy and Birth

These are some of the words your healthcare provider will use when talking about your pregnancy.

**Uterus:** A muscular organ that holds your baby, the amniotic sac and the placenta. Also called the womb.

**Cervix:** The opening to the uterus.

**Vagina:** The birth canal leading to and from the uterus.

**Amniotic fluid and sac:** Amniotic fluid is a liquid surrounding your baby that cushions and protects your baby. The sac is the membranes surrounding the liquid that usually break before you give birth.

**Placenta:** An organ that supplies your baby with oxygen, nutrients and hormones. It also removes the baby’s waste.

**Umbilical cord:** This joins your baby to the placenta. The cord is cut at birth. Your baby’s navel (belly button) forms where the cord falls off.

**Fetus:** Your growing baby from 10 weeks of pregnancy to birth (an embryo is the earliest stage of fetal growth, from your last menstrual period to the 10th week, or 8 weeks from conception).

**Pelvic bones:** The bones of your pelvis that support the organs in your abdomen.

**Bladder:** The sac that holds urine (pee).

**Urethra:** The tube attached to your bladder which your urine passes through when you urinate (pee).

**Rectum:** The lower end of the large intestine (bowel).

**Anus:** Where bowel movements (stool) come out.
People Who Provide Your Care

In this book, healthcare providers are defined as the people who provide most of your prenatal care:

- **Family doctors**: Medical doctors who specialize in the care of the whole family, including babies, and who can help you with a wide range of health concerns. Not all family doctors deliver babies.
- **Nurse practitioners**: Nurse practitioners work as part of a family medicine team. Not all nurse practitioners deliver babies. Those who don’t will refer you to another healthcare provider who delivers babies.
- **Obstetricians**: Medical doctors who specialize in the care of pregnant women.
- **Midwives**: Midwives specialize in the care of women during low-risk pregnancy, during birth and for up to 6 weeks after your baby is born.

Other healthcare professionals who may be involved with your family’s health include: pharmacists, dentists, dental hygienists, registered dietitians, registered nurses, public health nurses, lactation consultants, childbirth educators, physiotherapists and others.

When we refer to your birth centre, we mean hospitals, health centres, birth centres or any facility that has a labour and birth unit. Community/public health centre refers to any facility that provides public health programs and services (e.g., immunizations, group classes, postpartum home visiting).

*lactation consultants*: healthcare professionals who specialize in breastfeeding and are International Board Certified Lacatation Consultants (IBCLC)
Three Trimesters

A human pregnancy is 40 weeks long (about 9 months). Healthcare providers start counting pregnancy weeks from the first day of your last menstrual period, not from the day of conception. So when your healthcare provider says you’re 6 weeks pregnant, it’s actually only about 4 weeks since you conceived.

**Pregnancy is divided into three trimesters.**

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**First trimester:**
first day of your last menstrual period  
up to 13 weeks

**Second trimester:**
13 to 26 weeks

**Third trimester:**
26 to 40 weeks

*conception:* when an egg and sperm combine to create an embryo (fertilization)
## How your baby’s due date is calculated

### How to figure out your due date

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Date that your last menstrual period started</td>
<td>October 10, 2013...</td>
</tr>
<tr>
<td></td>
<td>Month, Day, Year</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Count ahead 7 days</td>
<td>October 17, 2013...</td>
</tr>
<tr>
<td></td>
<td>Month, Day, Year</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Count back 3 months</td>
<td>July 17, 2013...</td>
</tr>
<tr>
<td></td>
<td>Month, Day, Year</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Add 1 year. This is your due date</td>
<td>July 17, 2014...</td>
</tr>
<tr>
<td></td>
<td>Month, Day, Year</td>
<td></td>
</tr>
</tbody>
</table>

*If you don’t remember the day your last period started, don’t worry. Your healthcare provider can figure out when your baby is due by sending you for an ultrasound.*

Remember that a due date is always an estimate. Babies usually are born within 1–2 weeks of their due date—only 4 out of every 100 babies arrive on that exact day. A term baby is a baby born between 37 and 41 weeks.

### Do you think you might be pregnant, but aren’t sure?

If you’re pregnant, you may notice changes like a missed period, tender breasts, passing urine more often, feeling sick to your stomach and feeling tired. Have you taken a home pregnancy test? This will check your urine for a hormone (*hCG*) that your body only makes when you’re pregnant. Remember: home pregnancy tests aren’t always accurate. The only way to be sure is to take a pregnancy test at your healthcare provider’s office or a clinic.

Even when you aren’t sure you’re pregnant, it’s a good idea to take care of yourself. Being healthy before you become pregnant is important for your health and the health of your baby.

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**ultrasound:** a detailed scan that checks each part of your baby’s body  
**hCG:** human chorionic gonadotropin, a hormone only produced by pregnant women
Your Developing Baby

Your baby’s growth and development is guided by the brain. Brain development begins during pregnancy and continues into the adult years. In the developing embryo, neurons start to form by 6 weeks of pregnancy. By 16 weeks of pregnancy, 250,000 neurons are being created every minute.

Building the brain is like building a house:

In a house...
- The structure is built starting on the ground.
- The base or foundation is set, the walls are built and the electrical system is wired—all in an exact order.
- The electrical wiring allows all parts of the house to work together.
- A strong foundation supports everything that is built on top of it.

In the brain...
- The brain’s basic structure forms during pregnancy.
- The ‘wiring’ of the brain starts as the brain’s neurons begin to connect with each other.
- Connections in the brain continue to develop through an ongoing process until the early adult years.
- These connections are how the brain communicates. Communication happens between neurons in the brain, and between the brain and the rest of the nervous system.
- Early brain development lays the foundation for future learning, behaviour and health.

neurons: nerve cells contained in the brain and nervous system
When stress becomes too much

Everyone has some amount of stress. But some things cause so much stress it can be harmful to your health, and your baby’s developing brain and overall health. If you are going through something stressful that isn’t going away or for which you have no support, it’s important to get help. Talk to your healthcare provider or call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).

Your newborn’s brain is like a house that has just been built. The walls and doors are up but the wiring isn’t all in place. There are still a lot of changes to come.

Caring for yourself during pregnancy is important because it supports your child’s brain development, which affects all parts of your child’s growth and development.

The quickly developing brain is very sensitive to harmful environments such as too much stress, certain illnesses and being exposed to harmful chemicals.

This book suggests ways to create healthy environments to help your baby’s developing brain during pregnancy. For information on helping to build your child’s brain through the early years, refer to our other book, Healthy Parents, Healthy Children: The Early Years.
Starting Off Healthy
Starting Off Healthy

You can enjoy your pregnancy more and give your baby the best start if you stay healthy. If you feel well and take care of yourself, chances are your baby will be healthy too. This chapter will give you lots of ideas on how you and your partner can be healthy during this pregnancy and in the future.
Growing Together During Pregnancy

A healthy pregnancy starts with taking care of you. The best gift you can give your unborn baby is a healthy start in life. When you take care of yourself you may find labour and birth easier. It may also be easier to return to your pre-pregnancy weight and activities.

Some ways for you and your baby to stay healthy are to:

• eat well, and learn about the types and amounts of food you need
• gain a healthy amount of weight
• take a multivitamin with folic acid every day
• stay physically active
• practice healthy posture
• prevent infections and injuries
• avoid household and workplace hazards
• stay away from drugs, alcohol and tobacco
• learn ways to handle stress and changing emotions
• focus on your relationship with your partner
• see your healthcare provider for regular prenatal care
• practice good oral hygiene at home and see your dentist regularly or if you have concerns
• get the support you need

You may already be doing these things. But some parents-to-be may want to think about making some lifestyle changes. Some of these changes may be simple and others might be harder to make. Think about how the changes may affect your life and relationships. Parents-to-be can look to each other, their healthcare providers and other people in their lives to help them make and maintain a more healthy lifestyle. There are many community and provincial resources that can also help.
Eating During Pregnancy


Eating every 2–4 hours while awake gives your growing baby a steady supply of nutrients. It may also help you feel better if you’re having trouble with nausea. Skipping meals makes it hard for you and your baby to get all of the nutrients you both need.

This table shows you the number of food guide servings that are recommended for pregnant women.

<table>
<thead>
<tr>
<th>How many servings per day?</th>
<th>Vegetables and Fruit</th>
<th>Grain Products</th>
<th>Milk and Alternatives</th>
<th>Meat and Alternatives</th>
<th>Extra food guide servings during 2nd and 3rd trimesters</th>
<th>Fluids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female 14–18 years</td>
<td>7</td>
<td>6</td>
<td>3–4</td>
<td>2</td>
<td>2–3 (from a variety of food groups)</td>
<td>about 2.5 litres (10 cups)</td>
</tr>
<tr>
<td>Female 19–50 years</td>
<td>7–8</td>
<td>6–7</td>
<td>2</td>
<td>2</td>
<td>2–3 (from a variety of food groups)</td>
<td>about 2.5 litres (10 cups)</td>
</tr>
</tbody>
</table>

If you have nausea and vomiting, see pages 71-72.

Call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465) or the Motherisk Morning Sickness Helpline toll-free at 1-800-436-8477. You can also visit www.motherisk.org
How much more food do I need to eat?

In the first trimester, you don’t need any extra calories beyond what you normally need. During your second and third trimesters, and when breastfeeding, you’ll need to eat an extra 2–3 food guide servings per day. You can choose these extra servings from a variety of food groups.

In terms of calories, you’ll need:

- **first trimester.** Normal healthy eating (no extra calories)
- **second trimester.** About 350 extra calories per day
- **third trimester.** About 450 extra calories per day
- **breastfeeding.** 350–400 extra calories per day

Here are some examples of snacks that contain about 350 calories:

- fruit parfait containing 175 ml (¾ cup) plain yogurt (1–2% M.F.), 125 ml (½ cup) unsweetened berries and 125 ml (½ cup) granola (this contains one serving milk and alternatives, one serving vegetables and fruit and one serving grain products)
- granola bar, 8 raw baby carrots and 250 ml (1 cup) skim milk or fortified soy beverage (this contains one serving grain products, one serving vegetables and fruit and one serving milk and alternatives)
- half of a multigrain bagel with 50 g (1.5 oz) light cheddar cheese, 125 ml (½ cup) blueberries and a glass of water (this contains one serving grain products, one serving milk and alternatives and one serving vegetables and fruit)

Granola bar, 8 raw baby carrots and 1 cup of skim milk or fortified soy beverage
Here are some examples of snacks that contain about **450 calories**:

- 1 small pita with 50 g (1.5 oz) cheese and 1 medium tomato
  (this contains one serving grain products, one serving milk and alternatives and one serving vegetables and fruit)

- 1 pear, 60 ml (¼ cup) almonds and 175 ml (¾ cup) yogurt (1–2% M.F.)
  (this contains one serving vegetables and fruit, one serving meat and alternatives and one serving milk and alternatives)

- 30 ml (2 tbsp) peanut butter on 1 slice rye bread with ½ medium banana and 125 ml (½ cup) of milk
  (this contains one serving meat and alternatives, one serving grain products, ½ serving vegetables and fruit and ½ serving milk and alternatives)

**Food safety**

There are some foods that may not be safe in pregnancy. Food safety issues during pregnancy may be related to the factors below:

- **E. coli.** Bacteria sometimes found in certain foods, especially undercooked ground beef. It can make you very sick with symptoms like vomiting and bloody diarrhea. E. coli can also cause kidney failure.

- **Listeria.** Bacteria found in soil, water and the stool of humans and animals. It can cause an infection called listeriosis. This infection can cause you to become very sick or to have a **miscarriage**. The infection can also pass to your baby. This means the baby may be born very sick or even die before being born. Pregnant women are about 20 times more likely than other healthy adults to get listeriosis if they eat food that is contaminated. Foods such as unpasteurized cheeses, deli meats or hot dogs that aren’t heated to steaming hot, and smoked salmon increase the risk of listeriosis. For more information about listeria, visit [www.canada.ca/en/public-health/services/diseases/listeriosis.html](http://www.canada.ca/en/public-health/services/diseases/listeriosis.html)

- **Salmonella.** Bacteria sometimes found in foods such as sprouts, raw chicken or unwashed vegetables or fruit. It can cause stomach cramps and diarrhea, leading to serious illness.

- **Toxoplasmosis.** Infection caused by a parasite sometimes found in certain foods (e.g., raw meat) and in cat stool. This infection can harm an unborn baby.

- **Mercury.** Metal that is found naturally in the environment. Humans can be exposed to it in many ways, including eating certain types of fish (e.g., shark, swordfish, fresh or frozen tuna). Mercury can affect the development of the unborn baby.

**miscarriage:** loss of a fetus before 20 weeks of pregnancy
Food safety tips

• Wash your hands before handling any food and after handling food such as raw meat, poultry and fish.
• Wash and sanitize any surface that is in contact with raw meat, poultry or fish. You can use a solution of 2 ml (1/2 tsp) of household bleach in 1 litre of water. After sanitizing, change your dishcloth and wash your hands.
• Refrigerate or freeze perishable food, prepared food and leftovers within 2 hours.
• Check the temperature in your refrigerator using a thermometer to make sure it's at 4 ºC (40 ºF) or below. The temperature of your deep freezer/chest freezer should be -18 ºC (0 ºF).

For more information about food safety and pregnancy, visit www.canada.ca/en/health-canada/services/food-safety-vulnerable-populations/food-safety-pregnant-women.html

Safer alternatives

You can reduce your chances of getting food-borne illness by avoiding some types of food during pregnancy. The following tables list some of the more common foods and fluids to avoid and suggest safer alternatives.

### Vegetables and fruit

<table>
<thead>
<tr>
<th>Food to avoid</th>
<th>Safer alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sprouts</strong>, including alfalfa and radish sprouts. These may be contaminated with E. coli or salmonella even when cooked.</td>
<td>Use washed lettuce, cucumbers, spinach or other vegetables instead.</td>
</tr>
<tr>
<td><strong>Unwashed vegetables or fruit</strong> as they may be contaminated with E. coli or salmonella or may cause toxoplasmosis.</td>
<td>Thoroughly wash vegetables and fruit before eating. Keep cut vegetables and fruit in the fridge.</td>
</tr>
<tr>
<td><strong>Unpasteurized juices and ciders</strong>, which may be found at farmers’ markets, roadside stands, juice bars or the produce section of some grocery stores.</td>
<td>Choose <em>pasteurized</em> juices and ciders. Check the label for the word 'pasteurized’. Most juices sold in Canada are pasteurized, including those on the grocery shelf and bottled types that have tops that pop up when opened. Home-squeezed juices are safe if the fruit or vegetable used is washed well in running water first.</td>
</tr>
</tbody>
</table>

*pasteurized: put through a heat process that destroys harmful bacteria*
## Milk and cheese

<table>
<thead>
<tr>
<th>Food to avoid</th>
<th>Safer alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Soft cheeses</strong> including feta, Brie, Camembert, blue-veined varieties and Mexican-style cheeses (e.g., queso fresco, queso blanco) unless they are made with pasteurized milk or are cooked well. If the ingredient list does not say if the milk used was pasteurized, don’t use it or contact the company for more information. These foods have been associated with listeriosis.</td>
<td>Cheddar, mozzarella or other firm cheeses, processed cheese, cottage cheese, cream cheese, and any cheese made with pasteurized milk are safer choices.</td>
</tr>
<tr>
<td><strong>Raw or unpasteurized milk.</strong> This is milk that comes right from the animal and is not treated. It is illegal to sell or give away this milk in Alberta. All milk sold in grocery stores is pasteurized. Raw and unpasteurized milk can cause listeriosis and toxoplasmosis.</td>
<td>Choose pasteurized milk.</td>
</tr>
</tbody>
</table>
## Meat and alternatives

<table>
<thead>
<tr>
<th>Food to avoid</th>
<th>Safer alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Limit liver to one 100 g serving per month.</strong> Although liver has many important nutrients, it is high in vitamin A. Very high amounts of vitamin A can harm a developing baby.</td>
<td>Eat no more than one 100 g serving of liver per month.</td>
</tr>
<tr>
<td><strong>Avoid eating deli meat</strong> (packaged cold cuts or bought at the deli counter) and hot dogs (wieners) <strong>unless heated</strong> until steaming hot, to at least 74 °C. This includes deli sandwiches bought at sub shops. These foods increase the risk of listeriosis.</td>
<td>Dried and salted deli meats such as salami and pepperoni are a safer choice. Heat deli meats, deli sandwiches and hot dogs to steaming hot, at least 74°C (165°F).</td>
</tr>
<tr>
<td><strong>Avoid refrigerated meat spreads</strong> (e.g., pâté or liverwurst) and smoked seafood (e.g., smoked salmon, imitation seafood products such as surimi) that are sold refrigerated, <strong>unless heated</strong> until steaming hot, to at least 74°C (165°F). These foods increase the risk of listeriosis.</td>
<td>Choose pâtés and meat spreads sold in cans or those that don’t need to be refrigerated until after they are opened.</td>
</tr>
<tr>
<td><strong>Avoid raw or undercooked meat, chicken and fish</strong> (including sushi). These foods increase the risk of many types of food-borne illnesses.</td>
<td>Cook meat, chicken and fish to a safe internal temperature.</td>
</tr>
<tr>
<td><strong>Avoid raw or undercooked (soft) eggs</strong>, including sauces that contain raw or undercooked eggs. These foods increase the risk of salmonella. Don’t buy eggs that aren’t graded.</td>
<td>Cook egg dishes thoroughly to a safe internal temperature. Cook eggs until the yolk is firm.</td>
</tr>
</tbody>
</table>
Other things for pregnant women to think about are:

- **Well water.** If you use water from a private supply, have the water tested for bacteria, fluoride, nitrates and other chemicals before you use it. Routine water testing may not include a test for lead, which is a chemical of concern. If you have questions, contact a public health inspector. To find an office near you, visit [www.canada.ca/en/health-canada/services/food-nutrition/food-safety/chemical-contaminants/environmental-contaminants/mercury/mercury-fish.html](https://www.canada.ca/en/health-canada/services/food-nutrition/food-safety/chemical-contaminants/environmental-contaminants/mercury/mercury-fish.html)

  For information about fish caught in Alberta, visit [www.mywildalberta.ca/fishing](http://www.mywildalberta.ca/fishing) or by calling Alberta Health at 1-780-427-4518. For toll-free access call 310-0000.

- **Caffeine.** Small amounts of caffeine during pregnancy are fine for most people. If you drink coffee, limit your caffeine intake to 300 mg per day or less (no more than 500 ml or 2 cups). Caffeine is also found in tea (green and black teas contain about 30–50 mg per 250 ml or 1 cup), cola and chocolate. They are safe to drink in the amounts recommended.

- **Herbal teas.** Many herbal teas and herbs can have harmful effects on your baby. However, you can drink up to 2–3 cups a day of the following herbal teas: orange peel, ginger, red raspberry leaf, peppermint leaf and rose hip.
• **Alternative sweeteners.** You can eat moderate amounts of alternative sweeteners that are considered safe in pregnancy. These include aspartame (NutraSweet®), sucralose (Splenda®), acesulfame K (Sunetté®), stevia and saccharin. **Avoid** using cyclamate, found in tabletop sweeteners, such as Sucaryl®, Sweet’n Low®, Sugar Twin® and Weight Watchers®. Alternative sweeteners often replace nutritious foods that are important during pregnancy.

## Important vitamins and minerals

### Folic acid (folate)

Choose foods high in folate and take a multivitamin with folic acid in it to help prevent **neural tube defects** (e.g., spina bifida—in which the spine doesn’t form as it should) in your baby.

Choose a multivitamin that has 0.4–1.0 mg of folic acid.

Some women may need higher levels of folic acid. Talk to your healthcare provider about your folic acid needs before you get pregnant if:

- you’ve had an earlier pregnancy affected by a neural tube defect
- you have a close relative with a neural tube defect
- you have diabetes, epilepsy or are obese
- you take medicine on a regular basis

Talk to your healthcare provider **before** taking more than 1 mg of folic acid a day.

Foods high in folate or fortified with folic acid:

- whole grain breads, leafy green vegetables, beans and lentils, citrus fruits and juices and most cereals.

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**Multivitamins with folic acid**

Healthy eating and taking a daily multivitamin with folic acid helps you prepare for a healthy pregnancy. Make sure your multivitamin with folic acid (0.4–1.0 mg) also contains iron, vitamin B12 and vitamin D. Talk to your healthcare provider about the supplement that is right for you.

If you are not already taking a multivitamin, begin now and take it throughout your pregnancy.
Iron

Your iron needs are very high during pregnancy. Your body makes about an extra 2 kg (4 lbs.) of blood during pregnancy. You need higher amounts of iron to make this extra blood. Choose foods high in iron and take a multivitamin containing folic acid and iron. Your body absorbs the iron from meat, poultry and fish better than iron from other foods. In your third trimester, your baby is storing up iron to use for the first 6 months after birth.

For your body to absorb more iron, eat a food containing vitamin C (e.g., oranges or strawberries) and a food containing iron at the same time. For example, have vegetables with meat, or an orange with a bowl of cereal and milk. Tea and coffee can interfere with iron absorption, so limit these drinks and have them between meals rather than at meals. Some women may need more supplemental iron than others. Talk to your healthcare provider to find out how much is right for you.

Best sources of iron:

• beef, pork, chicken, lamb, fish, sardines, shrimp, oysters and mussels

Other foods with iron:

• legumes (lentils, beans, chickpeas), tofu, whole grain and enriched cereals

Anemia

When you're pregnant, it's hard to get the amount of iron you need just from the foods you eat. Healthcare providers recommend all pregnant women take a multivitamin with folic acid and iron (16–20 mg) during pregnancy. Anemia during pregnancy has been linked to decreased weight gain, preterm birth and babies with a low birth weight.

A common sign of anemia is feeling tired. However, since most women feel tired during their pregnancy anyway, blood tests are an important way your healthcare provider can make sure you're getting enough iron.

If you follow the nutrition recommendations in this book, and take your multivitamin with folic acid and iron every day, you should get the amount of iron you need. Only take an extra iron supplement if your healthcare provider tells you to. Iron supplements can make you constipated, so be sure to increase your intake of fibre and fluids.
Calcium

Calcium helps keep your bones strong. It also helps your muscles and nerves work properly. During pregnancy, calcium helps your baby build strong bones and teeth too. Drink at least 500 ml (2 cups) of milk or fortified soy beverage each day.

Foods high in calcium:
- milk and yogurt
- calcium-fortified beverages, such as soy, rice or orange juice—the label must say calcium fortified

Other sources of calcium:
- cheese, canned salmon or sardines with bones, and tofu made with calcium

Vitamin D

Vitamin D is important during pregnancy. It helps keep your bones strong and builds strong bones in your baby. It also helps your baby store up her own vitamin D to use during her first few months. Many Canadians don’t get enough vitamin D. Be sure to follow Canada’s Food Guide: drink at least 500 ml (2 cups) of milk or fortified soy beverage daily and eat at least 2 servings of fish per week. You also need to take a supplement with vitamin D (400 IU) every day. Check your multivitamin to see how much vitamin D you’re getting from it. You may need to add an extra vitamin D supplement if the multivitamin has less than 400 IU.

Foods high in vitamin D:
- milk, fortified soy beverages, fish (e.g., salmon, trout, herring, Atlantic mackerel and sardines) and vitamin D-fortified orange juice

Note: Not all milk products are high in vitamin D. In Canada, milk, margarine and some yogurts have vitamin D added to them.

Other vitamins

If you are taking a multivitamin with vitamin A, do not take any additional vitamin A supplements. Too much vitamin A can cause birth defects in babies. You will get enough vitamin A from a combination of your food (e.g., squash, carrots and broccoli) and your multivitamin. Liver is high in vitamin A, so limit your intake to one 100 g serving per month.
Omega-3 Fats

Omega-3 fatty acids are important during pregnancy. These fatty acids help your baby’s eyes and brain develop properly. Fish high in omega-3 fatty acids (and low in mercury) include:

- salmon, trout, mackerel, halibut, pollock (Boston bluefish), char, sole, canned light tuna, cod, herring and sardines

Other sources of omega-3 fatty acids:

- vegetable oil, nuts and seeds, and eggs enriched with omega-3s

Fluids and fibre

Your body needs plenty of fluid during pregnancy—about 2.5 litres (10 cups) per day. While this seems like a lot, keep in mind that this includes all beverages, soups, and the water that is part of foods like vegetables and fruit.

Fibre helps prevent and manage constipation. It can lower your risk for diarrhea and hemorrhoids. Getting enough fibre is also important to protect against certain types of cancer and heart disease. Choose at least 7 servings of vegetables and fruit each day.

Sources of fibre include:

- vegetables and fruit with the skin left on
- whole grains and cereals
- legumes (dried beans, lentils and peas)
- seeds and nuts

If you avoid certain foods, are on a restricted diet or have allergies, you may be missing important nutrients you and your baby need. You don’t need to avoid any foods during your pregnancy to prevent your baby from developing allergies. You only need to avoid the foods that you are allergic to. Talk to your healthcare provider or call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).

If you have trouble digesting milk-based foods (lactose intolerance), you can buy lactose-reduced milk or fortified soy beverages in most grocery stores. You can pre-treat your regular milk with liquid drops, or take tablets before having a food or drink that has lactose.
If you have limited money to buy enough food to meet your needs for pregnancy, talk to your healthcare provider about resources in your area. Some communities have special programs that offer access to food, milk and/or multivitamins with folic acid to pregnant and breastfeeding women.

**Healthy Weight Gain**

Weight gain is an important part of pregnancy. The recommended amount of weight gain during pregnancy depends on your body mass index (BMI) before pregnancy.

Knowing the range of weight gain that’s right for you will help you gain enough weight without gaining too much.

You can find out your pre-pregnancy BMI by:

- using an online calculator, such as the one at [www.hc-sc.gc.ca/fn-an/nutrition/prenatal/bmi/index-eng.php](http://www.hc-sc.gc.ca/fn-an/nutrition/prenatal/bmi/index-eng.php)
- using the following formula: BMI = weight(kg)/height(m)$^2$
- talking to your healthcare provider

It is important to gain within the recommended guidelines for the health of you and your baby.

### How much weight gain is healthy for you and your baby?

<table>
<thead>
<tr>
<th>Pre-pregnancy BMI</th>
<th>Weight category</th>
<th>Recommended total weight gain for pregnancy</th>
<th>Recommended weight gain rate in 2nd and 3rd trimesters*</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 18.5</td>
<td>Underweight</td>
<td>12.5–18 kg (28–40 lbs.)</td>
<td>0.44–0.58 kg/week (1.0–1.3 lbs./week)</td>
</tr>
<tr>
<td>18.5–24.9</td>
<td>Healthy weight</td>
<td>11.5–16 kg (25–35 lbs.)</td>
<td>0.35–0.5 kg/week (0.8–1.0 lbs./week)</td>
</tr>
<tr>
<td>25.0–29.9</td>
<td>Overweight</td>
<td>7–11.5 kg (15–25 lbs.)</td>
<td>0.23–0.33 kg/week (0.5–0.7 lbs./week)</td>
</tr>
<tr>
<td>30 or over</td>
<td>Obese</td>
<td>5–9 kg (11–20 lbs.)</td>
<td>0.17–0.27 kg/week (0.4–0.6 lbs./week)</td>
</tr>
</tbody>
</table>

* These calculations assume a 0.5–2.0 kg (1.1–4.4 lbs.) weight gain in the first trimester.

Where does the weight go?

Average total weight gain of 11.5–16 kg (25–35 lbs.):

Breasts 0.9–1.36 kg (2–3 lbs.)
Placenta 0.9–1.36 kg (2–3 lbs.)
Uterus 0.9–1.36 kg (2–3 lbs.)
Baby 2.7–3.6 kg (6–8 lbs.)
Blood 1.8 kg (4 lbs.)
Body fluids 0.9–1.36 kg (2–3 lbs.)
Amniotic fluid 0.9–1.36 kg (2–3 lbs.)
Protein and fat storage 2.27–3.6 kg (5–8 lbs.)
If you gain too much weight

Women who gain too much weight tend to have:

• more difficulty giving birth
• babies who are born large for their age or who have a high birth weight (more than 4.1 kg or 9 lbs.)
• babies who have problems with being overweight or obese later in childhood
• more trouble losing the weight after pregnancy
• increased risk of high blood sugar and high blood pressure during pregnancy

If you gain too little weight

Women who don’t gain enough weight tend to have:

• babies who are born early
• babies who are born small for their age or who have a low birth weight (less than 2.5 kg or 5 lbs. 8oz)

Preterm and low birth weight babies have a greater risk of disease in the first few weeks of life, physical and developmental disabilities, and ongoing health problems later in life.

Your pregnancy weight gain chart

You can track your weight gain using this chart.

<table>
<thead>
<tr>
<th>Number of weeks</th>
<th>Date</th>
<th>Your weight</th>
<th>Number of weeks</th>
<th>Date</th>
<th>Your weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ First Appt.</td>
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</tbody>
</table>
Overweight or underweight?

If you’re overweight, pregnancy is not the time to lose weight. Talk to your healthcare provider about the right weight gain for your pre-pregnancy BMI and set goals that are right for you. If you’re underweight or have an eating disorder, talk to your healthcare provider about working with a counsellor and registered dietitian throughout your pregnancy. A healthy weight gain is better for you and better for your baby.

Healthy weight gain

How can you gain a healthy amount of weight during pregnancy? By eating well and staying active.

Twins

If you’re carrying twins, try for the following weight gain:

<table>
<thead>
<tr>
<th>Pre-pregnancy BMI</th>
<th>Weight category</th>
<th>Total weight gain for a twin pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.5–24.9</td>
<td>Healthy weight</td>
<td>17–25 kg (37–54 lbs.)</td>
</tr>
<tr>
<td>25.0–29.9</td>
<td>Overweight</td>
<td>14–23 kg (31–50 lbs.)</td>
</tr>
<tr>
<td>30 or over</td>
<td>Obese</td>
<td>11–19 kg (25–42 lbs.)</td>
</tr>
</tbody>
</table>


If you’re carrying more than 2 babies, talk to your healthcare provider about how much weight you need to gain.
Being Physically Active

Unless you’re having complications with your pregnancy, regular physical activity is safe and healthy. There are many ways to be active, such as playing with children, walking the dog, dancing, gardening and doing low-impact aerobics. Use your own health and your regular physical activity level to guide you in the activity that you choose. If you were physically active before you became pregnant, you can probably keep doing the same activities, although you will want to talk to your healthcare provider and make some adjustments.

Many benefits to staying physically active

Regular physical activity:

• improves your strength and stamina, both of which you’ll need during your pregnancy and for giving birth. If you have a long labour, increased endurance will be helpful.
• reduces and helps you cope with stress, improves your mood, helps you sleep and lessens mood swings.
• helps you manage some of the discomforts of pregnancy. This could include swelling, leg cramps, shortness of breath, backaches, varicose veins and constipation. When you’re not active for a long time, you may feel more discomfort as your muscles tighten and your blood circulation and energy drop.
• gets your heart pumping and improves blood flow to all areas of the body. Movement may prevent and ease backaches and can improve your posture by strengthening muscles in your back, buttocks and thighs.
• gives you more energy.
• helps you gain a healthy amount of weight during your pregnancy.
• lowers your risk of developing diabetes during pregnancy or helps you manage your diabetes.
Guidelines for physical activity

You can help your healthcare provider decide how ready you are for physical activity by filling out the first 2 sections of the PARmed-X for Pregnancy (Physical Activity Readiness Medical Examination) questionnaire on the Canadian Society for Exercise Physiology’s website www.csep.ca/CMFiles/publications/parq/parmed-xpreg.pdf Take the form to your next appointment to discuss with your healthcare provider and have them fill out their part of the form.

Low-to-no-impact physical activities

- Try walking, swimming, water aerobics, stationary cycling or group low-impact classes.
- Try walking to or from your next errand, but don’t overdo it. Start small and build up.
- Try yoga, pilates or resistance training, but note that these activities may include some positions that you shouldn’t do while pregnant. Talk to your healthcare provider, check with a qualified instructor and always listen to your body. A certified exercise physiologist can give you advice about starting a resistance training program.

Ask your healthcare provider first

No matter what your fitness level or experience with pregnancy and physical activity has been, visit your healthcare provider before you begin exercising to ensure a safe, healthy and active pregnancy.

Walking

Walking is a great low-impact physical activity during pregnancy. As the most popular form of physical activity among Canadians, walking is something almost everyone can do. It’s also convenient and it costs nothing. You can walk throughout your pregnancy—even while you’re in labour.
When you walk:

- Drink something before, during and after your walk.
- Warm up with a 5–10 minute slow walk.
- Walk a little more quickly for the next 5–15 minutes.
- Cool down with a 5–10 minute slow walk.
- Walk with a friend. A walking buddy helps you both stay committed and the time will seem to pass more quickly.
- Use good posture when you walk (head up, shoulders back and down), breathe deeply…and have fun!

At the beginning of my pregnancy, there were times when I didn’t want to do anything! My neighbour tried to get me to go for walks with her, and after I always felt better. Having someone to support me really helped because it would have been harder to go on my own.

Jen, expectant mom
Avoid higher-risk physical activities

Higher-risk activities include high-impact activities that could increase stress on your joints, as well as activities that could cause you to lose your balance and fall, possibly harming you and your baby. Some examples of harmful activities include:

- ice hockey, cycling, downhill skiing or snowboarding, horseback riding, gymnastics or climbing
- heavy lifting or standing for more than 4 hours, especially in the third trimester
- scuba diving can be harmful to your baby, because the baby’s circulation is not able to filter the air bubbles that may occur in the blood

You don’t have to do a lot of preparing to be active. Activity can be part of what you do every day. To make things more comfortable you may want to:

- wear a good-fitting and supportive bra to protect your back and breasts
- wear loose clothing that will breathe and keep you from overheating. If outdoors, wear a hat and sunglasses for protection
- wear comfortable, well-fitting shoes that match the activity
- carry a water bottle with you, and take small, frequent drinks before, during and after the activity

Physical activity tips

Listen to your body. Your body knows what’s best for you and your baby. If you feel tired or uncomfortable, lower the intensity of your physical activity during pregnancy. Try the talk test: if you can carry on a conversation when you’re doing the activity, you’re probably exercising at a safe level.

Stay cool. In hot or humid climates, don’t be so physically active that you and your baby get overheated. During the summer, try to get your physical activity in the early morning or in the evening, when it’s cooler outside. Stay out of saunas and hot tubs.

Try not to lie flat on your back. After 16 weeks of pregnancy lying flat on your back may decrease blood flow to your baby. If you do lie on your back, use a small pillow as a wedge under your right hip so that you’re lying on your left side. This will help move the weight of your baby off of the blood vessels that lie behind your uterus.

Staying active

Pregnancy is a great time to start or continue to be active. However, your physical activity should match your fitness level, health history and your stage in pregnancy.
Staying motivated

You may feel more motivated to stay physically active during your pregnancy if you choose activities you enjoy and that fit into your daily schedule.

Here are some tips to stay active:

• Start small. You don’t need to join a gym to get in shape, just start moving. Go for a 15 minute walk. Over the coming months, slowly work up to walking for 30 minutes. Try to do this 3–4 times per week.

• Motivate yourself with music. Dance or listen to music or an audiobook while you’re physically active. Remember to stay alert if using headphones outdoors.

• If you’re looking for more activity and to meet others, join a class. Many fitness and community centres offer classes designed for pregnant women. Ask the fitness facility if they have membership assistance programs.

• Try something new—consider hiking, dancing or prenatal yoga.

• Track your progress. Write down what physical activity you did, how long you did it for and how you felt afterward.

Signs you should stop physical activity. Call your healthcare provider right away if you:

• have blurred vision, dizziness or feel very tired
• have severe nausea, shortness of breath or chest pain
• have unexplained abdominal pain, contractions or bleeding from the vagina
• have any gush of fluid from the vagina
• have new or increased back or pelvic pain
• have sudden swelling of the ankles, hands or face
• have pain, redness and swelling in the calf of one leg
• have headaches that won’t go away
• are unable to gain enough weight based on your pre-pregnancy BMI
• feel that your baby is moving less or stops moving
• have a fast heart rate or high blood pressure more than one hour after you’ve been physically active
Pregnancy is a very physical experience. As your pregnancy progresses, your body will go through many changes that will affect your energy level and your ability to keep physically active. In later chapters, we’ll offer more information on physical activity during the first, second and third trimesters.

**Doing pelvic floor muscle exercises**

**Your pelvic floor**

Your pelvic floor is made up of muscles and ligaments that extend from back to front and side to side across the bottom of your pelvis. They attach to your pubic bone in front, your sit bones on each side, and to your tailbone at the back. The 3 openings that pass through the pelvic floor are the urethra, vagina and anus.

![Image of the pelvic floor](image)

Your pelvic floor:

- supports the uterus, rectum, bladder and bowel
- helps control your bladder and bowel
- works with the muscles of your back and abdominal wall to support the back
- has an important role in sexual pleasure and function

You can feel your pelvic floor muscles by:

1. stopping or slowing the flow of urine halfway through emptying your bladder. This is just a test to find where the muscles are—don’t do it as an ongoing exercise (these muscles are towards the front of the pelvic floor).

2. inserting 2 clean fingers into your vagina and feeling your muscles squeeze around your fingers (these muscles are in the centre area of the pelvic floor).

3. tightening the muscles around your anus as if stopping the passing of gas (these muscles are towards the back of the pelvic floor).
If you aren’t sure you’re using the right muscles, speak with your healthcare provider.

You can practice using these muscles together, or tighten those at the front, centre or back. As you tighten the pelvic floor muscles, don’t tighten your legs, bottom or tummy. Don’t push down or hold your breath. It’s also important to focus on the full relaxation of the muscles after the contraction. Pelvic floor muscles need to be able to contract and relax.

Use this technique to do the exercises below:

- **Slow and sustained**: Squeeze then slowly pull up and in. Work up to holding for 10 seconds at a time. Repeat 10 times.

- **Quick and short**: Squeeze and lift as quickly as possible. Hold for 1 second, then release. Repeat up to 10 times.

Practice these exercises regularly 3 times a day through all stages of your life. By doing these exercises, you will keep the pelvic floor muscles strong so that they can continue to function properly. Start doing these in a position that is easy for you to feel your pelvic floor muscles. It can take 6–8 weeks to notice improved pelvic floor function. If you don’t notice results after 2 months, speak with your healthcare provider.

### Practicing healthy posture

As your baby grows, your body needs to adjust to carrying more weight in front. Poor posture is related to many discomforts of pregnancy, like an aching lower back, rounded shoulders and nerve pain through the legs and buttocks.

Good posture and careful movements will help your body cope with your new shape, reduce shortness of breath and help with digestion. Good posture and careful movements may also help relieve some of the normal aches and pains that come with pregnancy.

### Standing and sitting

Make sure you stand straight. Imagine that someone is pulling up on a string that’s attached to the top of your head. Keep your knees slightly bent when standing. Locking your knees can put more pressure on your lower back. Sit straight and avoid crossing your legs. Avoid standing and sitting for long periods. For information on what to do when you need to stand or sit for a long time, see page 50.
To improve your posture
• Watch yourself in windows and mirrors. Ask a friend to check your posture.
• Wear shoes with low heels.
If you have concerns about your posture talk to your healthcare provider.

Lying down
• Lie on your left side after 16 weeks to allow healthy blood flow.
• Bend your legs. Put a pillow or two under your knees and ankles.
• You might find it more comfortable to put a pillow under your abdomen too.

Getting up
To get up from lying down:
• roll onto one side and bend your legs
• push yourself up to a sitting position using your hands. To get out of bed from this position, swing your legs over the edge of the bed. Push yourself up using your hands
To get up off the floor from the sitting position:
• get onto your hands and knees
• put one foot on the floor and keep the other knee on the floor. Use your leg muscles to stand up

Lifting
When lifting:
• make sure your feet are on a solid surface
• keep your back straight and your feet apart
• bend your knees and keep your back straight and head up while squatting down
• hold the object close to you then use your leg muscles to push yourself back up. Keep your back straight and your head up
• don’t bend from the waist to pick things up. Bend your knees and use your legs

Lifting tips
Don’t lift heavy objects above waist level.
Hold packages close to your body with your arms bent.
Health Check-Ups

Your healthcare provider has an important role in your pregnancy. Find a healthcare provider you feel comfortable talking to—someone who listens to you, helps you explore your options and supports your beliefs. If you ever feel uncomfortable or hurried during your appointment, or if you have questions or concerns, say so.

Here are some questions that you may ask to help you choose the healthcare provider who is the best fit for you and your family.

- Where will my baby be born? (If you choose a family doctor or obstetrician for your care, your baby will be born in the hospital birth centre. If you choose a midwife, you may be able to choose to have your baby in a hospital birth centre, in your home or in a midwife-run birth centre).
- Will the healthcare provider I choose be at the birth? If not, who will?
- What decisions will I have to make during pregnancy and labour? (Some tests and procedures are optional and will depend on the situation and your healthcare provider).
- What support will I have for breastfeeding?
- Are there any extra charges for services that Alberta Health Care does not cover?

If you have a physical or mental illness, or a history of either, make sure your healthcare provider knows about your condition. Talk about how best to manage your illness throughout your pregnancy, including using medicine and other treatments.

If you haven’t chosen a healthcare provider yet, ask your friends and family for recommendations. For a list of doctors who are taking new maternity patients, call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465); visit www.albertahealthservices.ca/options/Page11972.aspx; or contact the College of Physicians & Surgeons of Alberta (1-800-561-3899; www.cpsa.ab.ca). For a list of midwifery practices, visit www.abmidwives.ca

Prenatal care

Once your pregnancy is confirmed, you’ll begin regular prenatal check-ups. These visits are a good time for both partners to ask questions about the mom’s health, your baby’s growth and health and services available to you. You may find it helps to prepare a list ahead of time. If you have a lot of questions, ask the receptionist to schedule extra time for your appointment.
If there are concerns about your health or your baby’s health, you may have more prenatal visits.

**Teeth and mouth care during pregnancy**

Good oral health is an important part of a healthy pregnancy. It can improve your health and well-being during pregnancy and contributes to improving the oral health of your baby.

If you haven’t been to a dentist or dental hygienist in the last 9–12 months, or if you see changes in your mouth, schedule a visit during your first trimester. Dental care during pregnancy is safe. Your oral healthcare provider will work with you to develop a dental care plan to help you prevent tooth decay and pregnancy gingivitis, and to address any other dental concerns.

A dentist or dental hygienist may clean your teeth to remove deposits that can irritate and infect the gums. They may also suggest using products to fight bacteria and strengthen teeth.

For good oral health:

- Brush your teeth with fluoride toothpaste twice a day, especially before bedtime, and floss once a day.
- If you use tobacco products, the best thing you can do is choose to quit.
- Limit foods with sugar and starch to mealtimes where possible.
- Avoid all-day sipping of drinks that can harm your teeth (e.g., specialty coffee, sugar-sweetened beverages including diet pop and flavoured water).

The most common conditions that affect the mouth during pregnancy are gingivitis, tooth erosion and tooth decay.

- **Pregnancy gingivitis** is a gum disease that may develop when hormones make gums more sensitive to plaque and bacteria. Gums are red, swollen and bleed easily. Your gums may be tender to touch. Tobacco products can also cause pregnancy gingivitis. Pregnancy gingivitis can increase your risk of tooth decay, especially if you avoid brushing your teeth and gums. Sometimes you can get a more serious form of pregnancy gingivitis called periodontal disease.

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### A standard prenatal care schedule

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Visit Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 6 weeks to 10 weeks, or after you’ve missed your first period</td>
<td>First prenatal check-up</td>
</tr>
<tr>
<td>From 10 weeks to 30 weeks</td>
<td>Once every 4 weeks</td>
</tr>
<tr>
<td>From 30 weeks to 36 weeks</td>
<td>Once every 2 weeks</td>
</tr>
<tr>
<td>From 36 weeks up to your baby’s birth</td>
<td>Once a week</td>
</tr>
</tbody>
</table>

If there are concerns about your health or your baby’s health, you may have more prenatal visits.
- **Tooth erosion** or wearing away of the hard outer layer of the tooth is caused by stomach acids being in contact with teeth. This can happen with vomiting, heartburn or reflux during your pregnancy. Erosion makes teeth sensitive and uncomfortable. People with sensitive teeth often avoid the things that cause this discomfort including foods, drinks and even brushing and flossing. Your risk of developing tooth decay increases with tooth erosion. The risk also increases if you change your food choices and how you care for your teeth and gums.

- **Tooth decay** happens when bacteria in your mouth make tooth decay acids from the sugars and starches you eat every day. The acids attack the surface of the teeth for about 20 minutes after eating. Eating and drinking foods throughout the day that contain sugar and starch—even naturally occurring sugar—increases the number of times the tooth is exposed to acid attack. This can increase your risk of developing tooth decay. Pregnancy does not cause tooth decay, but while you are pregnant, your eating habits (e.g., the number of times you eat and drink during the day, and the types of food and drinks you choose) might change.

Dental care for expecting moms with a low income is available through the Alberta Adult Health Benefit. Dental care benefits will be for the duration of your pregnancy. To see if you qualify and for more information, call 1-877-469-5437 or visit [www.humanservices.alberta.ca/financial-support/2085.html](http://www.humanservices.alberta.ca/financial-support/2085.html)
Being Healthy and Preventing Injuries

It is important for you and your partner to keep your immunizations up-to-date for your own health and the health of your baby. Your healthcare provider can help you determine which immunizations you may need.

**Influenza immunization.** Getting immunized against influenza (flu) is highly recommended for all pregnant women, especially those who have diabetes, heart, lung or kidney disease. This will help protect you, your family and your newborn baby against influenza.

**Infectious diseases.** If you work with children, or in a healthcare setting, you’re more likely to be exposed to childhood illnesses and other infectious diseases. Some infectious diseases can put your baby at risk. Fortunately, most moms have already been immunized or have immunity to many of these (e.g., German measles [rubella] and chicken pox). You can lower your risk by:

- keeping your immunizations up-to-date
- washing your hands carefully and often
- making sure your food is fully cooked and well refrigerated
- seeing your healthcare provider if you think you’ve come into contact with someone who has an infectious disease (e.g., chicken pox, German measles, fifth disease [also called parvovirus or slapped cheek disease], cytomegalovirus or tuberculosis)

**Toxoplasmosis.** Toxoplasmosis is an infection caused by a parasite sometimes found in certain foods and in cat stool. You may feel like you have the flu, or you may not feel sick at all. Most people who are infected don’t show any signs of illness. However, a pregnant woman can pass the infection to her unborn baby. Toxoplasmosis can cause miscarriage or can seriously harm your baby.

Along with the cooking suggestions on pages 23–25, you can reduce your risk of toxoplasmosis if you:

- wash your hands thoroughly after handling a cat
- don’t feed raw meat to your cat
- wear gloves when you garden (to avoid cat stool) and wash your hands afterwards
- have someone else clean the litter box every day, rinsing it with boiling water each time
- cover sandboxes to prevent cats from using them as a litter box

For more information about immunization visit [www.health.alberta.ca/health-info/immunization.html](http://www.health.alberta.ca/health-info/immunization.html)
Buckle up for 2

Wear a seat belt all through your pregnancy.

It’s dangerous not to wear a seat belt (and also against the law).

If worn properly, a seat belt won’t harm your baby.

Seat belts. The best way to protect your unborn baby in a collision is for you to wear a seat belt. When you are pregnant it is best to travel as a passenger whenever possible to lessen the chance of hitting the steering wheel.

Wear the lap belt low and snug, under your baby or your bulge. It should lie over the upper thighs or across the hips and pelvis, never over the abdomen.

• The shoulder belt should cross the centre of the chest and shoulder. Never tuck the shoulder belt under your arm.

• Both belts should be snug.

• In cold weather, don’t fasten the seat belt over several layers of clothing, as this may cause the lap belt to gradually ride up. Instead, warm up the vehicle first, unbutton your outer clothing and pull the lap belt snug over as few layers of clothing as possible.

• Slide the seat back as far as possible from the steering wheel, dashboard and airbag.

• Limit being a driver during the third trimester, if possible.

Travel

• Check with your healthcare provider before travelling.

• On longer trips or if travelling by air, stay hydrated and don’t sit for long periods. Take breaks and do leg exercises to maintain circulation.

• If you’re travelling by air, check with the airline, as many airlines have rules about how long you can continue to fly while pregnant.

• If you’re leaving the country, check:
  
  ◦ your insurance coverage—make sure your insurance provider knows you’re pregnant. The medical care available in all other countries may not be the same as in Canada.
  

  Avoid travel to areas where malaria is a risk. Malaria is dangerous in pregnancy and is associated with miscarriage, preterm labour and other severe illnesses for the mother.
○ water and food safety issues or things to do to prevent getting sick from diseases (e.g., hepatitis A).

○ what immunizations you need. Your risk for illness is higher in pregnancy as your immune system does not work the same way. Talk to your healthcare provider about your immunization options during pregnancy. Discuss where you are travelling and the risks of getting any diseases while you are there. You may need to book an appointment at least 6 weeks in advance at a travel clinic. The clinic may need to order the vaccine prior to your appointment. To find a travel clinic near you, visit www.albertahealthservices.ca/services/page13244.aspx

For more information about travelling during pregnancy, visit www.travel.gc.ca/travelling/health-safety/travelling-pregnant

Avoiding home and workplace hazards

You can avoid many problems for you and your baby if you stay away from harmful products and practices in your home and workplace.

**Keep your home and vehicle smoke-free.** The best way to protect your family is not to allow smoking of any kind in your home or vehicle. For more information, see page 56.

**Lead.** Lead is a chemical found naturally in the environment. For pregnant women and young children lead can cause health problems. Here are some simple things you can do during your pregnancy to avoid lead:

• Run the tap before using water that hasn’t been used for a number of hours, especially if you live in an older home.

• Use cold water for drinking and cooking as it contains less lead.

• Be careful when doing renovations, as older homes may contain lead-based paints. Proper procedures need to be followed for their disposal.

• Clean your house regularly to get rid of dust that may contain lead.

• If family members work or do hobbies with lead (e.g., stained glass), make sure they shower to reduce the amount of lead on their body and change clothing.

• Some food containers can contain lead. Don’t store food or liquids in crystal glass containing lead. Be careful of glaze and ceramic dishes, as these may contain lead in the glaze.

**Fumes from household cleaners.** Read the labels on your household cleaners. If a label says to use a cleaner in a well-ventilated area, open the window while you use the cleaner. If you have concerns about using a certain cleaner, you can call the Poison and Drug Information Service at 1-800-332-1414.
Chemicals and paints. Don’t use pesticides, lead-based paints, paint removers or other chemicals while you’re pregnant. Weed and insect sprays have been known to cause miscarriage and birth defects. Chemicals that can harm your baby get into the air when paints, varnishes and paint removers are drying. It’s okay to use latex paint if you clean up afterwards with water, not paint remover. Call the Poison and Drug Information Service at 1-800-332-1414 if you aren’t sure about a product.

Hot tubs, saunas and hot baths. A hot tub or sauna can cause you and your baby to get too hot. This can affect your baby’s physical development. Don’t go in water that is more than 38.9 °C. Limit the time in hot water to no more than 10 minutes. Keep the water level below your shoulders. Make sure someone stays with you in case you feel dizzy or faint.

Stay safe when working

Working during a healthy pregnancy is usually safe. However, some jobs have certain risks and demands. Talk to your healthcare provider if you have any concerns.

Radiation. Alberta’s safety standards are very high and protect pregnant women who work in areas where radiation is used. Follow all workplace radiation guidelines. Don’t touch anyone being treated with radioactive isotopes. Don’t hold patients while they’re having an x-ray.

There is no evidence that radiation from computer screens is harmful to your growing baby.

Chemicals and hazardous substances. Some chemicals and substances can increase your risk of miscarriage or having a baby with a birth defect. If you work around chemicals or hazardous substances:

- Find out about the chemicals or substances you may be exposed to.
- Keep away from any chemicals that you don’t need to be exposed to.
- Wear recommended protective clothing (e.g., gloves and masks). Work in a well-ventilated area.
- Follow your workplace’s recommended guidelines.

You may need to be assigned to another position while you’re pregnant. If you have concerns, or symptoms that you’re worried about, talk to your healthcare provider.

Know what you’re working with

Check the WHMIS (Workplace Hazardous Materials Information System) data sheets at your workplace, or talk to your Occupational Health and Safety representative.
**Tobacco.** While the Alberta Tobacco Reduction Act requires most workplaces to be smoke-free, you may still have second-hand smoke at your workplace. You may wish to speak with your employer about making your workplace 100% smoke-free.

**Standing for a long time.** Standing for more than 4 hours without a break can affect the blood flow to your baby. If you stand a lot:

- shift your weight from leg to leg—rock back and forth on your feet and move your feet in circles
- use a stool—put one foot on the stool, then the other
- take a short break every 2 hours
- wear comfortable shoes with a low heel
- change positions as often as you can
- use proper posture when standing
- if possible, ask your employer to give you other tasks, so that you can sit or walk instead

**Sitting for a long time.** Sitting for more than 4 hours can reduce blood flow and increase the swelling in your legs and feet. If you must sit for a long time:

- don’t cross your legs
- take short breaks to stretch or walk whenever possible
- keep a footstool at your desk to change the position of your feet from time to time
- use a rolled-up towel between the small of your back and your chair to help relieve backaches
- draw circles in the air with one foot, then the other
- use proper posture when sitting
- use a harder, straight-backed chair during the later stages of pregnancy, it may be more comfortable than a low, padded one (it will also be easier to get out of)
Lifting and physically demanding work. If you have a physically demanding job, you'll need to take special care to protect yourself and your baby. If your work is physically demanding:

- cut down on heavy lifting—if possible, don't lift more than 23 kg (50 lbs.)
- keep repetitive lifting to less than 11 kg (24 lbs.) once you are 24 weeks pregnant
- cut down on the amount of stooping and bending you do
- cut down on the number of times you climb stairs

If you do a lot of lifting, bending or climbing at work, talk to your healthcare provider about safe limits.

Shift work and long hours. Some studies suggest that women who work changing shifts and long hours may be at a higher risk for preterm labour, babies with low birth weights or miscarriage. The risk is greater if shift work and long hours are combined with other risk factors, like standing for too long or working in a very noisy place.

If you have to work shifts, ask that they be rotated forward (e.g., moving from morning shifts to afternoons to nights). This is less tiring than rotating backward (e.g., moving from nights to afternoons to mornings). Ask your supervisor if you can work day shifts only. Take a short break every 2 hours.

If you work long hours, take time to stretch if you've been sitting, and take time to rest if you've been standing. If possible, ask for extra breaks.

High noise levels. Noise levels over 90 decibels (e.g., lawnmowers and some machinery) may be linked to babies with low birth weights, especially when combined with other things, like standing for too long. If you work in a noisy place, talk to your healthcare provider and/or human resources representative.

preterm labour: labour that starts before 37 weeks
Pregnancy discrimination

Pregnancy discrimination means being treated differently because you’re pregnant. The law protects you from this. You can’t be fired, demoted, put on forced leave or excluded from any professional opportunities (e.g., projects, contracts, trips, conferences) just because you’re pregnant. You also have the right to return to your former position, or one that’s equal to it, after maternity leave.

If you have concerns about your workplace environment, there are many ways to get help. The first step is to talk to your supervisor.

• Explain your concern.
• Back up your concerns by showing your supervisor the information in this book or a note from your healthcare provider.
• Offer some possible solutions, and ask for other ideas.
• Be flexible and willing to work with your employer.

If you have concerns about pregnancy discrimination and haven’t been able to solve them by speaking to your manager, supervisor or human resources representative, contact the Alberta Human Rights and Citizenship Commission confidential inquiry lines:

• Edmonton: 780-427-7661
• Calgary: 403-297-6571
• Toll-free in Alberta outside Edmonton and Calgary: first call 310-0000, then call the number for the location closest to you

Other people who may be able to help are:

• your healthcare provider
• the human resources department at your workplace
• an occupational health nurse
• Alberta Occupational Health and Safety: toll-free at 1-866-415-8690 or visit www.work.alberta.ca/occupational-health-safety.html
Drugs, alcohol and tobacco

Many people struggle with addiction. Most drugs, including alcohol and tobacco, pass from your bloodstream into your baby. Whatever you get, your baby gets too. Because your baby is small and still developing, alcohol, tobacco and drugs can harm your baby before birth and have serious, lifelong effects.

Drugs

There are many prescription, over-the-counter (drugs you buy without a prescription, like pain relievers and antacids) and street drugs that will seriously affect your baby’s health if taken while pregnant or breastfeeding.

Prescription medicine and over-the-counter drugs

As soon as you think you might be pregnant, talk to your healthcare provider or pharmacist about any prescription medicine and over-the-counter drugs you take. They can tell you whether it's safe to keep taking the drug or suggest a safer drug.

To protect your baby:

• Tell all of your healthcare professionals that you’re pregnant, including your dentist, dental hygienist and pharmacist.
• Don’t take any over-the-counter drugs unless approved by your healthcare provider or pharmacist.
• Ask your healthcare provider or pharmacist for a list of possible side effects for the drugs you take, or for any new drugs that may be prescribed.
• Pay attention to your body when you take any drugs. Call your healthcare provider if you have any side effects.
• Remember: There are many ways to lessen common pregnancy discomfts such as headaches, backaches, constipation, diarrhea and heartburn. See the 'Feeling Uncomfortable' sections in the First, Second and Third trimester chapters in this book.

In some cases, you may need a prescription for medication, such as an antibiotic. Follow the medication directions carefully. Never take a prescription medication that isn’t yours.
Herbs, herbal products and other natural remedies

Ask your healthcare provider or pharmacist before taking any home or herbal remedies. Herbs and herbal products can act like drugs in your body. Some natural remedies may not be safe while you’re pregnant. For information on safe herbal teas, see page 26.

For more information about medicines and herbs, contact the Medication and Herbal Advice Line at 1-888-944-1012. You can also call Motherisk at 1-877-439-2744 or visit www.motherisk.org

Never assume it’s safe

Before taking any drugs, medicine or herbal products, ask your healthcare provider or pharmacist. The effects of many drugs and herbal products on unborn babies are not yet known.

Street drugs

The use of street drugs is illegal and not safe. Street drugs (e.g., marijuana, ecstasy, methamphetamine, cocaine and heroin) can harm your baby. Never use them while you’re pregnant, while breastfeeding or looking after your baby. Street drugs are dangerous and may contain other substances that can also harm you and your baby. If you use street drugs, the best thing you can do for you and your baby is to quit. Talk to your healthcare provider if you have questions or are having trouble quitting. For information and support, call the Alberta Health Services Addiction Helpline at 1-866-332-2322 or Narcotics Anonymous at 1-877-463-3537.

Alcohol

Drinking alcohol can harm your baby. No one knows what level of alcohol is safe for an unborn baby. While you’re pregnant, or thinking about becoming pregnant, it’s safest not to drink any alcohol.

Alcohol affects every woman and her baby differently. Heavy drinking can increase the mom’s chances of developing health problems, such as depression, anxiety, liver disease, heart disease, brain changes, cancer and reproductive health issues. Alcohol is passed from the mom through the placenta to the growing baby. A baby’s liver is not as developed as an adult’s and can’t break down the alcohol as quickly. This means the developing organs are exposed to the effects of alcohol for longer. Damage to your baby’s developing brain and other organs cannot be fixed. Alcohol can affect a baby at any stage during pregnancy.
Drinking alcohol during pregnancy can cause:

- low birth weight
- preterm birth
- miscarriage
- **stillbirth**
- withdrawal symptoms for the baby (born shaky, irritable and has no appetite—she may also sleep poorly, or have diarrhea, vomiting, breathing problems, seizures and problems with sucking during breastfeeding)
- fetal alcohol spectrum disorder (FASD). Children with FASD have permanent brain damage. Babies and children with FASD can have some or all of the following problems:
  - disrupted brain development, which can affect future brain development and learning
  - birth defects (e.g., face and head deformities, heart and kidney defects, bone and muscle defects)
  - hyperactivity
  - slowed body growth
  - trouble understanding the consequences of their actions

Having FASD is a lifelong challenge. There is no cure. Some effects of drinking alcohol during pregnancy may not be seen until the child has problems in school, or with learning or behaviour.

Being exposed to alcohol before birth, especially binge drinking, is linked to psychiatric disorders and symptoms in early adulthood, even in adults who don’t have FASD. Studies suggest that the father’s drinking before conception and at the time of conception can also affect a baby’s development.

For support in making your decision to quit drinking alcohol:

- talk to your partner and make a plan to cut down and quit together
- talk to your healthcare provider
- call the Alberta Health Services Addiction Helpline at **1-866-332-2322**
- contact a self-help group (for Alcoholics Anonymous, visit [www.area78.org](http://www.area78.org))
- visit Alberta Fetal Alcohol Spectrum Disorder [www.fasd.alberta.ca/contact.aspx](http://www.fasd.alberta.ca/contact.aspx)

**stillbirth**: loss of a fetus in utero after 20 weeks of pregnancy, usually closer to term
Tobacco

If you use tobacco, the best thing you can do while you’re pregnant is quit. The chemicals in tobacco products can harm you and your baby. There are about 7,000 different chemicals in tobacco smoke. About 70 of them are known to cause cancer.

During pregnancy, the harmful chemicals in tobacco products and in second- and third-hand smoke pass through the placenta to your baby. This means they can affect your baby’s growth and development before birth and greatly increase your baby’s risk of sudden infant death syndrome (SIDS).

During pregnancy, your gums may be more sensitive to irritation from smoking or chewing tobacco. The nicotine in tobacco products puts you at risk of gum disease by interfering with the body’s ability to heal itself. When you are getting ready to quit, have your teeth cleaned to remove the stains and products of using tobacco. This will help your gums to heal and will help motivate you to stay tobacco-free.

It’s best to quit tobacco early in pregnancy, but quitting at any time will still benefit you and your baby. If you don’t think you can stop using tobacco all at once, try cutting back on the amount you use daily. Feel good about doing the best you can.

Second-and third-hand smoke

Second-hand smoke is the smoke that comes from the burning end of a cigarette, cigar or pipe or from exhaled smoke. There is no safe level of exposure to second-hand smoke. Inhalation the second-hand smoke from someone else can be just as harmful to you and your baby as using tobacco products yourself. Third-hand smoke is the particles from a burning cigarette, cigar or pipe that build up over time on surfaces that are exposed to tobacco smoke, such as fabric, hair, clothes, furniture and walls. Babies are more at risk of exposure to second- and third-hand smoke because they breathe more quickly, crawl on the floor, explore surfaces with their hands and put their hands in their mouths. Think about making your home and vehicle smoke-free to protect yourself and your family.

Women who quit using tobacco and eliminate smoke exposure before pregnancy or early in pregnancy will:

• increase their fertility
• reduce their risk of miscarriage
• reduce their risk of preterm birth

sudden infant death syndrome (SIDS): an unexplained and sudden death of a sleeping infant under 1 year of age
• reduce their risk of having a baby with a low birth weight
• reduce their baby’s risk of SIDS

Even after your baby is born, being tobacco free can reduce your child’s risk of respiratory illnesses and ear infections.

**There are many people who can help you quit**

Talk to a healthcare professional, such as a pharmacist, dentist, dental hygienist, nurse, midwife or doctor. Think about who would be the best people in your life to support you.

**AlbertaQuits**

AlbertaQuits is a free, convenient, confidential, personalized support to quit using tobacco.

Call the AlbertaQuits helpline at 1-866-710-QUIT (7848) or visit [www.albertaquits.ca](http://www.albertaquits.ca) for free information and support from trained counsellors. You can also find out about adult cessation groups in your area.

**Tobacco cessation medicine**

When you’re pregnant, it’s best to try to quit with the support of counselling, and without using any tobacco cessation medicine. If you need medicine, your healthcare provider or pharmacist will tell you about safe choices that are right for you.

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**If you drink alcohol or use tobacco or drugs**

The earlier you quit drinking alcohol or using tobacco or drugs, the better it will be for you and your baby.

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**Do the people you live with use tobacco?**

- Ask them to cut down and quit with you.
- If they refuse to quit, ask them not to smoke around you. Ask them to smoke outside.
- If they won’t stop smoking around you, leave the room when they smoke.
Caring for your relationships

Every healthy relationship—whether it’s with your partner, your baby, your parents, your friend or your neighbour—begins with respect. People in healthy relationships treat others the way they like to be treated. They:

• help and encourage each other. They don’t criticize or put each other down.
• know that each person has the right to their own opinion. They respect the other person’s point of view, even when they don’t agree with it.
• know that everyone has needs. They take turns helping each other to meet those needs.
• listen to and co-operate with each other.
• know how to balance give and take.

Setting examples

Your children will see how you are with others and learn by watching you. This is how they will learn to have healthy relationships with others.
Healthy sexuality

Healthy sexuality is part of a healthy relationship. Parents-to-be go through changes during pregnancy that can affect their emotions and sexuality. You may be concerned about:

- feeling tired, having nausea and/or sore breasts during the first trimester
- changing levels of sexual desire (feeling more or less desire) as your energy and your hormones change in the second trimester
- your body’s changing shape and size

Talking about your feelings with your partner may help you to understand each other’s needs.

You can show your sexuality in many ways, not just through sexual intercourse. Intimacy and caring for one another also includes cuddling, hugging, kissing and showing tenderness towards each other. Sexual intercourse is safe during pregnancy unless your healthcare provider says you should avoid it for medical reasons. It’s normal to have Braxton-Hicks contractions during sexual activity, especially during orgasm or when the nipples are stimulated.

Your healthcare provider may recommend that you use condoms if you or your partner has a sexually transmitted infection (STI).

Your healthcare provider may also suggest you change your activities or stop having sexual intercourse if:

- you are at risk for miscarriage or preterm labour
- you have painful cramps after intercourse

Safer sex

Safer sex is sexual activity that reduces the chance of getting a sexually transmitted infection (STI) such as chlamydia, syphilis or HIV. During pregnancy and birth, you can pass STIs on to your baby. You’re practising safer sex when you use a latex condom during vaginal, anal or oral sex.

You’re also practising safer sex when:

- neither you nor your partner are having a sexual relationship with anyone else, and
- you’ve both been tested for STIs, and
- the tests show that neither one of you has an STI

Braxton-Hicks contractions: your uterus tightens and then slowly releases
HIV: Human Immunodeficiency Virus that causes AIDS
Getting the support you need

You may have already realized that your life will be very different after having a baby. Your life will change and different things will be important to you. Now is a great time to think about how you will get the support you need during your pregnancy and parenthood.

Prenatal classes and parenting programs

Prenatal classes (also called childbirth classes) welcome both moms and dads, or moms and their support person. They are one of the best ways to get ready for your baby’s birth.

Your learning continues after your baby is born. Parenting programs are for everyone, and the more you know, the more confident you’ll feel. For more information about prenatal and parenting programs, call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465) or call 211. Be sure to register early, as classes fill up quickly. For information about prenatal classes, see ‘Where to Go For More Information’ at the back of this book.

Ways to support a pregnant woman

If you are supporting a pregnant woman, you can:

• read books about pregnancy, birth, breastfeeding and parenting
• go to prenatal check-ups to support her and ask your own questions
• go to childbirth education classes, including breastfeeding classes, together
• go to the birth centre orientation
• practice exercises, massage, positioning and relaxation with her to help her become more comfortable and to prepare for labour and birth
• talk about what support she thinks she would like during labour (be flexible—her needs might change)
• join with her to support the changes she is making
• care for her, and keep a positive outlook—your strength and optimism can help her feel more positive and create a more nurturing environment for the growing baby
Having mixed emotions

Pregnancy is a time of change, both physically and emotionally. Whether or not this has been a planned pregnancy, you might be having mixed feelings.

Many parents have times of great joy, anticipation and excitement about meeting their baby, but many can also feel sad and worried. There are several possible causes for these changing emotions: tiredness, changes in hormones, worries about pregnancy and birth, and other kinds of stress. Some of these feelings can be caused by the normal physical and hormonal changes that take place during pregnancy. Others are caused by changes to your life and relationships that come with pregnancy and becoming a parent.

When you’re stressed, your baby’s environment is stressed too. Learning ways to cope with stress in pregnancy will help you now, and will also build coping skills for the normal, every day stresses of parenting.

To cope with stress and changing emotions you can:
• get enough rest and sleep
• eat well
• stay active
• keep your life simple
• talk about your feelings with someone who understands (e.g., your partner, family or friends)
• ask for and accept help from others
• try to do one special thing for yourself each day
• learn more about stress and pregnancy
• start reading our next book—Healthy Parents, Healthy Children: The Early Years, to get ready for parenting
It’s normal to be a little worried or feel sad while you’re pregnant. However, if these feelings are strong and don’t go away, or if you find yourself crying a lot and feeling very anxious, talk to your healthcare provider.

It may help if you are in contact with other people who are expecting. No one understands pregnancy like other parents-to-be. Childbirth education classes, prenatal exercise courses and similar social activities are good places to meet other expectant parents—you can build on that support with parenting programs after your baby is born.

It will help if you can be patient with yourself and others. Keep your expectations realistic. Try to maintain good and open communication with your partner.

Remember, the best way to take care of your baby is to take care of yourselves.

**If parents aren’t in a relationship with each other**

Parenting involves many decisions—including who will be involved in raising your child. These decisions might be hard to make, especially if the parents aren’t in a relationship with each other. Some of the decisions may have to do with how to raise your baby, including how much time each parent has with the child, child support, schooling, health issues, and cultural and spiritual traditions.

If parents can’t agree, they can ask a mediator (a person who doesn’t take sides or make decisions) to help them work out a plan. A mediator is a person trained to help you reach an agreement about parenting or child support that both of you will be able to keep. To find a mediator in Alberta, call toll-free 1-877-233-0143 or visit www.afms.ca/index.php?pid=2

If you don’t have a partner, there are ways to deal with challenges and find the support you need. Think about your supports—perhaps you have a friend, parent or sibling who can share the joy and stress of pregnancy and parenting with you. You may want to ask yourself these questions.

- Who would I like to help me during pregnancy? During childbirth? After my baby is born?
- What kind of support do I think I need now? In childbirth? After my baby is born?
- Who do I trust to help me, even when I’m tired or irritable?

**Finding help**

When you find you’re having a hard time coping with stress, it’s very important to ask for help. Talk about your stress with someone you trust. You may want to talk to a professional, like your healthcare provider. For health advice or information, call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465) to speak to a registered nurse 24 hours a day, 7 days a week. To look for services in your area, visit Inform Alberta at www.informalberta.ca
Family violence

Pregnancy and having a new baby mean big changes in your life. For some people, these changes can cause conflict—conflict can sometimes lead to abuse.

Abuse can sometimes begin or get worse during pregnancy. Abuse puts your health and your baby’s health at risk. If you’re physically abused while you’re pregnant, your unborn baby can be badly hurt. Abuse can also cause changes in your baby’s brain development.

What is abuse?

Abuse is any behaviour that’s used to control another person’s actions. Abuse can take many different forms, including:

• pushing, shoving, slapping, choking, shaking or punching
• damaging your belongings
• forcing you to have any sexual activity
• not giving you money or controlling your money
• cheating or stealing
• refusing to talk to you or criticizing you all the time
• limiting your contact with friends and/or family
• threatening to hurt/kill you, your children or a family pet

It’s normal for adults to disagree—but hitting and abuse aren’t normal. Nobody deserves to be hit, abused or to have to see abuse. A lot of people who are abused stay in a relationship to keep their home and family together. However, children who see abuse are harmed by what they see and hear. No one has the right to abuse you or your children. Some forms of abuse are against the law in Canada (e.g., assault).

Some people may have never learned how to solve problems without violence. If you grew up with abuse, it may seem normal to you. It isn’t. There are programs for families and partners who have been abused. Without help it’s likely to get worse. There is help for all members of the family.

If someone is abusing you

If you think someone is abusing you, there are many ways you can get help.

• Talk to someone (e.g., a friend, a family member, a public health nurse or other support people).
• Call the police. Tell them you’re in danger.
• Go to your healthcare provider or to Emergency. Tell the healthcare provider how you got hurt. Ask them to write a report.
• Call your local emergency shelter—any time, day or night. You and your children will be safe there.

If you’re new to Canada and you leave someone who is abusing you:
• you won’t be deported
• you don’t give up your right to have custody of your children

If you think someone might hurt you, be ready to leave. Make a safety plan. For information and support, call the Family Violence Information Line at 310-1818 (toll-free in Alberta, 24 hours a day, available in more than 170 languages).

**Becoming the parent you want to be**

By caring for yourselves and taking care of your relationships, you are developing a safe and secure place for your new baby to come home to. Take the time over these next months to think about the parents you want to be. Give your baby the best chance possible by starting off healthy.

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**My notes**

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First Trimester
The Beginning
First Trimester: The Beginning

The first trimester begins with many changes you may or may not notice. You may not even realize you’re pregnant yet. The tiny embryo settles into your uterus. Some parts of your body start to feel tender. As your body provides plenty of food and a safe, warm place, your baby grows from an embryo into a fetus. Some of the changes brought on by pregnancy are quite pleasant. Who would complain if they had glowing skin and warm toes? However, some changes are not as pleasant, like nausea and feeling tired all the time. Don’t worry, in this chapter you’ll learn lots of ways to help you through this part of your pregnancy.
# Growing Together

This chart shows the changes you and your baby will go through during the first trimester (from the first day of your last menstrual period to 13 weeks). For information on helpful tips to deal with the uncomfortable symptoms you may develop, see pages 71-75.

<table>
<thead>
<tr>
<th>Changes in mom</th>
<th>Changes in baby</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0 to 4 weeks</strong></td>
<td></td>
</tr>
<tr>
<td>• Your body begins to provide for your baby.</td>
<td>• Your baby is called an embryo and is about 0.6 cm (¼ inch) long or about the size of a grain of rice.</td>
</tr>
<tr>
<td>• Your breasts may feel tender (or you may not notice any changes at all).</td>
<td>• The embryo sticks to (implants in) the wall of your uterus.</td>
</tr>
<tr>
<td>• You may know that your menstrual period is late.</td>
<td>• The placenta, amniotic sac and fluid begin to form.</td>
</tr>
<tr>
<td>• You have missed your menstrual period.</td>
<td>• The early structures of the brain have started to form.</td>
</tr>
<tr>
<td>• You may feel tires.</td>
<td></td>
</tr>
<tr>
<td>• You may feel strong emotions.</td>
<td>• The heart starts beating.</td>
</tr>
<tr>
<td>• You may feel sick to your stomach or vomit (this can happen any time of the day, not just first thing in the morning).</td>
<td>• The head and brain are taking shape.</td>
</tr>
<tr>
<td>• You might not feel like eating.</td>
<td>• Internal organs are forming.</td>
</tr>
<tr>
<td></td>
<td>• Teeth begin to develop.</td>
</tr>
<tr>
<td></td>
<td>• Arm and leg buds are beginning to show.</td>
</tr>
<tr>
<td></td>
<td>• The spine starts to show and bones begin growing.</td>
</tr>
<tr>
<td></td>
<td>• The spinal cord starts to develop nerve connections (synapses) that will allow your baby to move his limbs and fingers, hiccup, stretch and yawn.</td>
</tr>
</tbody>
</table>

If you throw up more than 2 times in 24 hours, or can't keep fluids down, contact your healthcare provider.
### Changes in mom

<table>
<thead>
<tr>
<th>9 to 13 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>• You may be able to feel the top of your uterus, just above your pubic bone (it’s about the size of an orange).</td>
</tr>
<tr>
<td>• You may notice changes to your skin and hair (e.g., skin problems may clear up or you may develop a rash).</td>
</tr>
<tr>
<td>• You may feel sick (this can happen any time of the day, not just first thing in the morning).</td>
</tr>
<tr>
<td>• You might not feel like eating, and you may vomit.</td>
</tr>
<tr>
<td>• You might crave certain foods.</td>
</tr>
<tr>
<td>• You might crave other things, like chalk or dirt (this is called pica—talk to your healthcare provider).</td>
</tr>
<tr>
<td>• You may have constipation.</td>
</tr>
<tr>
<td>• You may have yellow or white discharge from your vagina (this is normal).</td>
</tr>
<tr>
<td>• You may have slight bleeding from your vagina (more common in women who have already had a baby). A little bleeding can happen; a lot of bleeding, or continued bleeding, needs to be checked.</td>
</tr>
<tr>
<td>• Your gums may look redder than usual. They may be swollen, tender to touch and bleed easily.</td>
</tr>
<tr>
<td>• You may feel tired often.</td>
</tr>
<tr>
<td>• Your emotions may quickly change, from happy one moment to weepy the next.</td>
</tr>
</tbody>
</table>

### Changes in baby

<table>
<thead>
<tr>
<th>9 to 13 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Your baby, now called a fetus, is about 7.6 cm (3 inches) long and weighs about as much as a tube of lipstick.</td>
</tr>
<tr>
<td>• The eyes, ears and nose have formed.</td>
</tr>
<tr>
<td>• The mouth has formed, with lips, tongue and tooth buds.</td>
</tr>
<tr>
<td>• The hands, fingers and fingerprints, knees, ankles and toes have formed.</td>
</tr>
<tr>
<td>• The sex organs (male or female) have formed.</td>
</tr>
<tr>
<td>• Your baby has started to kick (you can’t feel it yet).</td>
</tr>
<tr>
<td>• Your baby sucks his thumb and makes breathing motions.</td>
</tr>
<tr>
<td>• At around 12 weeks, you may be able to hear your baby’s heartbeat through a fetal Doppler.</td>
</tr>
<tr>
<td>• Your baby’s basic brain cells (neurons) are developing very quickly, becoming more organized and are starting to connect to each other.</td>
</tr>
</tbody>
</table>

If you have bleeding from your vagina that doesn’t stop, contact your healthcare provider.

**fetal Doppler:** a device that uses sound waves to hear your baby’s heartbeat in the uterus
Healthy Body and Mind

One of the best things you can do for you and your baby is take good care of yourself physically and emotionally. Here are some suggestions for you and your partner.

Eating and weight gain

Little or no weight gain is recommended in the first trimester. You won’t need any extra calories over what you normally eat. Eat healthy foods from the 4 food groups.

If you have nausea and vomiting, try the tips on pages 71–72.

Physical activity

If you were active before your pregnancy, talk with your healthcare provider about continuing your physical activity program throughout your pregnancy. You can set an activity pattern early in your pregnancy. Try to work activities into your day: take a brisk walk at lunchtime, ride a stationary bike, go for a swim, do some gardening or do low-impact aerobics.

You may need to make adjustments as your pregnancy progresses. Try not to overdo it. You should be able to talk comfortably while being active without breathing too hard.
Other ways to care for yourself

Relaxation

When you’re pregnant, it’s normal to feel some amount of stress. You’re dealing with big changes in your body and your life. But too much stress can be a problem. It can make it hard for you and your baby to be healthy.

Here are some things you can try to handle the stress in your life.

• Take good care of yourself. Get enough rest and sleep, healthy food and physical activity.
• Make some time for yourself. Read a book and put your feet up.
• Get out of the house.
• Talk about your worries with family members or friends you trust.
• Connect with your community. Get involved in women’s or moms’ groups.
• Connect with your spiritual self. Talk to your priest, elder, minister, rabbi or other spiritual advisor.
• If you’re angry, take deep breaths, do something physical or sing along with the radio.
• Learn to say no. You can’t do everything for everyone.
• Get active. Go for a walk. Dance to your favourite music.
• Ask for help with problems you can’t handle on your own. Talk to your healthcare provider.

An activity for stress relief

1. Sit in a comfortable chair.
2. Take a deep breath. Try to send your breath all the way down to your baby. Let your breath out slowly, gently and completely.
3. Take another 4 slow, deep breaths.
4. Imagine that your whole body is melting like a candle in the sun. Start with your toes and work your way up to your head.
5. When you feel warm and relaxed, think about your breath again. This time, imagine you’re breathing in all the good things you want for yourself and your baby. Breathe them in slowly, deeply and gently.
6. When you breathe out, send out all the things in your life that you don’t want. Send them away slowly, firmly and completely.
7. After 4 or 5 breaths, enjoy the feeling in your body.
How to support a pregnant woman

As the partner of a pregnant woman, your support can make a big difference. You can:

- Encourage her to eat a variety of healthy foods. Eat well, and eat together.
- Remind her to take her multivitamin with folic acid.
- Encourage her to rest when possible.
- Help with her share of the household tasks.
- Go for a walk together. Or look after the other children while she goes for a walk.
- Encourage her to be active.
- Talk positively about her changing body.
- Encourage her to see her healthcare provider regularly. Go with her.
- Plan to attend prenatal classes together.

Feeling uncomfortable? Here’s what you can do

You’ll notice lots of different kinds of changes during the first trimester. These changes can sometimes be uncomfortable—but remember that they’re normal and very common.

<table>
<thead>
<tr>
<th>What you might feel, and why</th>
<th>What you can do about it</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nausea or vomiting</strong></td>
<td></td>
</tr>
<tr>
<td>Often called morning sickness, but it can happen any time, day or night. It usually stops by 12–14 weeks.</td>
<td>• Eat several small meals rather than a few large ones.</td>
</tr>
<tr>
<td>Why? May be caused by changes in hormone levels, being tired or more pressure in your abdomen. Some pregnant women may have a stronger gag reflex during pregnancy.</td>
<td>• Stay away from foods you know make you feel uncomfortable.</td>
</tr>
<tr>
<td></td>
<td>• Choose foods that are lower in fat and higher in protein (e.g., eggs, beans, lentils, fish, poultry and lean meats).</td>
</tr>
<tr>
<td></td>
<td>• Speak with your healthcare provider or pharmacist about trying ginger, an alternative remedy that can help settle the stomach.</td>
</tr>
<tr>
<td></td>
<td>• Drink liquids between meals, not with meals.</td>
</tr>
<tr>
<td></td>
<td>• Limit caffeine, don’t drink alcohol, and don’t use street drugs or any form of tobacco.</td>
</tr>
<tr>
<td></td>
<td>• If cooking is a problem, let others cook if possible. Leave the room while food is being prepared, open windows and use a stove fan.</td>
</tr>
</tbody>
</table>

If you throw up more than 2 times in 24 hours, or can’t keep fluids down, contact your healthcare provider.
What you might feel, and why

What you can do about it

**Nausea or vomiting**

- Eat a snack at bedtime to help settle your stomach.
- Leave food at your bedside for nighttime and morning nibbling (e.g., dry crackers, toast and plain cookies).
- If you gag when you brush your teeth try using toothpaste that doesn't foam when you brush. Ask your pharmacist for help choosing a non-foaming product. You can also try brushing with just water on the brush, then use a fluoride mouth rinse to protect your teeth. Use a toothbrush with a smaller head to brush the back teeth so you don't trigger your gag reflex. Distract yourself with music or slow rhythmic breathing.
- Protect your teeth after vomiting or if you have heartburn or reflux. Don't brush your teeth right after they have been in contact with stomach acids, as this will damage the tooth surfaces even more. Wait at least 20 minutes before you brush. You can rinse your mouth with a teaspoon of baking soda in a cup of water and then spit it out. If you don't have baking soda, rinse with water.
- Use a soft toothbrush and fluoride toothpaste. If you are having problems with vomiting, heartburn and reflux and are concerned about your teeth, talk to your dentist or dental hygienist.
- Get up slowly and avoid sudden movements.
- Try acupressure wrist bands.
- There is medicine that is safe to take that may help with severe morning sickness—but don't take it unless your healthcare provider says you can.
- If you have questions about nausea and vomiting, call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465), or the Motherisk Morning Sickness Helpline toll-free at 1-800-436-8477, or visit www.motherisk.org

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"In my first trimester, my “morning sickness” seemed to last all day. I found that eating smaller, more frequent meals seemed to help."

*Amy, first time mom*

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**acupressure:** an alternative medicine practice that involves applying pressure to certain parts of the body
<table>
<thead>
<tr>
<th>What you might feel, and why</th>
<th>What you can do about it</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tired</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Tiredness is felt the most in the first trimester.  
**Why?** Changes in your hormone levels. | • Rest often and before you become too tired.  
• Take short breaks with your feet up.  
• Eat a healthy diet. Try eating smaller meals more often to keep your energy at a constant level.  
• Be physically active.  
• Don’t use caffeine.  
• If you have trouble sleeping, try using extra pillows for comfort.  
• When you lie on your side, put a small pillow between your knees and one behind your back. |

| **Headaches** | |
|----------------|
| **Why?** There is an increase in blood and fluid in your body.  
• In the first trimester, changes in hormone levels may increase the number of headaches you have and/or how bad they are.  
• May be due to being tired and stressed. | • Be physically active.  
• Check your posture. Keep your chin level, shoulders relaxed, abdominal muscles firm and knees soft.  
• Try relaxation exercises or have a massage.  
• Get enough sleep. Take naps if you need to.  
• Put an ice pack on your forehead or the back of your neck (don’t use heat).  
• Talk to your healthcare provider or pharmacist before taking any medicine (including over-the-counter and herbal products). |

Talk to your healthcare provider if your headaches are unusual, severe, don’t go away or cause blurred vision. Headaches can be a sign of high blood pressure.
### What you might feel, and why | What you can do about it

<table>
<thead>
<tr>
<th><strong>Dizzy and lightheaded</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Why?</strong> Your body makes more blood during pregnancy. Blood flow slows down.</td>
</tr>
<tr>
<td>• Sudden changes in position can make you dizzy.</td>
</tr>
<tr>
<td>• Your baby presses on large blood vessels when you lie on your back.</td>
</tr>
<tr>
<td>• Always get up slowly and change positions slowly.</td>
</tr>
<tr>
<td>• Eat and drink at least every 3–4 hours.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Tender, puffy gums (pregnancy gingivitis)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Why?</strong> Changes in hormone levels make gums more sensitive and irritated by plaque (bacteria). Gums look redder than usual, are swollen and bleed easily.</td>
</tr>
<tr>
<td>• Your gums may be tender to touch.</td>
</tr>
<tr>
<td>• Brush your teeth twice a day with fluoride toothpaste, especially before bedtime and floss every day. Use just enough pressure to massage and clean along the gums and teeth to thoroughly remove the plaque.</td>
</tr>
<tr>
<td>• If you use tobacco products, cut down and quit.</td>
</tr>
<tr>
<td>• Have your gums checked by a dentist or dental hygienist. They may recommend a professional cleaning or products to treat pregnancy gingivitis.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Food cravings</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Why?</strong> We don't know why some women have food cravings.</td>
</tr>
<tr>
<td>• Follow Canada’s Food Guide and think about how these foods can fit into a healthy diet.</td>
</tr>
</tbody>
</table>

If you crave dirt or other non-food items (a condition called pica), contact your healthcare provider.

<table>
<thead>
<tr>
<th><strong>Passing urine more often than usual</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Why?</strong> Hormonal changes and changes in your body’s metabolism.</td>
</tr>
<tr>
<td>• It's important to continue drinking fluids—about 2.5 litres (10 cups) of fluids every day.</td>
</tr>
<tr>
<td>• Practice pelvic floor muscle exercises (see page 40–41).</td>
</tr>
</tbody>
</table>
First Trimester: The Beginning

### Toilet positioning

Proper positioning on the toilet can help reduce straining during bowel movements.

- It helps if you keep your back straight.
- Put a small stool under your feet to raise your knees higher than your hips.
- Keep your feet flat on the stool.

### Constipated

**Why?** Pregnancy hormones slow down your bowel activity.

**What you can do about it**

- Drink about 3 litres (12 cups) of fluids every day (a little more than you would normally drink during pregnancy).
- Be physically active (e.g., walk every day), unless your healthcare provider tells you not to.
- Choose high-fibre foods (e.g., vegetables, fruits, whole grain breads and cereals, lentils and beans).
- Ask your healthcare provider before using fibre supplements and medicine for constipation.
- Try not to strain during bowel movements. Pay attention to your position on the toilet.

### Hemorrhoids

**Why?** Pressure on the blood vessels in your rectum can slow blood flow and cause swelling in the veins.

- Swelling of the blood vessels in the rectum can cause burning, itching and some bleeding (other times there are no symptoms).

**What you can do about it**

- Try not to become constipated.
- Don’t strain when having bowel movements.
- Do pelvic floor muscle exercises every day (see page 40–41).
- Don’t sit or stand too long.
- Try lying on your side instead of sitting.
- Use ice packs, cold packs and hemorrhoid cream.
- If your hemorrhoids bleed or are painful, tell your healthcare provider.

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If you ever lose control of your bowels, contact your healthcare provider.
Prenatal Care and Tests

First prenatal check-up

Your first prenatal check-up will be around 6–10 weeks, or after you’ve missed your first period. At this appointment, your healthcare provider will often do a complete physical check-up and talk about your general health.

The check-up may include:

• a pelvic exam to check your cervix and the size and position of your uterus
• a Pap test to check for cancer of the cervix or abnormal cells that could lead to cancer (this test is only done during pregnancy if you’re due for your Pap test anyway)
• checking your blood pressure
• a breast exam (may or may not be done)
• checking your weight and height and discussing guidelines for healthy weight gain during pregnancy
• some routine blood and urine tests

Tests

When you’re pregnant, your healthcare provider will want to do some routine tests. Your healthcare provider may also recommend prenatal genetic screening and infection risk screening to check the health of both you and your baby. Your healthcare provider will talk to you more about these tests and answer your questions.

Routine tests

Routine tests are recommended for all pregnant women. The most common routine tests during the first trimester are blood and urine tests.

Hemoglobin

The hemoglobin in red blood cells carries oxygen to the cells of your body and your baby’s body. When pregnant, your body makes more blood and more red blood cells. Sometimes the increase in red blood cells doesn’t keep up with the increase in the volume of blood. The hemoglobin test checks your blood to make sure it can carry enough oxygen for you and your baby.
**Blood type and antibodies**

This blood test identifies your blood group and whether you’re Rh positive or negative. Your **Rh factor** may play a role in your baby’s health, so it’s important to know this information early in your pregnancy. For example, if you’re Rh negative you’ll be given Rh immunoglobulin:

- at 28–32 weeks
- if you have any bleeding during your pregnancy or after the birth of your baby. This will avoid possible health problems if your baby is Rh positive
- after the birth of your baby if your baby is Rh positive. This will help avoid Rh problems in later pregnancies
- if there has been an abdominal injury

**Rubella titre**

This blood test checks to see if you’re immune to German measles (rubella). If you don’t have immunity, your healthcare provider will explain how to avoid getting rubella during your pregnancy and recommend you receive the rubella immunization after the birth of your baby. Rubella during pregnancy can cause abnormalities while a baby is still developing. It can also cause lifelong health and physical problems (e.g., eye, ear and heart damage).

**Varicella titre**

This is a blood test to check whether you have immunity to the chicken pox virus. If you don’t have immunity, your healthcare provider will explain how you can avoid getting chicken pox during your pregnancy. It will be recommended that you get the varicella (chicken pox) immunization after your baby is born. If you get chicken pox during the first 20 weeks of pregnancy, your baby has a slight risk of having a rare group of serious birth defects known as congenital varicella syndrome. A baby who has congenital varicella syndrome may develop:

- scars on the skin
- muscle and bone defects
- malformed limbs
- vision problems
- developmental disabilities

If the mom develops chicken pox just before birth, her baby may be born with a possible life-threatening infection.

**Rhesus (Rh) factor**: a characteristic of blood. You can have a positive or negative Rh factor
**Hepatitis B antigen**

This blood test checks to see if you’ve been exposed to hepatitis B. Many people with hepatitis B don’t even know they have it. Without treatment, this infection can be passed on to your baby at birth. If your healthcare provider knows you carry hepatitis B, your baby can be treated right after birth and through future immunizations. This will likely prevent the infection from being transmitted to your baby.

**Syphilis screening**

This blood test checks to see if you’ve been exposed to syphilis, an STI. If untreated, syphilis can cause late miscarriage, fetal abnormalities and stillbirth. If you test positive (which means you’ve been exposed to syphilis) and have not been treated, you can pass the bacteria on to your baby through the placenta or by contact with an active genital lesion at the time of birth. Babies infected with the syphilis bacteria may have:

- skin rashes
- jaundice
- a bloody and runny nose
- swollen arms and legs
- slimy spots in the mouth
- a weakened or hoarse cry
- anemia
- pneumonia

If an infected baby is not treated, syphilis can cause damage to your baby’s bones, teeth, vision, hearing and affect mental development.

**HIV screening**

This blood test checks to see if you have HIV antibodies in your blood. This virus may lead to AIDS. If there are HIV antibodies, it means that you are HIV positive—but it doesn’t mean you have AIDS. HIV can be passed to your unborn baby from your bloodstream through the placenta. It can also pass to your baby at birth. Knowing whether or not you’re HIV positive ahead of time gives your healthcare providers more time to prevent the transfer of the virus.
Urinalysis and urine for culture and sensitivity (C&S)

During these tests, your urine will be checked for:

- **Sugar.** High levels of sugar at several prenatal visits in a row, or a very high level at one visit, could be a sign of gestational diabetes.

- **Protein.** High levels of protein in your urine can be a sign of a bladder infection, kidney damage or blood pressure problems.

- **Ketones.** If you have severe nausea and vomiting, or you’ve lost weight, your urine will be checked for ketones. If your ketone reading is high, and you can’t keep any food or liquid down, you may need intravenous (IV) fluids and medicine. If ketones and sugar are found, this could be a sign of diabetes.

- **Blood cells and bacteria.** If you have symptoms of a urinary tract infection (UTI) during your pregnancy, your urine will be tested for white blood cells and bacteria. If either of these shows up, the urine sample will be sent to the lab for testing. The test will show if you have a UTI, and which antibiotic will be best to treat the infection. Your urine sample will be tested for bacteria, whether you have symptoms or not. It’s especially important to catch and treat a UTI when you’re pregnant—you can still have an infection even if you don’t have any symptoms.

Symptoms of a urinary tract infection

- passing urine more often
- feeling a very strong urge to pass urine
- feeling a burning sensation when passing urine
- having a fever
Other tests your healthcare provider may order

**Early dating ultrasound**

An ultrasound may be done in the first trimester if you aren’t sure how many weeks pregnant you are. It may also be done if the size of your uterus doesn’t match how many weeks pregnant you think you are.

**Prenatal genetic screening**

Prenatal genetic screening tests for the possibility of chromosome conditions and birth defects. It’s important to remember that screening tests don’t diagnose a problem. They only signal that further testing needs to be done to make a diagnosis. The earliest test available to women is between 11 and 14 weeks of pregnancy. These screening tests may or may not be available in your area. Your healthcare provider will give you more information to help you decide whether to have these screening tests done.

- **A nuchal translucency ultrasound** between 11 weeks and 13 weeks plus 6 days of pregnancy measures the thickness of the layer of fluid at the back of the baby’s neck. The measurement and the results of the maternal blood test are combined with your age to estimate your chance of having a baby with Down syndrome, trisomy 18 or trisomy 13. It’s also possible to detect certain major birth defects at the time of the nuchal translucency ultrasound. Nuchal translucency may or may not be available in your area.

- **The maternal blood test** between 9 weeks and 13 weeks plus 6 days of pregnancy measures 2 placental substances: PAPP-A and free beta-hCG. These are found in the blood of all pregnant women. Changes to the levels of these substances may indicate an increased risk of having a pregnancy with Down syndrome. This blood test is only offered in combination with the nuchal translucency ultrasound as part of the first trimester screen. First trimester screening is a combination of a nuchal translucency ultrasound and a maternal blood test. This combined test may or may not be available in your area.
• **Maternal serum prenatal screen** (MSPS: triple screen or quad screen). MSPS is an optional prenatal genetic blood test available to women who are between 15 and 20 weeks pregnant (or as recommended by your healthcare provider) to screen for some chromosome differences and birth defects. It may or may not be available in your area. MSPS tests the mom’s blood for placental factors to estimate the chance of her baby being born with 2 chromosome differences (Down syndrome and trisomy 18) and 2 birth defects (in the neural tube and abdominal wall).

• **A mid-trimester ultrasound** is a standard of care for all pregnant women between 18–20 weeks of pregnancy. This ultrasound looks at the baby from head to toe for any findings that may indicate the possibility of a chromosome difference or birth defect. For more information about this ultrasound see page 100–101.

If any of your screen results indicate an increased risk, or leave you with unanswered questions, genetic counselling is available. A genetic counsellor reviews the results and will speak with you about the option of more testing, which may include prenatal diagnosis by chorionic villus sampling, amniocentesis and/or a detailed ultrasound.

The benefit of having these tests is that you will receive your screening results early in your pregnancy. This allows time for consideration and the discussion of further testing, if required.

**Prenatal tests including ultrasound to make a diagnosis**

These are diagnostic tests that are done only if a screening test shows a higher risk of genetic disorders. There is a small risk of miscarriage after the procedure.

• **Chorionic villi sampling (CVS)** This is a diagnostic test that’s done only if a screening test shows a higher risk of genetic and chromosomal disorders. Between 10 and 14 weeks (but can be done up to 36 weeks), an ultrasound is used to pass a catheter or a type of forcep through the cervix, or a needle through the abdomen/uterus, to the chorionic villi/placenta. A sample of cells is taken.

• **Amniocentesis (second trimester)** This test is done to diagnose genetic disorders for women who’ve had screening tests that indicate an increased risk of chromosomal differences or neural tube defects. This test is done after 15 weeks. A needle is inserted through the abdomen and into the uterus to take a sample of the amniotic fluid for testing.
If pregnancy doesn’t go as expected

Miscarriage

A miscarriage is the loss of a fetus before 20 weeks of pregnancy. A miscarriage may happen suddenly, or it may happen gradually, over hours, days or even weeks.

The first signs of miscarriage can be mild to moderate bleeding and cramping. However, some women who have mild to moderate bleeding may still have a normal pregnancy afterwards.

Miscarriages are more common than people realize. About 15–20% of pregnancies end in miscarriage, most often during the first 8 weeks of pregnancy. Miscarriages can happen before a woman knows she’s pregnant. When this happens before a period is missed, a miscarriage may seem like a late or heavy period. After the first trimester, the risk of miscarriage drops to about 3%.

Possible causes

Most of the time no one knows why miscarriages happen. Some possible reasons are:

• a problem or abnormality in the fetus
• being pregnant with more than one fetus (e.g., twins)
• problems with the cervix or the uterus
• hormonal problems
• infections
• using tobacco products, drinking alcohol or using street drugs
• domestic violence
• abdominal trauma

Miscarriages are not caused by:

• too little or too much physical activity
• eating junk food
• not wanting to be pregnant
• having sex

Go to Emergency if you have any of the following:

• you soak one thick pad or more in one hour, for 2 hours in a row
• you have large blood clots (the size of a walnut or larger) from your vagina
• any pain you feel is becoming stronger or sharper
• weakness and dizziness
• a fever of 38° C or more that lasts more than 4 hours after taking acetaminophen
• vaginal discharge that smells bad
**Warning signs**

A woman having a miscarriage may have these warning signs:

- cramping or pain in the abdomen
- bleeding from the vagina
- lower back pain
- unusual discharge (tissue or fluid) from the vagina
- less fetal movement (if over 16 weeks pregnant)

If you have these symptoms, contact your healthcare provider or call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).

**What to expect**

Once a miscarriage begins, nothing can stop it from happening. As long as you don’t have heavy blood loss, a fever, weakness or other signs of infection, let a miscarriage follow its own course. This can take several days.

If you have Rh negative blood, you will need a dose of Rh immunoglobulin. If you haven’t had your blood type checked, you will need a blood test to find out if you are Rh negative.

While many miscarriages do not require treatment, sometimes it is needed. A procedure called a dilation and curettage (D and C) may be done to empty the uterus. There is also a medicine that may be given.

Partners and other support people may feel helpless at this time. They can give you emotional support and help communicate with healthcare providers. It’s also important that they get emotional support themselves.

**After a miscarriage**

When a pregnancy ends in a miscarriage, it can be a very emotional time for both partners. Feelings of fear, anxiety, anger and grief are normal. Talk with family and friends for the support you both will need. If you feel very sad or depressed and need emotional support, counsellors can help you deal with the loss of your pregnancy. Talk to your healthcare provider.

Many people find it helps to talk with others who’ve also been through a miscarriage. You may want to look for a support group in your area. For more information, call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).

You may want to ask your healthcare provider about getting pregnant again. Most healthcare providers suggest that you wait until you’ve had at least one normal period before you try to conceive. Ask your healthcare provider about birth control options if you are not planning another pregnancy right away.
Planning Ahead

The first trimester is a good time to start planning ahead for labour, birth and beyond. You may be thinking about how you plan to feed your baby, who will help you during your labour, what parenting will be like and how to tell your other children (if you have any) about the new baby.

**Thinking about feeding your baby**

One of the most important decisions you’ll make is how you will feed your baby. Breastfeeding is healthy for both mom and baby for many reasons.

Breastmilk is:

- a complete food. Breastmilk is the only food your baby needs for the first 6 months. A vitamin D supplement is also needed.
- protective. Breastfeeding benefits your baby’s short- and long-term health. Breastmilk has antibodies to fight infections. It also helps to protect against SIDS.
- easy for your baby to digest. Breastmilk will protect the lining of your baby’s intestine against infection and damage while the intestine is developing.
- convenient and flexible. Breastmilk is available in the right amounts, at the right temperature, whenever your baby is hungry. You can breastfeed anytime and anywhere.

Breastfeeding:

- helps your baby develop healthy eating patterns. Breastfed babies take only the amount of milk they need, which helps them develop healthy eating patterns and may also protect against obesity later in life.
- is good for moms. Breastfeeding lowers your risk of breast and ovarian cancer and may help you lose pregnancy weight.
- is economical and good for the environment. You don’t need supplies. You don’t need soap and water to wash bottles and nipples.
- is a learned skill. There are lots of supports to help you before and after you have had your baby.
People believe many things about infant formula; however, breastfeeding is healthier than formula for both babies and moms.

- Infant formula is not the same as breastmilk.
  - Only breastmilk has antibodies and other protective factors that help keep your baby healthy.
  - Research shows that over their lifetime, babies who are breastfed have lower rates of SIDS and diarrhea, lung infections, ear infections and stomach/bowel infections. Breastfeeding may also help prevent obesity later in your child’s life.

- Giving infant formula is not easier than breastfeeding.
  - It might seem easier at first, but once mom and baby are used to breastfeeding, it is much faster and easier than washing and sterilizing bottles, mixing formula, storing it at the correct temperature and transporting it. Following the formula mixing instructions exactly is very important. Mixing formula incorrectly may cause serious health problems for your baby.
  - Feeding with infant formula may allow others to help feed your baby. However, bathing, changing diapers, cuddling and playing with baby are other helpful ways to give moms a break.

- Giving infant formula to a breastfed baby at night does not help a baby sleep better.
  - Because formula is harder to digest than breastmilk, babies fed formula may go longer between feedings. However, this doesn’t always mean longer stretches of sleep. Many factors affect how long a baby sleeps at a time; hunger is only one of them. A baby’s stage of development and temperament are often just as important in deciding how long he will sleep.

If you have had breast surgery, have concerns about your breasts or have had trouble breastfeeding before, or if you have certain medical conditions (e.g., thyroid problems, diabetes), support and information are available from your healthcare provider.

Hold your baby close when feeding. It helps you and your baby feel close to each other and builds attachment.

Whether you decide to breastfeed or formula feed your baby, information and support is available from Alberta Health Services. Talk to your healthcare provider, public health nurse or call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).
• Feeding your baby infant formula is not easier than breastfeeding when you return to work.
  ◦ Moms can breastfeed their baby before and after work. You may find this to be a good way to connect with your baby. You can pump breastmilk for someone else to give to your baby while you’re at work. As your baby gets older, feeds will become shorter and happen less often.

Thinking about labour support

Your labour support person can be someone who you trust, knows you well, will go to prenatal classes with you and will comfort and support you during labour. You will benefit from having someone there to help and support you.

Often your partner is the one who takes on this role. But you can choose anyone you trust, such as a friend, parent, sibling, aunt, cousin or grandparent.

Some women ask more than one person to be with them during labour. This works well if your partner feels more comfortable sharing the job with someone else. Ask your healthcare provider and birth centre if you can have more than one labour support person.

If you don’t have a labour partner, talk to your healthcare provider and childbirth educator about labour support.

Emotional health

You are getting used to the many changes that you will go through during your pregnancy and once your baby is born. For some expecting moms and dads these physical, social and emotional changes may lead to mental health concerns. While some people may be at higher risk, concerns with mental health can happen to anyone—just like any physical health conditions (e.g., diabetes) or complications of pregnancy (e.g., high blood pressure).
If you or your partner have had mental health concerns in the past (e.g., depression or anxiety), be sure to talk about it with your healthcare provider even if you feel okay right now.

Tell your healthcare provider if you notice any of the symptoms below:

<table>
<thead>
<tr>
<th>Depressive symptoms</th>
<th>Anxiety symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling sad</td>
<td>Fear that interrupts your thoughts and interferes with daily tasks</td>
</tr>
<tr>
<td>Negative thinking</td>
<td>Worries that keep coming into your mind and are hard to stop or control</td>
</tr>
<tr>
<td>Feeling like you aren’t good enough, like a failure, guilty, ashamed, worthless,</td>
<td>Always feeling irritable, restless or on edge, but you’re not sure why</td>
</tr>
<tr>
<td>helpless or empty</td>
<td></td>
</tr>
<tr>
<td>Not feeling pleasure</td>
<td>Not being able to rest or sleep</td>
</tr>
<tr>
<td>Often feeling close to tears, or crying for no reason</td>
<td>Finding it hard to relax and/or taking a long time to fall asleep</td>
</tr>
<tr>
<td>Feeling angry, agitated, irritable or resentful</td>
<td>Always worrying or being scared about your baby’s health during the pregnancy</td>
</tr>
<tr>
<td>Frequent mood changes (swings)</td>
<td>Overwhelming fear that there will be major problems during your baby’s birth</td>
</tr>
<tr>
<td>Fearing for the baby and/or fear of the baby</td>
<td>Having to do things over and over (e.g., checking that the house is locked)</td>
</tr>
<tr>
<td>Being scared of being alone or going out</td>
<td>Panic attacks—episodes of extreme fear and panic that are overwhelming and feel</td>
</tr>
<tr>
<td>Not enjoying or not being interested in usual activities</td>
<td>difficult to bring under control; symptoms include:</td>
</tr>
<tr>
<td>Trouble concentrating</td>
<td>heart palpitations, shortness of breath, tense muscles, tightness in the chest,</td>
</tr>
<tr>
<td>Feeling exhausted/tired, having trouble sleeping or sleeping too much, having</td>
<td>hot or cold flashes, sweating, nausea and dizziness</td>
</tr>
<tr>
<td>nightmares</td>
<td></td>
</tr>
<tr>
<td>Changes in appetite (not eating or eating too much)</td>
<td></td>
</tr>
<tr>
<td>Not feeling like doing anything (unmotivated)</td>
<td></td>
</tr>
<tr>
<td>Having trouble coping with regular day-to-day activities</td>
<td></td>
</tr>
<tr>
<td>Withdrawing from social contact, family and friends</td>
<td></td>
</tr>
<tr>
<td>Not looking after yourself properly</td>
<td></td>
</tr>
<tr>
<td>Having thoughts about harming yourself, killing yourself or wanting to escape/get</td>
<td></td>
</tr>
<tr>
<td>away from everything</td>
<td></td>
</tr>
</tbody>
</table>

*Note: People often have symptoms of depression and anxiety at the same time.*
Your emotional health is as important as your physical health. Here are some tips to help you along the way.

• Don’t expect too much of yourself. Take time every day to rest and relax. Nap if you need to.
• Eat regularly and make sure you drink plenty of water. A walk outside and some fresh air can help you feel refreshed.
• Don’t be afraid to ask questions or talk about any concerns with your healthcare provider.
• Talk to other expectant parents. They’re probably feeling a lot of the same things you are. Getting to know them now will help extend your support system once your baby is born. There are also online groups to connect you with other expecting parents.

Becoming a parent

“You’re going to have a baby!” Everyone reacts differently when they hear these words. Some people are completely surprised. Some are very excited about the news and look forward to having a baby. Many don’t feel ready to become parents, even if they’re excited about the baby. This is a big change in your lives. Having a baby is a big step.

For many people their baby doesn’t feel real to them until he’s born. There are ways that you can start to connect with your baby right from the start. Here are some suggestions for both parents:

• plan how and when you will share the pregnancy news with friends and family
• read books about pregnancy and parenting
• think about the kind of parent you want to be
• talk about parenting with your partner
• plan to go to prenatal classes
• have a physical check-up so you can be a healthy active parent
• talk to each other about how you are feeling and how these feelings are changing over time
**Telling your other children about the baby**

If you have other children, you can help them get ready to welcome their new sister or brother. What and when you tell them depends on how old they are. If you haven’t been feeling well in the first trimester, you may want to tell your older children you’re pregnant right away so they don’t worry that you’re sick. If your children are younger, you may want to wait until at least the second trimester, when miscarriage is less likely and your pregnancy is beginning to show.

Even though your children may not notice your growing abdomen, other people will. Your children will pick up on any talk about babies going on around them.

Every child reacts differently to news that a new baby is coming. Some may be hurt or worried that you will no longer have time for them, although they might not be able to tell you that. Look for changes in your child’s behaviour (e.g., wanting to be carried, talking like a baby again or suddenly having toileting accidents). Other children will be very excited and can’t wait for the baby to come. All of these feelings are normal. Telling your children after the first trimester will give them time to get used to the idea.

Once you’ve told your children, look for ways to make them feel included. All children need to feel that they’re needed and that they’re part of the family.

Here are some ideas to make it easier to talk about a new baby arriving in the family.

- Find out what your children know about pregnancy, birth and babies. Use the correct words and keep the language simple and appropriate for their age.
- Talk about what happened when your other children were born. Look at baby books and photo albums together. Tell your children what you did to look after them as babies.
- Read picture books about pregnancy, birth and babies to your children.
- If possible, introduce your children to other babies. Watch new babies together and talk about what things babies can and can’t do.

**Twins, triplets and more**

If you’re expecting twins, triplets or more (this is also called a multi-fetal pregnancy), regular care will help avoid problems. Your healthcare provider will talk to you about a healthy weight gain target and the nutrition that you and your babies need. You may have more ultrasounds so that their growth can be watched more closely. You may also be referred to an obstetrician.
Expecting more than one baby can be exciting but can bring challenges. You may be worried about the cost of supporting more than one child, deciding who will look after the babies after birth, where to find support and more. To find resources in your area:

- ask your healthcare provider or community/public health centre
- call 211
- visit https://myhealth.alberta.ca

**My notes**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Second Trimester
The Middle
Second Trimester: The Middle

The start of your 13th week marks the beginning of the second trimester of your pregnancy. You may have a baby bump now. One of the most exciting changes in the second trimester is that you’ll start to feel your baby move. You may find the discomforts of early pregnancy lessen and your energy returns. You may also feel new aches and pains: the good news is that we will suggest ways to cope with these.
Growing Together

The second trimester runs from 13–26 weeks. This chart shows the changes you and your baby will go through during this time. For more information about tips to help you deal with the uncomfortable symptoms you may develop, see pages 97–99.

<table>
<thead>
<tr>
<th>Changes in mom</th>
<th>Changes in baby</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>13 to 18 weeks</strong></td>
<td><strong>19 to 22 weeks</strong></td>
</tr>
<tr>
<td>• Your uterus is now the size of a large grapefruit.</td>
<td>• Your baby will grow up to 18 cm (7 inches) during these 4 weeks. By the end of 22 weeks she’s about 25 cm (10 inches) long (about the distance from your elbow to your wrist).</td>
</tr>
<tr>
<td>• You may start to feel better and less tired.</td>
<td>• Your baby weighs about 250 g (8–9 oz).</td>
</tr>
<tr>
<td>• Your morning sickness often goes away or begins to go away.</td>
<td>• Your baby is covered with a protective cream (vernix) that helps conserve heat and moisturize her skin. It will also help her pass through your birth canal.</td>
</tr>
<tr>
<td>• Your breasts may be less tender.</td>
<td>• Your baby kicks, twists and turns. She may be most active when you’re sitting still.</td>
</tr>
<tr>
<td>• You might have a dark line down the centre of your abdomen (linea nigra). This usually starts to fade after your baby is born.</td>
<td>• Your baby can grasp and suck.</td>
</tr>
<tr>
<td>• Your nipples may be darker.</td>
<td>• Your baby’s body is covered with lanugo.</td>
</tr>
<tr>
<td>• You may notice darker skin around your eyes and nose. This will also fade after birth.</td>
<td>• Your baby’s hair and eyebrows begin to grow.</td>
</tr>
<tr>
<td>• Your breasts may be getting bigger.</td>
<td>• Your baby’s fingernails and toenails have developed.</td>
</tr>
<tr>
<td>• You may notice cramps in your legs.</td>
<td>• Your baby’s taste buds and inner ears have formed (she can hear you too).</td>
</tr>
<tr>
<td>• You may have constipation.</td>
<td>• Your baby can roll over within the uterus.</td>
</tr>
</tbody>
</table>

**lanugo:** fine, downy hair

**colostrum:** the first milk your breasts begin to make while you’re pregnant. This milk is yellow and it will feed your new baby and give protection from infection early on.
### Changes in mom

<table>
<thead>
<tr>
<th>19 to 22 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>• You may have a backache.</td>
</tr>
<tr>
<td>• You may feel slight pain or a dull ache in your lower abdomen or groin when you move suddenly or sneeze.</td>
</tr>
<tr>
<td>• The top of your uterus is about as high as your belly button.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>23 to 26 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>• You will probably show (look pregnant), if you aren’t already.</td>
</tr>
<tr>
<td>• You might get stretch marks.</td>
</tr>
<tr>
<td>• Your abdomen may itch.</td>
</tr>
<tr>
<td>• Your veins may swell (varicose veins).</td>
</tr>
<tr>
<td>• Your uterus may tighten or contract sometimes (Braxton-Hicks contractions).</td>
</tr>
<tr>
<td>• You may have cramps in your feet and legs.</td>
</tr>
<tr>
<td>• Your gums may look redder than usual, may be swollen and may bleed easily.</td>
</tr>
<tr>
<td>• Your breasts may get bigger.</td>
</tr>
<tr>
<td>• You’ve probably gained about half of the weight you’ll gain in this pregnancy.</td>
</tr>
</tbody>
</table>

### Changes in baby

<table>
<thead>
<tr>
<th>19 to 22 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Brain cells are continuing to develop more connections with each other.</td>
</tr>
<tr>
<td>• By 20 weeks, your baby’s brain and nervous system is developed enough to react to sound and light.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>23 to 26 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Your baby is now about 32 cm (13 inches) long (roughly the distance from your elbow to your fingertips).</td>
</tr>
<tr>
<td>• Your baby weighs around 1 kg (2 lbs.), or as much as a small melon.</td>
</tr>
<tr>
<td>• Your baby moves around. You can feel when she’s high up in your abdomen or low down in your pelvis.</td>
</tr>
<tr>
<td>• Your baby has finger and toe prints.</td>
</tr>
<tr>
<td>• Your baby will develop a pattern of sleep and activity.</td>
</tr>
<tr>
<td>• Your baby can hiccup.</td>
</tr>
<tr>
<td>• Your baby’s lungs aren’t yet fully developed.</td>
</tr>
<tr>
<td>• Your baby’s eyelids can open and close.</td>
</tr>
<tr>
<td>• Your baby is growing, but looks skinny.</td>
</tr>
<tr>
<td>• Your baby’s brain stem (which controls heart rate, breathing, blood pressure and other vital functions) is now developed.</td>
</tr>
</tbody>
</table>

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**Well, hello there**

Did you know your baby can already hear and that she knows the sound of your voice? Talk to your baby every day! Tell her how excited you are to meet her. Tell her what names you’re thinking about, and what you’re learning as you read this book.
Other changes

You can feel your baby move

During the second trimester, you’ll begin to feel your baby move. The first time you feel your baby’s movements is called quickening. Some women say it feels like tiny bubbles or butterflies moving inside them. If this is your first baby, you may begin to feel these movements between 18 and 20 weeks. If this isn’t your first baby, you may feel the movements earlier, around 16 weeks.

Your uterus tightens and releases

Near the end of your second trimester, you may feel the muscles in your uterus getting tight or hard, and then releasing slowly. You may even be able to see your uterus getting hard. These are called Braxton-Hicks contractions (named for the doctor who first noticed them) and they are normal.

Braxton-Hicks contractions aren’t labour contractions. These contractions help your uterus get ready for labour and birth. Braxton-Hicks contractions aren’t regular and they usually don’t hurt. They can happen anytime and anywhere, lasting from a few seconds up to 2 minutes. You’ll likely have them more often in the last few weeks of pregnancy, right up to the start of labour.
Your baby’s development

A baby’s brain development is pretty amazing, and pregnancy triggers impressive brain development in parents too. As human beings, we naturally care for other people. This part of an expectant parent’s brain is becoming even more highly developed. When you talk, sing and connect with your baby during pregnancy, you are building your baby’s brain and your own brain as well.

Healthy Body and Mind

As your pregnancy continues, keep taking care of yourself, physically and emotionally. Both you and your baby will benefit. Partners also play an important role in a healthy pregnancy. Here are some ways to nurture your body and mind.

Eating and weight gain

Continue to eat healthy food. You need to eat more food than during the first trimester. During the second trimester, you’ll need about 350 extra calories a day. Choose an extra 2–3 Food Guide servings each day.

Physical activity

If you weren’t active before you became pregnant, be sure to talk to your healthcare provider about your physical activity. The second trimester may be the best time to become more physically active because the discomforts of early pregnancy, such as nausea and vomiting, have usually passed. Being active during pregnancy can improve the way you feel.

One thing to keep in mind: After 16 weeks of pregnancy, avoid lying on your back while exercising. This may cause you to feel light-headed and can decrease the blood flow to your baby.

Physical activity can improve:

- fitness level, strength and flexibility
- circulation and digestion
- sleep
- how you feel about yourself and your self-confidence
- friendships and social networks
- overall mood and energy levels

Physical Activities

All pregnancies are different. Listen to your body as it changes from one month to the next. Do what feels comfortable for you.
Other ways you can care for yourself

As the partner of a pregnant woman, you can help by taking care of yourself too. We encourage you to:
- eat well, and get plenty of sleep and physical activity
- find support from family, friends and others in the community

If alcohol, tobacco or street drugs are part of your life together, both of you can encourage each other to cut down and quit. It’s never too late. If you’re having trouble cutting down or quitting, smoke outside and away from your partner.

You can learn along with your partner by offering to go with her to prenatal check-ups. She’ll visit her healthcare provider about once every 4 weeks during the second trimester.

She may have an ultrasound to make sure both she and baby are doing well. This is a great time to meet your new baby. In this prenatal test, sound waves are used to take a picture of the baby. This picture shows up on a computer screen. The ultrasound shows how the baby is growing and developing. For more information, see page 100–101.

Feeling uncomfortable? Here’s what you can do

In the second trimester, you and your baby continue to grow and change in ways that you may find both delightful and bothersome. To help you stay as comfortable as possible, we’ve put together a list of common changes, as well as suggestions for what to do about them.

<table>
<thead>
<tr>
<th>What you might feel, and why</th>
<th>What you can do about it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin conditions</td>
<td></td>
</tr>
</tbody>
</table>

**Why?** Your pregnancy causes many changes in your skin, including acne, darker skin in some areas of your face and body, and for some women, stretch marks (red streaks or marks on your abdomen, thighs or breasts).
- New rashes (red, sometimes itchy bumps or blisters) can develop.
- Some rashes may be due to hormonal changes. Allergies and viruses can also cause rashes.
- Stretch marks will fade to white lines after birth. Oils and creams won’t prevent stretch marks, but many women like to use these products on their skin anyway.
- If you develop a new skin condition during your pregnancy, ask your healthcare provider about possible causes and treatment.
### Healthy posture

- **Chin** level (not tucked or raised)
- **Shoulders** relaxed, down and back
- **Abdominal muscles** firm, working to straighten spine
- **Back** has a slight ‘S’ curve, with a slightly curved lower back
- **Buttocks** tucked in
- **Knees** relaxed
- **Feet** supporting weight evenly, side to side and front to back

<table>
<thead>
<tr>
<th>What you might feel, and why</th>
<th>What you can do about it</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Backache</strong></td>
<td></td>
</tr>
</tbody>
</table>
| **Why?** Your posture and centre of gravity change as your baby grows. This puts more stress on your spine and the ligaments and muscles of your back and thighs.  
  - The hormones of pregnancy soften the ligaments and cartilage in your pelvis and back as a way to get ready for birth.  
  - As your baby grows, the abdominal organs are pushed upwards.  
  - As your breasts become bigger and heavier, you may find you slouch more. | • Wear comfortable, low-heeled shoes.  
• Use good posture.  
• Try a warm water bottle or ice pack.  
• Ask your partner to give you a backrub.  
• If the pain doesn't get better or go away, talk to your healthcare provider or a physiotherapist with experience in women's health.  
• Wear a bra that fits well. |
| **Groin pain**              |                          |
| **Why?** Your ligaments can stretch with sudden movements like sneezing, coughing and standing up or turning over. | • Try not to make any sudden movements.  
• Support your abdomen with your arms when you sneeze or cough. |
| **Leg cramps**              |                          |
| **Why?** There can be more pressure on the nerves in your abdomen as your baby grows.  
  - Standing all day can put extra strain on your legs. | • Avoid standing for long periods.  
• Try not to point your toes.  
• Try to rest. Put your feet up several times during the day.  
• Do calf-stretching exercises.  
• To relieve spasms, gently push your foot against a firm surface, or have your partner or someone else gently push against your foot. |
### Increased Vaginal Discharge

**Why?** Changes in your hormone levels.
- This is normal as long as the discharge is white or clear and doesn't smell.

**What you might feel, and why**
- If your vaginal discharge is watery or looks like cottage cheese, or if it is bloody, smells bad, itches or burns, contact your healthcare provider.

**What you can do about it**
- Wear cotton underwear.
- Use non-scented panty liners.
- Avoid douching (using water under pressure to clean your vagina).

### Varicose Veins

**Why?** The flow of blood slows down because of your extra weight and extra blood. This causes your veins to swell.
- Varicose veins look like dark blue cords running along your legs.
- Varicose veins tend to run in families. If a family member had them, you might too.

**What you might feel, and why**
- Tell your healthcare provider right away if you have redness, swelling or warmth in one or both of your legs. These may be signs of phlebitis, an inflammation of the vein.

**What you can do about it**
- Wear support stockings.
- Avoid standing or sitting in one position for too long.
- Try not to cross your legs or feet.
- Put your feet up several times a day.
- Avoid wearing knee-high stockings, as they may cause the blood in your lower legs to pool.
Prenatal Care and Tests

Prenatal care

You’ll likely visit your healthcare provider once every 4 weeks during your second trimester. Check-ups are a good time to ask about nutrition, physical activity, feeding your baby and any other questions you may have.

During the second trimester, your healthcare provider will usually:

• check your weight, blood pressure, urine, hands and feet for swelling, and measure your **fundal height**
• listen to your baby’s heartbeat
• talk to you about your baby’s movements
• offer you an ultrasound to check your baby’s growth and development
• order other routine tests

Your healthcare provider will want to do some routine tests and may recommend prenatal screening tests (genetic testing) to check the health of you and your baby. Your healthcare provider will talk to you and your partner about these tests and answer your questions.

Ultrasound

This is a detailed scan where each part of your baby’s body is checked. It is recommended that all women be offered an ultrasound between 18 and 20 weeks. An ultrasound checks:

• the number of babies
• whether the baby’s size is right for her age
• how many weeks pregnant you are (if you aren’t sure when your last menstrual period was)
• your baby’s heart rate
• your baby’s movements
• how your baby’s internal organs and arms and legs are growing
• the amount of amniotic fluid surrounding your baby
• where the placenta is located

**fundal height**: a measurement taken from the top of a pregnant woman’s pubic bone (symphysis pubis) to the fundus (top of her uterus)
You will be given instructions to prepare for the test (e.g., drink water so your bladder is full—this will help raise the uterus closer to the surface of the abdomen).

You will be asked to lie on a bed in a dimly lit room. Gel will be spread over your abdomen. An ultrasound technician will move a small handheld device over your abdomen. An ultrasound takes about 20–45 minutes. Your healthcare provider will review the results with you at a later date. A normal ultrasound result doesn’t guarantee you will have a healthy baby. At the same time, an ultrasound will rarely suggest a problem where there isn’t one. Ultrasounds are felt to be safe for both mom and baby. Sometimes you may need to go back for another ultrasound if the technician is unable to see everything they needed to. More ultrasounds may also be recommended for medical reasons.

**Diabetic testing or glucose tolerance test**

About 3–10% of pregnant women develop gestational diabetes, which is a problem with how a pregnant woman’s body uses sugar (glucose). A blood test will be done between 24 and 28 weeks to screen for this condition. A blood sample is taken an hour after you drink a sweet liquid to measure the amount of sugar in your blood. Some women who have risk factors for gestational diabetes may be checked again later in pregnancy.

**Dental care**

If you need dental treatment, your dentist may prefer to provide treatment in the second trimester. You may want to talk with your healthcare provider about the risks and benefits of the treatment. Continue to brush twice a day with a fluoride toothpaste and floss daily.

**If pregnancy doesn’t go as expected**

**Gestational diabetes**

The hormones that are made only during pregnancy change the way your body uses sugar. This change helps your baby grow. However, in some women these hormones are out of balance, causing high levels of sugar in the blood. When this happens during pregnancy, it’s called gestational diabetes.

Gestational diabetes can cause a baby to grow larger and more quickly, as well as cause possible birth complications due to delivering a baby that’s larger than normal. Your baby may also have low blood sugar at birth. This is why your healthcare provider checks the level of glucose in your urine. Gestational diabetes can usually be managed with changes in diet and physical activity level. You may also need to take medicine. It is important to maintain healthy gums because gum disease can make diabetes harder to manage. Your healthcare provider will help you manage your gestational diabetes.
High blood pressure

High blood pressure during pregnancy can cause serious problems. Your healthcare provider may check your blood pressure and urine at every prenatal visit.

Miscarriage

Miscarriages can still happen in the second trimester when you are less than 20 weeks pregnant, although they are much less common than in the first trimester. For more information, see pages 82–83.

Preterm labour

Preterm (premature) labour is labour that starts between 20 and 37 weeks of pregnancy. About 6–10% of babies are born preterm. Preterm babies need extra care because they’re born before their bodies are ready for life outside the uterus. If you go into preterm labour, your healthcare provider may try to stop the labour. This is to give the baby a chance to develop more before birth.

Usually, the earlier a baby is born, the greater the chance that there will be problems. Premature babies are more likely to have breathing, vision and feeding concerns. They also get infections more easily, which is why it’s better for babies to be born at term. Preterm labour can happen in any pregnancy. Half of all preterm births happen to women with no known risk factors.

To reduce your risk for preterm labour:

• start your prenatal care early. Go to all of your appointments.
• stop using tobacco, drugs and alcohol (see pages 53–57).
• see your healthcare provider if you have pain or it burns when you pass urine, or if you have pain in one side of your back. You may have an infection.
• eat well (at least every 2–4 hours), be active and get lots of rest.
• practice safer sex to reduce your chance of getting an STI. Use condoms if you are not in a monogamous relationship. An STI increases your risk of preterm labour.
• prevent injuries. Wear a seatbelt when in a vehicle. Get help for family violence. Report injuries to your healthcare provider.
• reduce your stress levels.

monogamous: a sexual relationship with one partner

If you notice any of the following symptoms, call your healthcare provider right away:

• sudden weight gain
• sudden swelling of the hands and face
• headaches that won’t go away
• problems with your vision
• very bad pain under your rib cage
• nausea or vomiting
Some jobs may put you at greater risk. You may be at more risk of preterm labour if your job involves standing for longer than 3 hours at a time, shift work, heavy or repeated lifting and working longer than 35–40 hours per week. Talk with your healthcare provider to make sure that you’re working safely.

It’s important to know the signs of preterm labour and to trust your instincts. If you think something’s wrong, call your healthcare provider or go to the hospital. It can make a big difference to your baby’s health. Getting medical care may reduce the chance of preterm birth. In the hospital, your contractions will be monitored and your baby will be assessed. Your treatment may include bed rest, more fluids and medicine to help your baby’s lungs mature. Medicine may also be given to try to stop your labour. If the contractions stop, you may be sent home.

**If your baby is born preterm**

If the contractions don’t stop, your baby will be born. Your baby may be cared for in a neonatal intensive care unit.

Having a premature baby can cause a lot of different emotions. Your baby may need to be kept in an incubator to stay warm. Tubes for feeding and monitors may also be needed. If more medical treatment is needed, your baby may be moved to a more specialized care unit—and maybe even to another hospital—depending on where you live.

The birth centre’s healthcare providers will give you the information and support you need. They will encourage you to supply breastmilk for your baby because this is the best food for preterm babies. They will also help you breastfeed and teach you how to express your breastmilk. They will suggest you touch and talk to your baby, and will help you and your baby cuddle together **skin-to-skin** when she’s ready to. Being skin-to-skin with your baby helps to keep your baby warm and will assist with breastfeeding.

If your baby is in a nursery for specialized care, the staff will want you to take part in your baby’s care. It’s important to ask questions and share your concerns with the staff.

**Signs of preterm labour include:**
- contractions (these may or may not hurt)
- abdominal cramps (may feel like menstrual cramps or gas pains), with or without diarrhea
- changes in lower back pain
- bleeding or spotting (lighter bleeding) from the vagina
- full or heavy feeling in the vagina
- fluid gushing or leaking from the vagina
- change or increase in vaginal discharge
- pressure in the pelvis or lower abdomen

Don’t ignore any signs of preterm labour. If you think you’re in preterm labour, call your healthcare provider first. If you can’t reach your healthcare provider, go to the hospital.

skin-to-skin: cuddling baby chest-to-chest, with baby wearing only a diaper and baby’s back covered with a blanket
Planning Ahead

The second trimester is a good time to start preparing your home and yourself for your baby’s arrival. That’s because pregnant women often have more energy now than they did in the first trimester. You may want to sign up for prenatal classes (if you haven’t started them already), write down what you hope for your baby’s birth (birth wishes), think about what kind of parents you want to be and start gathering baby’s supplies.

Your body is preparing for breastfeeding

As you begin to get ready to feed your baby, you may or may not notice small amounts of milk coming from your nipples. This is colostrum, which is the milk your breasts produce for your baby’s first feedings. Your breasts may leak milk at the end of the second trimester.

Sign up for prenatal classes

Prenatal classes can increase your confidence, which may make labour and birth easier. You’ll have a better idea what to expect.

At prenatal classes, parents-to-be will learn:

• what happens to the mom’s body and the baby during labour and birth
• techniques to make the birth of your baby easier
• coping and comfort strategies that may help during labour and birth
• options during labour and birth
• how a support person can help during labour and birth, and after your baby is born
• how to breastfeed and look after your newborn baby

Your birth centre or community/public health centre may offer prenatal classes and breastfeeding classes. You may find that going to a breastfeeding support group (such as La Leche League) when you are pregnant may be helpful and can build your confidence.

Prenatal Classes

Remember to book your prenatal class now! Classes fill up fast. Plan to take your support person with you.
Call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465) for more information about online and in-person classes. There may also be classes for special groups, such as: teens, parents having more than one baby and parents who speak English as a second language.

Newborn blood spot screening

When your baby is between 24 and 72 hours old, newborn blood spot screening helps your healthcare provider find conditions that can be treated early to prevent health problems, improve your baby’s health and maybe even save your baby’s life. If your baby is not treated early, she may have problems growing, have brain damage or even die. For more information about screening that is done after your baby is born, see pages 184-185.

Write down your birth wishes

It’s a good idea for expectant parents to think ahead about the kind of birth experience they want. This will help parents work with the birth team.

Think about the things you want, and don’t want, to be a part of your baby’s birth and first few hours. You may want to write down your wishes for your baby’s birth and how she will be cared for afterwards. Your wish list helps you communicate with your healthcare provider and your birth centre. If you don’t want to write your birth wishes down, you can speak to the birth centre staff when you’re admitted instead.

Make sure that your wishes are things that your healthcare provider is able to do. They will also have to fit in with birth centre policy. When you go to the birth centre, take your birth wishes with you. Show them to the nurses so you can talk about them together. Remember: you’re asking your healthcare providers to consider your birth wishes if they can. In an emergency, your healthcare providers have to do what’s best for you and your baby.

La Leche League is a support group for breastfeeding families. They can give advice and support over the phone or you can go to their meetings. Visit their website at www.lllc.ca/find-group-alberta

Let your wishes be known

Write out your birth wishes and talk about them with your labour partner and healthcare provider before you go into labour.

Remember to take your list of birth wishes with you to the hospital.
Keep in mind that every birth is different and the birth of your baby may not turn out exactly as you’d hoped. It’s important to be flexible in case things change. Sometimes plans change for medical reasons—remember that the goal is a safe birth for both mom and baby. Any changes in plans will be discussed with you as they happen.

Information from prenatal classes and the 'Labour and Birth' chapter in this book will also help you decide your birth wishes.

**Things to think about for your birth wishes:**

- Who will be your labour partner? _______________________________

- Who else do you want to have with you during labour or as a back-up?
  _______________________________

- What positions would you like to try during labour? (It helps to have a few positions in mind). _______________________________

- In what position would you like to give birth? _______________________________

- What are your thoughts on handling labour pain? What’s your first choice on handling labour pain? _______________________________

- What’s your second choice? _______________________________

- Will you be breastfeeding? _______________________________

- Who do you want to cut the umbilical cord? _______________________________

- What traditions from your community, if any, would you like to follow?
  _______________________________

- Would you, your baby and your labour partner like a few minutes alone right after the birth if possible? _______________________________

- If you are the non-pregnant parent, what is your role? Will you be a labour partner? _______________________________
Storing your baby’s cord blood

Some parents choose to store blood from their baby’s umbilical cord. The cord is full of special cells called stem cells. These cells have an important role in helping your immune system fight disease. Stem cells can also help children who have weak immune systems due to treatments for cancer or other health conditions.

Parents can choose to either donate cord blood to the public cord blood bank (visit www.blood.ca/en/cordblood for more information) or use a private company that banks blood. Speak to your healthcare provider at the beginning of your second trimester if you want to donate cord blood or use a private company to store it for you. Birth centres don’t routinely collect cord blood.

Circumcision

Circumcision is an operation that removes the skin covering the head of a male baby’s penis. Parents may decide to circumcise their sons 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. Your baby must be stable and healthy to be circumcised. It may be done in your healthcare provider’s office or in your birth centre. There is a cost involved. If you’re thinking about having your son circumcised, your healthcare provider can give you more information, or visit https://myhealth.alberta.ca/health/pages/conditions.aspx?Hwid=hw142449

Immunization

Whooping cough, tetanus, polio, measles and diphtheria—a few short decades ago, these diseases caused fear and concern. Thanks to immunization programs, these and other diseases are now rare in North America and many other countries around the world.

The United Nations (UN) estimates that immunization has saved more than 20 million lives worldwide in the past 2 decades. The spread of new infectious diseases means it is important to continue immunization programs.
Immunizations are important because:

- **they protect whole communities.** The more children in a community who are fully immunized, the safer everyone is. When adults keep their vaccines up-to-date they also protect children.

- **diseases can reappear when immunization rates drop.**

- **they are effective.** Other than providing safe drinking water, no other health intervention works as well as immunization for reducing disease and death rates.

In Alberta, routine childhood immunizations are provided at no cost. To make sure your child has protection have your child immunized on the recommended schedule. Some vaccines provide protection for life; others need to be boosted after a certain period. If your child has not been immunized or has fallen behind on the schedule, it is never too late to catch up. Talk to your public health nurse.

For more information about vaccines and the diseases they prevent, ask your public health nurse, call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465), visit [www.immunizealberta.ca](http://www.immunizealberta.ca) or see our second book, *Healthy Parents, Healthy Children: The Early Years*.

### Buying baby supplies for home

This section will help you choose the supplies you’ll need for your baby’s first few weeks. You don’t need to buy a lot to keep her safe and comfortable. We suggest you buy only a few items at first, then add to your collection as needed.

#### Before you start

- Can you borrow any supplies from friends or relatives?

- Do you know anyone who recently had a baby? Would they give, lend or sell you clothes that are too small for their baby? Babies grow out of clothes very quickly.

- Second-hand items may be a good idea, although you need to be careful as older equipment (e.g., cribs, child safety seats), may not meet today’s safety standards. For safety information on second-hand supplies, visit [www.canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/consumer-education/information-shoppers-second-hand-products.html](http://www.canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/consumer-education/information-shoppers-second-hand-products.html) Baby walkers have been banned in Canada. Don’t buy them at garage sales or anywhere else. For more information visit [www.canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/consumer-education/your-child-safe/is-your-child-safe.html#a42](http://www.canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/consumer-education/your-child-safe/is-your-child-safe.html#a42)

- You’ll need a child safety seat to bring your baby home. For tips on buying a child safety seat or booster seat, visit [https://myhealth.alberta.ca/Alberta/Pages/tips-for-buying-a-child-safety-seat-or-booster-seat.aspx](https://myhealth.alberta.ca/Alberta/Pages/tips-for-buying-a-child-safety-seat-or-booster-seat.aspx) For more information, visit [https://www.albertahealthservices.ca/injprev/Page4842.aspx](https://www.albertahealthservices.ca/injprev/Page4842.aspx)

- Watch for sales. Baby items go on sale at least once a season. Think about the seasons when your baby will be 3 months, 6 months, etc. when buying clothes.
Clothing and diapers

- Buy clothes that you can machine wash and dry.
- Buy clothes that are easy to put on and take off. For example, front openings are better than back openings.
- Buy larger sizes. Your baby will outgrow newborn and small sizes right away.
- Don’t buy or use clothes with drawstrings or ties—these aren’t safe.
- Avoid buying clothes that are too big as they can ride up around the baby’s neck and are a choking hazard.
- Your newborn will use about 70 diapers a week. You can use either cloth or disposable—each has its pros and cons. Watch for sales. Stock up on larger sizes if you can afford to.

<table>
<thead>
<tr>
<th>How many of each item do you need?</th>
</tr>
</thead>
<tbody>
<tr>
<td>snap-front undershirts</td>
</tr>
<tr>
<td>sleepers</td>
</tr>
<tr>
<td>sweaters</td>
</tr>
<tr>
<td>bibs</td>
</tr>
<tr>
<td>toque or sunhat for outdoors</td>
</tr>
<tr>
<td>receiving blankets</td>
</tr>
<tr>
<td>baby blanket or sleep sack</td>
</tr>
<tr>
<td>booties or socks</td>
</tr>
<tr>
<td>one-piece snowsuit with legs for winter months (not a bunting bag), with room to grow</td>
</tr>
</tbody>
</table>

Cloth or disposable?

**Cloth diapers**

- come in many styles
- may be fastened with pins, Velcro™ or snaps
- may be bought or made
- may need to be covered with waterproof pants
- may be rented from a diaper service, if there is one in your area (diaper services will pick up the soiled diapers and return clean ones to your home)

**Disposable diapers**

- come in many styles
- are convenient
- cost more than cloth diapers
- may not be biodegradable
- don’t need waterproof pants
Crib and playpens

Your newborn can sleep in a crib, cradle or bassinet that meets government safety standards. If you’re using a cradle or bassinet, you need to move your baby to a crib once she can lift her head or has reached the weight limit. If you have a used crib, or are looking for a second-hand one, make sure it meets current safety standards and always follow manufacturer’s instructions.

- Don’t use a crib made before 1987. Not all cribs made after 1987 are safe to use either. For information on cribs and links to recalls, visit [https://www.canada.ca/en/health-canada/services/safe-sleep/cribs-cradles-bassinets.html](https://www.canada.ca/en/health-canada/services/safe-sleep/cribs-cradles-bassinets.html) Don’t buy cribs at garage sales or second-hand stores.

- The crib mattress must fit tightly against all 4 sides of the crib.
- The side of the crib needs to lock into place.
- The mattress needs to be firm and flat, not soft or sagging.
- The frame that supports the mattress must be bolted into place.
- Make sure the crib has no small parts that could come off and be swallowed by your baby.

For important information about safe infant sleep, visit [www.albertahealthservices.ca/info/Page14359.aspx](http://www.albertahealthservices.ca/info/Page14359.aspx) or see Healthy Parents, Healthy Children: The Early Years.

Choose bedding for the crib:

- 2–4 fitted crib sheets
- 3–4 lightweight, machine-washable blankets that can be tucked firmly under the mattress and reach to the level of the baby’s chest

Don’t use bumper pads, quilts, pillows or stuffed toys. These may strangle or suffocate your baby—they aren’t safe to use in a baby’s crib.

If you get a quilt as a gift, you can use it as a playtime mat on the floor or a wall hanging to decorate your baby’s room.

Playpens need to meet government safety standards. Check that a new or used playpen is safe by making sure:

- the playpen has sturdy, fine-mesh sides that can be fully raised and locked and has a firm mattress pad that fits snugly and without gaps between the mattress and the edge of the playpen
- the playpen is used according to the manufacturer’s instructions
• before you use the playpen, check with the manufacturer or Health Canada Consumer Product Safety for recalls  [www.healthycanadians.gc.ca/recall-alert-rappel-avis/index-eng.php](http://www.healthycanadians.gc.ca/recall-alert-rappel-avis/index-eng.php)

• the mesh sides have only very small holes in them

• there are no tears on the sides or top of the playpen, or on the mattress inside it

**Child safety seats**

If your baby will be travelling in a car, van or truck, she must be in a child safety seat. This is the only safe way for your baby to travel in a vehicle. It’s also the law. The first child safety seat you will need is a rear-facing seat. Rear-facing seats are for babies until they are at least 1 year old, 10 kg (22 lbs.) and walking. The rear-facing position is safest for your baby. Some child safety seats are designed for rear-facing use up to 18 kg (40 lbs.). You can buy this early and practice putting it in the car. You’ll need the child safety seat to bring your baby home from the birth centre.

The rear-facing child safety seat must:

• meet Canadian government safety standards

• be used according to the child safety seat manufacturers’ instructions and your vehicle owner’s manual

• be secured in the back seat of the vehicle with a seat belt or Universal Anchorage System (UAS)

If you have an older child safety seat, contact the seat’s manufacturer (by phone or website) to check for recalls or replace lost instructions. For information on child safety seat recalls, call Transport Canada at 1-800-333-0510 or visit [www.tc.gc.ca/roadsafety](http://www.tc.gc.ca/roadsafety) (enter keywords ‘child safety’ in the search box)
Other supplies you might find useful

- digital thermometer (not a rectal or an ear thermometer)
- plastic diaper pail with lid
- warm blanket
- cloth infant carrier or sling—for more information about how to use a sling or carrier see: www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/safe-securite-eng.php#a42
- stroller that meets current safety standards
- laundry hamper
- bathing and body care supplies
  - mild, unscented soap and shampoo
  - soft brush
  - towels and washcloths
  - unscented cream or lotion
  - baby scissors or nail clippers
  - plastic baby tub (optional)
- breastfeeding supplies
  - nursing bras (2–4)
  - cotton breast pads

Choosing a nursing bra

Many women wear a nursing bra while breastfeeding, as their breasts are larger and they may feel more comfortable with the extra support. Others prefer not to wear a bra at all. This is a personal choice, based on your comfort.

- Shop where you’ll get help with measurement and selection. It’s hard to properly fit yourself.
- Buy bras that are comfortable on the last or second-last hook. This allows for a smaller fit after birth, as your rib cage size returns to normal.
- The cup size should let you add breast pads without being too tight. A bra that’s too tight can decrease milk supply. It’s important that the seams don’t press into your breast. Pressure can lead to blocked ducts and mastitis. Don’t wear underwire bras.
- Different bras have different features. Bras that are 100% cotton will breathe better but may shrink. Bras with spandex may offer more stretch when breasts are full, but may not offer enough support for some women.
- Don’t buy your bra too early, as it may not fit you when you need it. Wait until a month or less before your baby’s due date.

**mastitis**: an inflammation or infection of the breast
Becoming a parent

How you parent your child is influenced by how you were raised. As parents-to-be, talk with each other about how you were raised and how you want to raise your child together. Things to think about:

- your hopes and dreams for your child
- what kind of relationship you want to have with your child
- your expectations of each other
- how you want to handle conflict with your child and each other
- child care options

You may be able to think of parenting strategies and traditions you want to continue with your own family, and others that you want to change. If there are things you want to do differently from the way you were raised, there are many parenting programs that can help all parents learn new skills. Ask your healthcare provider, call 211, or call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465) to find out about programs in your area.

Twins, triplets and more

If you’re expecting twins, triplets or more, you will often find out early in the second trimester. If your healthcare provider thinks you’re expecting more than one baby, an ultrasound will be ordered to find out for sure.

If you’re expecting more than one baby, your pregnancy can be both exciting and more challenging. Here are some things to keep in mind.

- Good prenatal care and good nutrition are important for all of you.
- You will need to gain more weight. Talk with your healthcare provider about healthy weight gain recommendations. For the healthy weight gain recommendations for twins, see page 34.
- You may need extra rest to help your body cope with the work of carrying more than one baby.
- You may have more of the physical changes in pregnancy.
- You’ll probably see your healthcare provider more often. You may be referred to an obstetrician.
- Look to see if prenatal classes for parents expecting more than one baby are available in your area.
My notes

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Third Trimester
The Final Stretch
Finally, at 26 weeks, you move into the third trimester. Weeks 26–40 are the last part of your pregnancy journey. Your baby and your abdomen keep growing. You may find yourself slowing down. This is a time when you may feel more emotional—you may feel a little bit excited and a little bit scared. Now it’s more important than ever to get lots of rest and eat well so you’re ready for the day your baby arrives.
## Growing Together

You and your baby have already been through a lot together. He’s almost ready for life in the outside world. You’re both still gaining weight. This chart shows the changes each of you will go through during the third trimester. For more information about tips to help deal with the uncomfortable symptoms you may develop, see pages 122–124.

<table>
<thead>
<tr>
<th>Changes in mom</th>
<th>Changes in baby</th>
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<tbody>
<tr>
<td><strong>26 to 31 weeks</strong></td>
<td></td>
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<tr>
<td>• You may begin to feel tired and awkward.</td>
<td>• Your baby is about 38 cm (15 inches) long.</td>
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<tr>
<td>• Your feet, ankles and hands may swell.</td>
<td>• Your baby weighs about 1 kg (2–3 lbs.), or as much as a small bag of sugar.</td>
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<tr>
<td>• Your breasts may leak colostrum.</td>
<td>• Your baby will be moving a lot. Other people will be able to see and feel him moving too.</td>
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<tr>
<td>• Your uterus may be pushing on your rib cage.</td>
<td>• Your baby’s eyes open, and he has eyelashes and eyebrows.</td>
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<tr>
<td>• You may have a hard time breathing.</td>
<td>• Your baby will sense light and sound.</td>
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<tr>
<td>• You may be thinking a lot about the future.</td>
<td>• Your baby can tell when you’re moving.</td>
</tr>
<tr>
<td>• You may be tired of the question, &quot;When are you due?&quot;</td>
<td>• Most of your baby’s billions of brain cells are formed.</td>
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<tr>
<td>• You may sweat easily.</td>
<td>• The outer part of the brain (cerebral cortex) continues to develop. The grooves and folds of the brain are formed.</td>
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<tr>
<td>• Your belly button may stick out.</td>
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<tr>
<td>• You may need to pass urine more often.</td>
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<tr>
<td>• Hormones are making your pelvic joints looser.</td>
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<tr>
<td>• Your joints may be a little sore.</td>
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<tr>
<td>• You may feel like moving slowly and carefully.</td>
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<tr>
<td>• Your face may look a little puffy, and your hands and feet may swell.</td>
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<td></td>
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<tr>
<td><strong>32 to 35 weeks</strong></td>
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<tr>
<td>• You may be tired of the question, &quot;When are you due?&quot;</td>
<td>• Your baby is about 46 cm (18 inches) long.</td>
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<tr>
<td>• You may sweat easily.</td>
<td>• Your baby weighs 2.25–2.5 kg (5–5.5 lbs.), or as much as a small bag of flour.</td>
</tr>
<tr>
<td>• Your belly button may stick out.</td>
<td>• You might feel your baby’s heels or elbow sticking into your ribs.</td>
</tr>
<tr>
<td>• You may need to pass urine more often.</td>
<td>• Your baby is building up layers of fat under the skin that will provide warmth after birth.</td>
</tr>
<tr>
<td>• Hormones are making your pelvic joints looser.</td>
<td>• Your baby’s brain is growing quickly now. Talk or sing to him.</td>
</tr>
<tr>
<td>• Your joints may be a little sore.</td>
<td>• Your immunity to some diseases is being passed to your baby to protect him during the first few months.</td>
</tr>
<tr>
<td>• You may feel like moving slowly and carefully.</td>
<td>• The soft hair on your baby’s body is going away.</td>
</tr>
<tr>
<td>• Your face may look a little puffy, and your hands and feet may swell.</td>
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</tbody>
</table>
Changes in mom

• You may be tired of being pregnant.
• You may be anxious about labour.
• Your uterus will squeeze and tighten often (Braxton-Hicks contractions). You may have more cramping with these contractions as you near your due date.
• You may breathe more easily because your baby has moved down into your pelvic area.
• The areola becomes wider and darker.
• You may have stretch marks.
• You may have dry skin.
• You may have spider or varicose veins.
• You may feel hot, heavy and awkward.
• You may feel faint or dizzy at times, and a little short of breath.
• You may have trouble sleeping.
• Your back may ache more often.
• You may get leg cramps more often.

Changes in baby

• Your baby is about 55 cm (20 inches) long.
• Your baby weighs 2.7–4 kg (6–9 lbs.).
• Your baby may be gaining 28 g (1 oz) a day.
• Your baby is ready to be born after 37 weeks.
• Your baby's skin is pinker and becomes less wrinkled as he gains weight.
• Your baby's lungs are ready to breathe air after 37 weeks.
• Your baby has less room to move, so his movements will feel different. Ask your healthcare provider for more information about your baby's movements.
• Your baby may scratch himself with his own fingernails.

If you have burning pain when you pass urine, contact your healthcare provider.

areola: the dark area around your nipples
If you go past your due date

Not all babies arrive before the end of the 40th week of pregnancy. Every pregnancy is different. If you go past the estimated date for your baby’s birth, it may be because your baby needs more time, or because the estimated start date of your pregnancy was wrong.

Talk to your healthcare provider about pregnancies that go longer than 41 weeks. Your healthcare provider may send you and your baby for an ultrasound or fetal monitoring to make sure everything is okay. If your healthcare provider thinks it’s medically necessary, your labour may be induced.

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fetal monitoring: using a machine to check your baby's heart rate
induced: labour is started by medical means
Healthy Body and Mind

The best way to take care of your baby is to take care of yourself. These last few months of pregnancy can seem very long. You may not have much energy. You may not be able to do the things you’re used to doing (e.g., tying your shoelaces). This is nature’s way of slowing you down, and helping you save up energy for your baby’s birth. It’s important to start making time for yourself every day.

You may need to rest more often as your pregnancy progresses. Take a breather. If your body tells you to rest, listen to it. Take a break for some gentle activity. Sit with your feet up. Take a nap.

Eating and weight gain

Eat small meals and snacks throughout the day. You’ll feel better and will provide a steady supply of nutrients to your growing baby by eating every 2–4 hours when you’re awake. Skipping meals makes it hard for you and your baby to get everything you both need. During the third trimester you’ll need about 450 extra calories a day. Choose an extra 2-3 Food Guide servings each day.

Staying physically active

A little physical activity goes a long way in helping reduce the physical discomforts you may be feeling in the third trimester. It will also reduce the stress and anxiety you may sometimes feel. Being active can be as simple as going for a brisk walk every day. Women who are physically active tend to have fewer symptoms like backaches, swelling, leg cramps and shortness of breath.

Walk on

Keep walking—it’s good for both of you!
Third Trimester: The Final Stretch

Things to keep in mind about being physically active at this stage in your pregnancy.

• You can continue with your physical activity program as long as your healthcare provider doesn’t have any concerns with it. If you become uncomfortable, change what you’re doing or reduce how long and how intensely you do it.

• Your centre of gravity has changed by the third trimester. You may lose your balance more easily. Watch your step at all times, especially when exercising.

• Choose activities with a lower risk of falling (e.g., stationary bike, walking, swimming or pool exercises).

• Stick with gentle stretches to avoid pain and overstretching.

• Listen to your body, and give yourself permission to rest.
Other ways you can take care of yourself

While waiting for your baby to arrive

You may want to:

• do something special just for you
• plan some special time with your partner
• plan some special time with your other children

Do these things while you can because life will get busier after your baby is born.

Do perineal massage

One of the ways parents-to-be can prepare for labour and birth is to massage the perineum beginning at 35 weeks. Research suggests that massaging and stretching the perineum 5 times a week may:

• soften and stretch the opening of the vagina
• lessen the need for an episiotomy if it’s your first vaginal birth
• prevent tearing of the tissue so you won’t need stitches
• let you feel the same type of pressure or stretching that you’ll feel when you give birth

To find out more about how to do a perineal massage, visit https://myhealth.alberta.ca (enter the key words ‘perineal massage’ in the search box). If you decide to do perineal massage, tell your healthcare provider before you begin.

Feeling uncomfortable? Here’s what you can do

The third trimester brings more changes. Here are some ideas to help you cope with these very common changes.

<table>
<thead>
<tr>
<th>What you might feel, and why</th>
<th>What you can do about it</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shortness of breath</strong></td>
<td></td>
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</tbody>
</table>
| Why? Your growing baby takes up more room in your abdomen and presses on your diaphragm (the flat muscle that moves up and down when you breathe). | • Use good posture.  
• Raise your head and shoulders when sleeping.  
• Wear loose, comfortable clothes.  
• Try eating small meals often. |
### Trouble sleeping

**Why?** You may not be able to find a comfortable position.

- You may be worrying about childbirth or parenting.
- Your baby may be more active at night.
- You may have heartburn, or need to wake up at night to pass urine.
- Your uterus may be more active at night with Braxton-Hicks contractions.

**What you can do about it**

- Go for a walk outside in the daylight. This will set your inner clock and help you sleep.
- Share your worries with someone you trust (e.g., your partner, a friend or family member or your healthcare provider).
- Have a warm drink before you go to bed.
- Do the relaxation exercises described in this book (see page 70), or that you learned in prenatal classes.
- Take a warm bath.
- Make sure you’re lying on your side (left side) in a comfortable position.
- Take naps during the day.

### Heartburn

**Why?** Changes in hormone levels may slow the passage of food through your stomach and relax the opening between the stomach and esophagus. Your growing baby puts pressure on your stomach.

**What you can do about it**

- Stay away from foods that make you feel uncomfortable.
- Decrease your intake of caffeine, chocolate and high-fat foods.
- Eat small meals more often.
- Try not to eat or drink before bedtime (except water).
- Drink liquids between meals, not with meals.
- Practice good posture. This will help with digestion.
- Try not to lie down for at least 2 hours after eating.
- Sleep with your head and shoulders raised.
- Don’t take medicine for heartburn unless your healthcare provider says it’s okay. Some have sodium bicarbonate in them, which may affect how your body absorbs vitamins and minerals.
- Wear loose, comfortable clothes.
Prenatal Care and Tests

Prenatal check-up

Your healthcare provider will continue to check on the health of you and your baby during the third trimester. Starting at 28 weeks, you’ll probably visit your healthcare provider every 2 weeks. Then, starting at 36 weeks, you’ll go every week until your baby is born. At these visits, your healthcare provider will:

- check your weight and blood pressure
- check your urine
- feel your baby through your abdomen
- measure your fundal height to check your baby’s growth
- listen to your baby’s heartbeat
- check for swelling in your hands and feet
- talk about your baby’s movements

Your healthcare provider may also do a pelvic exam to see if your cervix has begun to thin or open.
Tests

Your healthcare provider may do the following tests during the third trimester:

- a fetal movement count
- a fetal well-being ultrasound
- a test for Group B Streptococcus (a common bacteria)

Fetal movement count

This is a count of the number of times you feel your baby move in 2 hours. Counting your baby’s movements is an easy way to tell you and your healthcare provider that your baby is doing well. Chances are you already feel your baby’s movements—stretches, kicks and rolls—every day. Some babies are more active than others. All babies have times that they sleep and so aren’t as active. You’ll get to know your baby’s movements and routines.

We know that if babies don’t move a certain number of times every day, it can be a sign that they aren’t getting enough oxygen through the placenta.

Your healthcare provider may ask you to write down your baby’s movements (at around 30 weeks). You’ll be given a chart and shown how to fill it in. If you don’t feel 6 movements in 2 hours based on how you were told to count your baby’s movements, go to your birth centre right away. Your baby’s heart rate and movements will be checked using a fetal monitor (non-stress test). If your healthcare provider hasn’t talked to you about counting movements, ask if the fetal movement count is recommended for you.

Babies don’t stop moving at the end of pregnancy or when labour begins. Trust your instincts. Contact your healthcare provider right away if you notice that your baby isn’t moving as much or your baby’s movements change.

Fetal well-being ultrasound (biophysical profile)

This ultrasound checks your baby’s health if there are concerns about your pregnancy. It measures the movement of your baby, his breathing movements, the muscle tone of his arms and legs, and the amount of amniotic fluid around him. It gives a score for each of these 4 components. Your healthcare provider may do a non-stress test as well.

Non-stress test (NST). A monitor is placed on your abdomen to monitor your baby’s heart rate and movements. Babies are like us: when they move or exercise, their heartbeat goes up. This test is usually done if you are past your due date or in the month or 2 leading up to your due date if your healthcare provider has concerns about your pregnancy.
Test for Group B Streptococcus (Group B Strep)

At 36 weeks, your healthcare provider will take a swab (culture). The swab is taken from your vaginal and perineal area. This swab tests for a common group of bacteria known as Group B Strep.

For many women, this group of bacteria is normal for their vagina and usually doesn’t cause them any problems. Group B Strep is not an STI. A woman can transfer Group B Strep to her baby during labour. It can result in medical problems for the baby.

If your swab or your urine tests positive for Group B Strep, or if you have certain risk factors, you’ll be given antibiotics while you’re in labour. Your baby may also be treated with antibiotics after birth.

Dental care

You can have dental treatments in the third trimester. Your dentist will talk with you about the risks and benefits. If you have dental treatment done, you will need to adjust your position in the dental chair. Lie on your side in the chair so your baby is not pressing on your back. You may need to ask for a rest break. Continue to maintain your oral hygiene and have your teeth cared for as needed.

If pregnancy doesn’t go as expected

Preterm labour

See preterm labour on pages 102–103.
Planning Ahead

There are many things you can do in the third trimester to prepare for labour and birth, including getting ready to feed your baby, planning for support, learning about your birth centre and the paperwork you will fill out, finishing packing and arranging for child and pet care.

Breastfeeding your baby

You can start breastfeeding your baby right after birth. Breastfeeding can be a wonderful way to get to know each other and feel close to your baby.

Breastfeeding also:
• releases hormones that help you relax
• helps your body recover from birth
• may help you lose weight
• helps lower your risk for breast and ovarian cancer

Breastfeeding should never hurt. You can get help with breastfeeding from your birth centre nurse, a lactation consultant, your public health nurse, a breastfeeding class and other women who have breastfed their babies. Your healthcare provider can refer you to breastfeeding help in your area.

You can breastfeed anytime and anywhere. You may wish to create a private and quiet space, or you may find your baby feeds just as well in the busiest places. You can put a scarf or baby blanket over your shoulder for privacy, if you want to.

Remember

You can breastfeed wherever you want. It is legal to breastfeed in public. Many shopping malls have mothers’ rooms for breastfeeding and changing babies if you are looking for comfortable chairs and some privacy.

Breast pumps

You don't need to buy a breast pump before you’ve had your baby. If you need a breast pump after your baby is born, ask your healthcare provider for more information. You can rent breast pumps or you may find that expressing your milk by hand is all that is needed.
Family support for breastfeeding

Partners, family and friends can all support breastfeeding women by remembering that:

• human milk is made for human babies and supports the development and protection of babies after birth
• moms and babies need time together, which helps them both recover from childbirth and learn to breastfeed
• babies cuddled skin-to-skin on their mom’s chest will show feeding cues for the mom to follow
• breastfeeding 8–12 times in 24 hours will help babies get enough breastmilk
• in the first few weeks, feedings take about an hour (this includes feeding on both breasts, diaper changes and burping)
• it can take 4–6 weeks for most moms and babies to find a system for breastfeeding that works for both of them
• your continued encouragement and support is very important to the new mom

Milk supply and demand

Some new moms worry their baby won’t get enough milk if they breastfeed exclusively.

• Breast size does not affect the amount of milk you make.
• Your baby’s sucking tells your body to make as much milk as your baby needs. The more your baby feeds, the more milk your body makes.
• There are very clear ways to tell if your baby is getting enough breastmilk (see page 243).

Partner support

A baby needs a lot of attention during the first months of life. A breastfeeding mom can be helped in many ways. You can help by:

• grocery shopping and preparing healthy foods for her so she eats well
• encouraging her to rest when the baby sleeps
• bringing her water
• bringing the baby to her for breastfeeding in the night
• doing extra household tasks
• burping, changing and bathing the baby
• continuing to encourage and support her
• helping her find support if she needs help with breastfeeding
• screening visitors and phone calls

_cues:_ movements, sounds and facial expressions your baby uses to communicate needs and emotions
Planning for support

Think about who you want to have with you during your labour and birth. Rooms in birth centres are usually small. Many birthing rooms can only hold 2 support people. Remember that during labour you need helpers, not visitors.

You may need to set boundaries when it comes to your family and friends. Instead of visiting you in the birth centre, family and friends can help by looking after your other children, tidying your home or bringing over frozen, homemade meals. Another way someone can help is to be the contact who can receive and pass on regular updates from your birth centre support people.

Plan ahead for what you want to do when you come home with your baby. You’ll probably feel tired, and will want to spend the time that you are awake with your new baby. You can plan ahead to make things a bit easier.

Tell your friends and family what they can do to help you and your partner. Think about when and for how long they can visit. Ask for support so that both of you can have some time to yourselves as a couple in the first few months.

Two for labour support

Labour support is a big job. In fact, it’s such a demanding job that it’s a very good idea to have 2 labour support people.

Going to prenatal classes made me less anxious about the arrival of our daughter. Our instructor was funny and helped make our group feel comfortable together. On the way home from class, we would talk about what we learned and what strategies we thought would work for us.

Jason, new dad
Preparing for your role as labour support person

Are you the support person for a pregnant woman? Terrific! Every mom in labour needs and deserves support. The mom you’re helping needs you to be there for her and the baby. Her job is hard. With you there, it’ll be easier. You can help her by offering encouragement, comfort and help.

It’s important that everyone involved with the labour is clear about what ‘support’ looks like. What’s expected from a support person? What are they planning to do?

It’s normal to be nervous or scared about taking on this role. You may be doing it for the first time, so it’s a good idea to prepare together. Here are some ways you can increase your confidence and prepare for this very important job:

• Going to prenatal classes together can help you learn a lot about pregnancy and childbirth. You’ll know more and the hands-on activities will make you feel more confident. You may also learn a lot from other parents-to-be.
• Go home and practice what you learned in prenatal classes together.
• Go to prenatal check-ups together. Ask questions. Write down answers.
• Talk to the expectant mom about the birth she’s hoping to have.
• Read books (including this one!) and watch videos about birthing.

As your due date gets closer, plan for how you’ll stay in touch with your support person, get to the birth centre and arrange for care of your other children or pets.

• If your support person works or doesn’t live with you, you need to know how to reach each other by phone. You can ask your support person to phone you at regular times during the day if he or she will be hard to reach. Plan how you’ll stay in touch with your backup support person too.
• Make sure your support person knows what birth centre you’re going to, how to get there and how long it will take. If you’re planning to take a taxi, make sure you have the phone number and enough money to pay for the cab.
• You may need to make plans for the care of your other children and pets while you’re in the birth centre and when you first come home. If there aren’t any family members or friends who can help you, think about hiring some help. It’s a good idea to have a back-up plan in case the person you ask has a last-minute change of plans.
While-you-wait checklist

If you’re waiting for your baby to arrive, you may want to check that you’ve done everything on this list:

- pack for the birth centre
- stock up on basic foods for when you come home from the birth centre
- cook double meals, and freeze the extra servings
- check your baby supplies and get any missing items
- make sure you have enough long maxi-pads and breast pads
- practice the breathing and relaxation exercises described in this book (see pages 153-154) or that you learned in prenatal classes
- do your pelvic floor muscle exercises and other activities described in this book (see pages 40-41), unless your healthcare provider has told you otherwise

Learn about your birth centre

Ask your healthcare provider for clear instructions about when to go to the birth centre and what to do when you get there. Ask how you register. It’s useful to find out these details before you’re in labour.

You may want to visit your birth centre ahead of time (this may be included in your prenatal class). Your centre may offer online or in-person tours. The visit may lessen some of your worries about labour. During a tour, birth centre staff will show you the birthing rooms. You’ll learn what to expect when you’re admitted for your baby’s birth.

You may want to ask:
- if you can pre-register (before you go into labour)
- which door to use when you come to the birth centre (e.g., do you use the same door during office hours and at night?)
- what information you’ll need to bring with you for admitting

There are small differences in how things are done at different birth centres in Alberta. Ask your healthcare provider about the procedures at your birth centre.

Safer together

For information about how to work together to make your healthcare and hospital stay safer, talk to your healthcare provider and ask for the pamphlet Safer Together: Safety Information for New Mothers, their Families, and their Friends or visit http://aphp.dapasoft.com/PublicHtml/doc/104278_SafetyInformationforNewMothers-Brochure_1205.pdf
Your prenatal health record

Most healthcare providers give you a copy of your prenatal health record by 36 weeks. Others may send a copy to the birth centre. Ask your healthcare provider for the record if you haven’t been given one yet. Keep it with you at all times. If you’re given your prenatal record, you must take it to the birthing centre with you. If you forget to bring it, your support person may be sent home to pick it up.

Record registration information

You can make things easier for yourself if you record the information below and take it with you to the birth centre:

- healthcare number
- social insurance number
- phone number of relative or contact person

Birth centre paperwork

- After your baby’s birth, you’ll be given forms to complete at the birth centre.

Registration of Birth

All babies born in Alberta must have their births registered. You must complete the Registration of Birth form and leave it at the birth centre. This form is the legal record of your baby’s birth. It says where he was born, who his parents are and what his name is.

The Registration of Birth form includes space to register your baby’s name, apply for a social insurance number and apply for Canada Child Benefits.

- Naming your baby. The Registration of Birth form has a place to record the legal name of your baby. A baby’s last name may be the mom’s last name or maiden name, the father’s last name or a combination of them.

- Social insurance number (SIN). You can use the Registration of Birth form to apply for a SIN for your baby. There is no cost to register for a SIN.

- Canada Child Tax Benefits (CCTB). The CCTB is a monthly payment given to eligible families to help them with the cost of raising children. The amount of the benefit depends on your family’s income. You don’t pay any tax on the benefit.
  
  Before you can receive the CCTB, you’ll have to file an income tax return, even if you have no income. If you’re married or living common law, your partner will also need to file a tax return.

- The Universal Child Care Benefit (UCCB). The UCCB provides $100 per month for each child under the age of 6. You can receive this benefit regardless of your income. This benefit is taxable.
Other paperwork

Birth certificate

You don’t need to get a birth certificate for your baby right away. The Registration of Birth is the legal record of your baby’s birth. To get a birth certificate for your baby, you’ll need to go to a private registry office.

- You’ll need to bring ID for yourself (e.g., a driver’s license or birth certificate).
- There is a cost for ordering a birth certificate.

For more information about getting a birth certificate, visit www.servicealberta.gov.ab.ca/birth-certificates.cfm

Income tax

It’s important to fill out and send in (file) an income tax return every year. Your partner needs to file one too. You need to file your income tax before you can receive:

- the Canada Child Tax Benefit (money for you and your baby) when your baby is born
- other benefits (e.g., the GST credit)
- the Alberta Child or Adult Health benefits

Alberta Health Care Insurance Plan

Your baby will be registered for a healthcare number at the birth centre when he is born. There is no cost to you.

Other health benefits

You may qualify for other health benefits for your child, such as dental care, eyeglasses, ambulance services, diabetic supplies and prescription drugs. This is called the Alberta Child Health Benefit (for families with low income).

You may also qualify for the Alberta Adult Health Benefit if you are pregnant and have limited income or you have high or ongoing prescription drug needs. This benefit covers dental care, eyeglasses, ambulance services, diabetic supplies and prescription drugs.

For the application forms for the Alberta Child Health Benefit and the Alberta Adult Health Benefit, call 1-877-469-5437. Your healthcare provider or your pharmacy may also have these forms. If you haven’t filed income tax in the last year, or there has been a change in your family income, call 1-877-469-5437 and ask to speak to a representative.
Maternity leave

If you’re working outside the home, check your company’s policy on maternity leave. You can also find information from Employment Standards Alberta by calling 1-877-427-3731 or visiting www.alberta.ca/maternity-parental-leave.aspx. Call 1-800-206-7218 for information on federal employment insurance maternity benefits. For general information, visit the Service Canada website at www.canada.ca/en/services/benefits/ei.html.

Legal guardian

A guardian has the rights and the responsibility to make decisions about a child’s care and how the child is raised. Both parents are considered guardians of their child if they were married or living together when the baby was conceived or born.

You are considered the baby’s father or legal parent if:

• you were married to the mom when the baby was born, or your marriage ended fewer than 300 days before the birth
• you got married to the mom after the birth and you acknowledge that you’re the father
• you lived together with the mom for the previous 12 months, and you acknowledge that you’re the father
• you’re registered on the baby’s birth certificate as the father
• you’re found to be the father by a court

A parent will also be considered a guardian if he or she acknowledges that they are the parent and shows that they intend to share the responsibility of being a guardian for the baby (e.g., by offering or providing reasonable financial or other support to the mom or to the baby).

• This must happen within 1 year of learning about the pregnancy or the baby’s birth.
• If both parents can’t agree on whether these conditions have been met, the court can make the decision for them.
• A parent who isn’t a guardian can apply to the court to be appointed as a guardian. A court order can also remove a parent from being a guardian.

For more information, visit www.alberta.ca/family-court-assistance.aspx. To ask about legal advice for your own situation, contact counsellors with the Alberta Family Court:

Calgary 403-297-6981
Edmonton 780-427-8343
Elsewhere in Alberta 1-403-340-7187

Dial 310-0000 first for toll-free access in Alberta.
Finish packing for labour and your baby’s birth centre stay

Even though you may only be in your birth centre for a day or 2, you’ll need to bring a number of supplies, including clothes for both you and your baby. Here’s a checklist to get you started.

For mom’s stay
- Alberta personal health card and other insurance cards (e.g., Blue Cross)
- Prenatal health record (given by your healthcare provider)
- Housecoat, slippers, pajamas or other comfortable clothing (many women choose to wear the hospital gowns)
- 3 pairs of maternity underwear
- 2 nursing bras
- Toiletries, including cream, toothpaste, toothbrush, floss and shampoo
- 1 package of long maxi-pads
- Cell phone and charger (or coins for the pay phone) and any phone numbers you may need
- Loose-fitting clothing to wear home (you will probably still be wearing your maternity clothes)
- Black pen (to fill out forms)
- Your copy of this book!

For baby’s stay
- 1 receiving blanket
- 1–2 undershirts
- 1–2 sleepers
- 1 package of infant diapers
- 1 hat
- Laundry bag or plastic bag (for dirty clothing)
- Baby clothes (for going home)
- Approved child safety seat (see page 111)

For the labour support person
- Change of clothes
- Bathing suit (to support your partner in the shower)
- Toothbrush, toothpaste, deodorant and other personal supplies
- Snacks for you and your partner (you may not be able to leave mom to go to the birth centre cafeteria)

Note: it’s best to leave any valuables, including cash and jewellery, at home.

Other labour comfort supplies
- Drinks (e.g., 100% fruit juice) and popsicles for you and your support person
- Lip balm or mouth spray
- Sugar-free mints or hard candies to keep your mouth moist
- Something to focus on (e.g., a picture)
- Music (e.g., an iPod® and a charger)
- Massage tools (e.g., tennis balls)
- Extra pillows
- Massage oil or lotion
- Warm socks
- Camera (ask permission from healthcare providers before taking their picture)
- A list of comfort techniques that you want to use
Becoming a parent

Learning together

As your baby’s parent, you’ll be looking after his needs. Food, clothing and shelter are just the beginning. Your child will also need:

• your love and commitment
• help to understand himself
• help to understand and get along with other people

Parenting is a skill you learn as you go. That learning continues throughout your child’s life. As you think about the kind of parent you want to be:

• think about how your parents raised you (the good and the not so good)
• watch the parents around you (think about what you like or don’t like about how they take care of their children)
• read books and magazine articles about parenting
• watch videos and TV programs about parenting
• share your thoughts with your partner
• talk with other parents
• get involved in a parenting program
• start reading through our other book Healthy Parents, Healthy Children: The Early Years

When you have older children at home

• Take your children with you to a prenatal visit. Let them listen to your baby’s heartbeat. Let them feel your baby move.
• Prepare your other children for sharing. Make changes to the baby’s room a couple of months before the birth. Ask your child to help you. Make sure he knows that certain toys are his. He won’t have to share these with the baby.
• Let your children know that they will be looked after while you are in the birth centre. Tell them who will be with them and where they will stay. Let them know they can come visit you in the birth centre.
• Have someone else hold your baby so you’re ready to hug your children on their first visit after your new baby’s birth.
**Parenting programs**

Parenting programs are for everyone. Just as you take a prenatal class to learn about labour and birth, parenting classes can help you learn about raising children. There is a lot to know:

- how children grow and develop
- what to expect
- what you can do to help them develop into the people they are meant to be
- how to keep them safe and healthy
- how to cope with every day challenges

The more you know about how children grow and develop, the better prepared you will be. Perhaps you’re the first of your friends to have a baby. Interests change and so will you. You may find it easier to adjust to these changes if you make connections. Your prenatal and parenting classes can help you meet other parents and build a supportive community.

To find a parenting program, ask your healthcare provider or call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).

**Thinking about child care**

Deciding to leave your child in someone else’s care can be very emotional. Child care can create anxiety for both parents and children of any age. While cost and location will be a concern, the most important thing to look for is quality care. Knowing your child is safe and well cared for will greatly reduce your anxiety when you are apart.

Give yourself lots of time to explore your options. For information on licensed child care programs and contracted family day home agencies in Alberta, visit www.humanservices.alberta.ca/oldfusion/ChildCareLookup.cfm and enter your information in the ‘Child Care Look-Up Tool.’ For more information about child care, see our second book, *Healthy Parents, Healthy Children: The Early Years.*
Twins, triplets and more

You may have lots of questions about how you will care for more than one baby at a time. Here are some steps you can take now to help you get ready:

• Talk with your partner about your concerns. One person might be focused on feeding, while the other may be more focused on expenses. You can plan better if you share your ideas with each other ahead of time.

• Your babies may be born early. Start planning as soon as you find out you are having more than one baby, and get as much done as you can ahead of time. Have a plan and a back-up plan for child care for your older children, if you have any.

• Ask your friends and family to help you when you come home from the birth centre.

• If you’ll be parenting alone, talk to your support people. You’ll appreciate the help once your babies arrive.

• Ask your healthcare provider to help you find more information.

• Contact a support group for parents of twins, triplets and more.

For information on breastfeeding more than one baby, talk with other parents or a healthcare provider knowledgeable about breastfeeding.

My notes

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This is it! Your body and your baby have been preparing for this moment for quite some time. Knowing what to expect and trusting your body will help build your confidence and prepare you for this amazing experience. In this chapter you’ll learn about the process of labour and birth, ways to work with your body’s natural instincts and many helpful coping and comfort strategies.
Knowing What to Expect

What will your labour and the birth of your baby be like? It’s hard to say. We know that the birthing process is mostly the same for every woman—it’s the birthing experience and the emotions you’ll feel that vary from person to person. Even if you’ve given birth before, chances are this birth experience will be different than the last time.

Your body knows what to do

When thinking about labour and birth, it’s very common to be excited to meet your new baby. Many moms-to-be also wonder, “Can I do this?” Learning more about your body can help you through labour. Take a moment to think about all of the things your body is doing right now: breathing, digesting and keeping yourself at the right temperature to name only a few. These are all very complex processes that work without you needing to think about them. Your body already feeds and protects your baby, even when you’re asleep. Your body already knows how to do these things. Labour and birth are no different.

Your body preparing for labour

Your body has been preparing for the big event for many months now. Hormones soften ligaments to help your baby get through the pelvis and give you the energy you’ll need to meet the challenges of labour and birth.

Your body has built-in pain-reducing chemicals called endorphins. To prepare for labour and birth, your body makes more endorphins than usual in the last few weeks of pregnancy. By the time you’re ready to give birth, your body has 10–30 times its normal levels of endorphins. For many women, these endorphins have a calming effect too. Your support person will likely be able to see the endorphins take effect, as you may become groggy and even doze off between contractions. A massage may also help increase your endorphin levels.

Signs that your body is getting ready for labour

Your body may let you know it’s preparing for labour a few days, or even weeks, before labour begins. This is called pre-labour. Some signs you may not notice. Others will be more obvious.

• **Engagement or lightening.** Your baby drops into the pelvis. This can happen up to 4 weeks before labour starts. When your baby drops, you may begin to breathe easier. You may pass urine more often, as there will be extra pressure on your bladder.
• **Irregular contractions.** Many women have warm-up contractions. These contractions help to soften the cervix and prepare the uterus for labour. You may feel these contractions as irregular tightenings in your abdomen for days or even weeks before your due date. Sometimes, close to your due date, these contractions may become regular and you may wonder if labour has started. Warm-up contractions don’t become longer, stronger and closer together over time. They stop after a few hours.

• **Mucus plug.** A discharge of mucus from your vagina may happen days or weeks before your baby is born. During pregnancy your cervix is closed tightly. Mucus collects in the cervix and forms a plug at the centre. As the cervix begins to soften, the mucus plug is released. It’s a sign that your body is getting ready, but not a sign that active labour will begin right away. If this looks more like bright red blood, tell your healthcare provider right away.

• **Soft bowel movements.** The hormone that causes your uterus to contract also works on your bowel, so you may notice loose stool or diarrhea. Call your healthcare provider if you’re concerned about these symptoms, or if they last longer than 24 hours.

• **Gush or trickle of fluid from your vagina.** This usually means that your amniotic sac is leaking or has broken (your membranes have ruptured). If this happens before labour starts, go to your birth centre, even if you aren’t having contractions. The risk of infection increases when your water breaks because the protective seal around your baby is no longer there to prevent germs from reaching her.

• **Nesting.** This is the burst of energy and the need to have everything ready that some moms-to-be have. Nesting may happen a few days before labour starts. Be careful not to get too tired. You’ll want to save your energy for labour and birth.

• **Backache.** Backaches are common later in pregnancy. They may be a sign of pre-labour. Massage, moving around and using heat (e.g., taking a shower) will often help you feel better. If the backache comes and goes in a pattern, you’re probably having contractions.

**Staying calm and focused**

Trying to stay calm is your best strategy for making labour easier. Panic and fear release high levels of stress hormones that work against your body and use up your energy. This can lead to a longer and more painful labour. Use techniques that keep you calm and focused. This will help you work with your body and keep your pain levels under control.

**The hormone connection**

Oxytocin is the hormone that makes your body produce contractions. Staying calm, focused and using comfort measures can help your body maintain your level of oxytocin, and will help labour progress.

**oxytocin:** the natural hormone that makes your body produce contractions and assists with breastfeeding. Synthetic oxytocin may be given by IV to stimulate labour.
When to go to your birth centre

You’ll most likely begin labour somewhere between 38 and 42 weeks (1–2 weeks before or after your estimated due date). But pregnancies can bring surprises. Don’t wait until the last minute to get ready to go to your birth centre. Your baby might be ready before you think.

Most healthcare providers say you need to go to your birth centre when:

- contractions are becoming stronger, you’re no longer comfortable at home and:
  - if you’re having your first baby, contractions have been 5 minutes apart for 1 hour, and last about 1 minute each
  - if this is not your first baby, contractions have been 7–10 minutes apart for 1 hour
- your amniotic sac has broken and you’ve lost fluid from your vagina

Preterm labour

Signs of labour before 37 weeks are signs of preterm labour. For more information about preterm labour (see pages 102–103).

Staying at home for early labour

For most women (unless your pregnancy is considered high risk), it’s safe to stay at home until active labour is well underway. Staying at home helps with coping and the progress of labour. Always ask your healthcare provider what they recommend for you.

How to time your contractions

When timing contractions, it’s important to determine 2 things:

- how often you’re having the contractions (from the beginning of one contraction to the beginning of the next one)
- how long the contractions last (from the start to the finish of one contraction)

active labour: contractions are more regular and intense and your cervix is likely dilated to 3–5 cm
**What are contractions like?**

It may be helpful to imagine contractions as waves that build, peak and fade. As labour progresses, the contractions become stronger, longer and closer together.

At first you may feel contractions as menstrual cramps. Later you may feel them in your abdomen, lower back and even inner thighs.

As labour progresses, the contractions will take more and more of your attention. Contractions that happen later on are demanding—you won’t be able to walk or talk through them. Using supports, moving and changing positions, and using strategies to keep you comfortable, calm and focused will help you to cope with your contractions.

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**Questions or concerns?**

Call your healthcare provider or call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465) if you:

- aren’t sure if you’re in labour
- are worried about anything once your labour starts and you’re still at home
In Your Room at the Birth Centre

Once you’re settled at the birth centre, your birth centre team will examine you and ask questions about your pregnancy and labour.

In the physical exam, healthcare providers:
• will check your pulse, blood pressure and temperature
• will press on your abdomen to check your baby’s position
• may do a vaginal exam (gloved fingers are inserted into your vagina to feel how far your cervix has opened)
• will listen to your baby’s heartbeat
• will assess how often you are having contractions and how strong they are
• will ask you questions about your medical and prenatal history
• will ask you who your support team is

Go to your birth centre right away if:
• you notice that your baby’s movements have decreased or that she’s stopped moving (babies don’t move less before labour starts)
• you’re bleeding from your vagina
• your membranes have broken (water has broken) and you have released amniotic fluid
• you have a fever
• you have constant abdominal pain
• you have signs of labour before 37 weeks of pregnancy

Call 911 if:
• you feel a lot of pressure in your rectum or you can’t stop yourself from pushing with contractions
• you have bright red bleeding similar in amount to a menstrual period or more
• you feel something in your vagina and your water has broken. This may be a sign of a cord prolapse. This is when the umbilical cord falls into the vagina ahead of the baby. It disrupts the blood flow to the baby. This happens very rarely, but is an emergency for your baby if it does. If this happens, get on your hands and knees, with your forehead on the floor and your buttocks pointed to the ceiling.
What Happens During Labour and Birth

Labour is the work your body does to give birth to your baby. It’s a process that usually begins slowly and ends with the birth of your baby. It’s hard to know when your labour will begin, so it’s best to be prepared a few weeks before your due date. Ask your healthcare provider for any instructions about when to go to the birth centre.

During labour, your body will accomplish several things:

1. **Soften the cervix (ripening).** Hormones called prostaglandins help to soften your cervix.

2. **Thin the cervix (effacement).** Contractions during the first stage of your labour soften and thin out the cervix which helps it to dilate and lets your baby move out of the uterus.

3. **Open the cervix (dilation).** Contractions during the first stage of your labour open the cervix until it is fully dilated, which lets your baby move out of the uterus.

4. **The baby tucks and turns.** This is so your baby can move through the pelvis when the crown of her head enters the pelvis. Moving and changing positions throughout labour helps your baby tuck and turn. Labour contractions and your efforts/pushing during the second stage will help your baby move through the pelvis and vagina before birth.

Length of the labour and birth process

Every woman is different. Labour can last anywhere from a few hours to 24 hours or more.

If this is your second or third baby, labour will probably be shorter than it was the first time—but not always. How long labour is depends on many things, including the baby’s position, how strong the contractions are and the mom’s general health.
The Three Stages of Labour and Birth

• First stage: Contractions will thin and open your cervix to 10 cm. There are 3 phases to the first stage:
  ○ Phase 1: Early or latent labour
  ○ Phase 2: Active labour
  ○ Phase 3: Transition
• Second stage: Birth
• Third stage: Separation and delivery of the placenta

First Stage: Contractions and Thinning and Opening of the Cervix

A thick cervix helps hold your baby inside your uterus while she grows. For your baby to come out, the cervix has to become thin and has to open wide enough for your baby to pass through. This is known as effacement and dilation.

In the first stage of labour, women often feel the contractions in their lower abdomen and lower back; however, the contractions actually begin at the top of the uterus and spread across it like a wave. Your uterus is a large muscle and like any muscle, when it contracts, the whole thing contracts. You may only feel pain in your lower abdomen but your entire uterus is contracting. In the first stage of labour, the contractions thin and open the cervix by pulling up on it.
First stage, phase 1: Early or latent labour

Early or latent labour is the first, easiest and longest phase of labour, usually lasting anywhere from 12 hours to several days. The cervix begins to dilate and thin in this phase. This phase usually starts very slowly, giving you time to get used to the sensations and rhythm of labour. At the start of early labour, the contractions are mild, short and irregular. Your normal activities probably won’t be affected very much. As labour progresses, the contractions become stronger, longer and more regular.

**Physical changes:** As your cervix dilates, you'll notice a pink-tinged vaginal discharge. This is normal. As the levels of labour hormones go up, you may find you have several loose bowel movements.

**Emotions:** You'll probably go through a range of emotions, from excitement to nervousness.

**Coping, comfort and self-care:** During this phase you can help your body cope and stay comfortable by:

- eating foods that are easily digested and in small amounts (e.g., soup, crackers, toast, fruit, fruit jelly and yogurt)
- staying hydrated by drinking clear fluids (e.g., juice, ginger ale and popsicles)
- balancing activity with rest
- ignoring your contractions for as long as you can by doing whatever helps distract you (e.g., sleeping, playing games, going for walks or watching movies)
- emptying your bladder every 2 hours or so

First stage, phase 2: Active labour

Active labour is marked by a regular pattern of contractions. The contractions vary widely in how long they are. Contractions often come every 2–3 minutes, last 45–75 seconds and will demand your full concentration.

**Physical changes:** The pink-tinged vaginal discharge continues. Your cervix continues to dilate. Your water may break during this phase, if it hasn’t already.

**Emotions:** It’s normal to wonder how long your labour is going to last, what the rest of labour is going to be like and if you can do this. It’s also common to lose focus at certain points during labour, especially if you’re moving from home to your birth centre, if there’s a change in your healthcare providers or as your labour begins to move to the next phase.
Coping, comfort and self-care:

• Keep drinking clear fluids to maintain your energy and stay hydrated.
• Listen to your body. Do whatever helps at the time.
• Focus only on the contraction you’re having right now and then let it go.
• Make sure you have your labour support team with you.
• Focus on upright positions that make use of gravity and allow you to rock and sway your pelvis.

First stage, phase 3: Transition

Transition is the most intense but shortest phase of labour. It usually lasts between 30 minutes and 2 hours. During transition, your labour is in high gear, with strong contractions coming all the time and almost no break between them. These contractions will each last around 60–90 seconds.

Physical changes: Your body is working very hard during this phase. It’s common to have a number of physical changes, such as nausea, sweating, shaking and blood-tinged mucus. Your baby will begin moving down into the vagina. At this point you may feel pressure in your rectum (like you need to have a bowel movement). You may not be able to stop yourself from pushing with your contractions.

Emotions: It’s common to want labour to stop, to feel overwhelmed or to feel that you want to give up. Your body is working so hard that you may feel like you’re losing control. All of these feelings are okay and a normal part of labour.

Coping, comfort and self-care: Your body knows what to do during this intense phase. Levels of your own pain-relieving chemicals (endorphins) peak. Many women feel drowsy, or enter a different state of mind because of these chemicals.
You’ll likely be relying on your labour support people through every contraction. They can help you by:

- putting a cool cloth on your forehead
- giving you ice chips between contractions
- looking you in the eyes and helping you breathe through each contraction
- knowing that you may become irritable or grouchy
- asking the birth team for suggestions if you need more help

**Working with your body during labour**

The most important job you have in labour is doing whatever it takes to help your body do its job. The following will help:

- **Staying physically active.** For your baby to travel through the pelvis more effectively, you need to keep your hips moving. It’s this swaying, rocking, lunging and walking that helps move your baby down and out. It’s also important that you change positions every 30 minutes or so. Most women are naturally restless during labour, which keeps them moving anyway.

- **Listening to your body.** Your body will tell you what it needs. Rest when you need to rest. Drink when you need to drink. Make noise if it helps you feel better. Choose the position that feels most comfortable to you.

- **Surrounding yourself with people who make you feel safe, respected and cared for.** Support during labour can help you cope more effectively, need less pain medicine, have a shorter labour and be more likely to have a vaginal birth. Effective support in labour means ongoing physical and emotional support. One or more people should stay with you throughout labour and birth. Ideally, they’ve gotten to know your preferences for coping and comfort during labour.

- **Releasing muscle tension.** Tension in your muscles uses up the energy that your uterus needs. Try to focus on keeping your jaw, shoulders, arms and legs free from muscle tension. Your support person can help you remember to release tension in your muscles.

- **Making sure your labour environment is safe, private and nurturing.** This will help you stay calm and focused.

- **Staying flexible.** Labour is a unique journey for every woman. Staying flexible and allowing yourself to adapt to your own labour pattern will help you feel less stress and cope better.

- **Meeting your body’s basic needs.** Ask your healthcare provider what’s right for you. Balance physical activity with rest. Staying hydrated and nourished will also help. Remember to breathe—your uterus and your baby need oxygen to do their jobs.
• **Making room for your baby.** Make sure you give your baby as much room as possible by emptying your bladder about every 2 hours or so. You can also help widen your pelvis by using lunging and squatting positions with support from your labour support person. You can also use a birth ball to sit on to rock and rotate your pelvis to help your baby move down into your pelvis.

• **Letting gravity do some of the work for you.** Your baby will move down into the pelvis more effectively if you choose upright positions, such as standing and leaning.

• **Letting your hormones work with you.** Effective contractions need the ongoing release of the hormone oxytocin. Contractions are more effective when you're calm and focused. Touch and massage also help to release oxytocin.

• **Doing what you need to do to stay calm and focused.** It's normal to feel stress during labour. However, being very afraid, panic and muscle tension cause the release of high levels of stress hormones, which can decrease the supply of oxygen to your uterus. This can lead to more pain, less effective contractions, slower labour progress and less blood flow to your baby. Be open to what works for you in the moment. Finally, ask questions. Getting answers will help relieve your fears and concerns.

**Ways to stay relaxed**

There are many ways to help you relax. Your labour support person can help by giving you encouragement and emotional support. The best forms of relaxation are whatever work for you. Here are some ideas.

**Music and relaxation recordings**

If you find music soothing, you can bring some with you to the birth centre. Recorded relaxation sounds and instructions may also help.

**Focal point**

During contractions, focusing your attention can keep your breathing regular and help you stay as relaxed as possible. To focus, let your mind concentrate on something other than the pain of labour, like something you can see (e.g., a person or object in the room, baby's ultrasound picture), something you can hear (e.g., your support person's voice, your own breathing rate or the clock ticking) or an internal focus (e.g., your cervix opening). You may want to change your focal point several times during labour.

**Creative imagery**

A soothing memory or picture can also help you stay calm. Do you have a favourite holiday location or a place you'd like to go one day? By imagining yourself there and using your senses to make a picture, you will focus less on the pain of labour.

• Imagine yourself sitting by a beautiful pond, throwing pebbles into it. Count all the ripples on the water as each pebble hits.
• Imagine yourself in a swing, holding your baby in your arms. Feel the warmth of your baby. Count as you swing.

• Picture yourself as a tree in the wind, bending with the force of the breeze (as you go with the force of your contraction) and coming upright as the wind (and contraction) subsides.

**Massage**

Many types of massage can help. Self-massage or massage from your support person can help release tension. You can try:

• light, rhythmic, circular stroking (also called effleurage)

• gentle muscle massage of your shoulders, back, legs or feet

• deep, steady pressure or circular massage with fists or heels of the hands on your lower back (this helps if you have back labour)

• firm, long strokes down your arms or thighs in time with your breathing

• temple and head massage

**Water therapy**

You may find it comforting to have warm water run over your back or abdomen while you’re sitting or standing in the shower. A relaxing shower also helps you remain in an upright position and may help you to refocus. Once you’re in active labour, a warm bath or shower may help. Warm water bottles or wash cloths on your lower back can be comforting. Some women find that cold packs, such as ice wrapped in a towel, also help.

**Acupressure**

Acupressure can relieve tension or pain throughout your body. During labour, your support person can use continuous acupressure, use the acupressure once in a while, or use direct pressure on acupressure points, if this helps. Talk to your healthcare provider for more information.

**Self-hypnosis**

Self-hypnosis may lessen your pain and help you stay calm, but you need to learn self-hypnosis before you go into labour. Ask your healthcare provider about people and resources that teach relaxation, visualization, distraction or attention-focusing methods.
**Progressive relaxation**

One way you can relax your muscles as much as possible is to use progressive relaxation.

1. Make your space comfortable (warm, peaceful and safe, with no distractions).

2. Start at one end of your body (either your head or feet). Work your way through all the muscle groups of your body, tensing your muscles for 5 seconds at a time, then relaxing them for at least 10–15 seconds.

3. Think about the muscles that you’ve relaxed. Let them become soft, loose and warm.

4. When you tense your muscles, breathe in.

5. When you relax, breathe out. As you breathe out, imagine all the tension flowing out of your body with your breath.

As relaxing becomes easier, try adding distractions. This is good practice because there are many distractions during labour, including contractions!

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**Calming breathing patterns**

Breathing helps make your labour easier. It can be a focus and a distraction—it helps you relax and it prevents you from pushing too soon. Using breathing techniques can also increase the amount of oxygen your baby gets. When you hold your breath your muscles tense, which causes more pain.

Steady, slow, relaxed rhythmic breathing helps calm you. Some women say it gives them a sense of control. Others say it’s more a feeling of letting go. Breathing patterns can help you, your baby, your partner and your healthcare providers during labour by:

- helping your body stay loose
- giving your baby lots of oxygen during contractions
- letting your support person know that a contraction is starting (or ending), so he or she knows when to help you
- letting everyone in the room know that a contraction is beginning
While there are no rules about how to breathe during labour, we do have some guidelines. Here are some ideas about how you and your labour support person can work together. You may not need to focus on your breathing at the start of labour, however most women find that calming breathing patterns help once their contractions become stronger.

<table>
<thead>
<tr>
<th>Technique</th>
<th>Woman in labour</th>
<th>Labour support person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleansing breath</td>
<td>This is a slow, relaxed deep breath in at the beginning of your contraction. When you breathe out, release all your tension.</td>
<td>When the contraction starts, stop any outside interruptions (e.g., people asking her questions). Say, “We’re just starting a contraction. Can you please wait for a minute?” Focus all of your attention on her. You may want to time contractions so you can tell her when she’s halfway through.</td>
</tr>
<tr>
<td>Focal point</td>
<td>Concentrate on something in the room or in your mind.</td>
<td>You may be the focal point! Remind her to focus or concentrate on something.</td>
</tr>
<tr>
<td>Patterned breathing</td>
<td>It’s easiest to start with slow, deep, regular breathing. Many women use this type of breathing for their entire labour. Some women find breathing in through the nose and out through the mouth helps—find what works best for you. Breathe this way through the whole contraction.</td>
<td>Watch carefully for tension and regular breathing. If you see tension, ask her to relax these muscles, massage them or place your hands on anything that’s tense. Say “Let your shoulders drop”, or “Relax your arms—let them rest on my hands”. You may note that as the contractions become stronger, her breathing will become faster. You can still say “Slow it down. Nice and easy. Keep breathing. That’s right. Exhale, breathe out”.</td>
</tr>
<tr>
<td>Cleansing breath</td>
<td>When the contraction is over, take another big, deep breath in and out. Blow away the contraction completely.</td>
<td>Remind her to take a cleansing breath.</td>
</tr>
<tr>
<td>Let go</td>
<td>Take a sip of water, and let that contraction go. Release any muscle tension. Listen to your body. You may want to walk and be active until the next contraction comes. You may also need to rest.</td>
<td>Offer her a drink or ice chips. Look at her to see if you can see any tension and remind her to release it. Watch for signs from her on whether it’s time to walk or time to rest. Some women use up a lot of energy wondering about labour (e.g., when the next contraction will come, or how much longer labour will last). It may help to remind her to focus only on what’s going on right now.</td>
</tr>
</tbody>
</table>
Pain in labour

Pain is a normal part of labour—wondering about the pain of labour is a normal part of pregnancy. It can help to look at the pain of labour as a positive type of pain.

Labour pain has a purpose

Pain is your body’s way of telling you something. Most of the time pain tells you that you’re hurt. However, labour pain is different. Labour pain tells you that it’s time to begin bringing your baby into the world, as well as the best way to do this. You’ll notice that some positions and movements in labour lessen your pain. These positions and movements are the ones that will best help your baby to tuck, turn and move through the pelvis. Labour pain also reminds you to stay calm and focused when there has been a big change in your labour environment.

To help your body do its job, change positions often. You may feel a temporary increase in pain when you do this. Try to stay calm and focused. Stay hydrated and empty your bladder about every 2 hours or so. Ask your birth centre team for their suggestions.

Know that you’re already equipped to manage the pain

Your body already has all of the energy, strength and pain-reducing ability it needs to get you through a normal labour and birth. Learning to use these natural abilities will help you.

Using your own pain-reducing ability

Start with your brain. Before labour, learn what to expect by taking prenatal classes and reading this book. Boost your confidence by practicing coping skills. Once you’re in labour, stimulate your senses: music, warmth, touch, focal points and pleasant scents can all reduce the number of pain signals you feel. Take advantage of the increased release of endorphins with massage, especially of your feet and hands. Get into the shower. If your water hasn’t broken and your birth centre has a bath, this can help release tension and relax muscles. This will stimulate a number of senses at once and will reduce muscle tension. Many women find the shower helps them stay calm, focused and feel less pain.

However, some women want or need medicine to help them manage the pain. It’s important that you make the choice that’s right for you at the time. For information about types of pain relief, see pages 162–163 and 165–167.

Tips for when you provide labour support

Helping birth a baby takes time, energy and a lot of caring. It’s important to recognize that you, as the dad or partner, are having your own emotions and experiences. For this reason, it’s a very good idea to have a second support person who can support both of you.
When providing labour support:

• **Take care of your needs.** Someone who feels faint or is irritable because they haven't eaten can’t give good support. Take short breaks to keep yourself energized. Again, this is why it’s such a good idea to have another support person there. This gives you a break without having to leave the mom alone.

• **Don’t take anything personally.** Labour is hard, both emotionally and physically. It’s common for women in labour to have heightened emotions. They may not behave the way they usually do.

• **Match her mood.** If she’s chatty, talking is a great way to support her. If she’s quiet and focused, you can offer a few words of encouragement. Don’t start or continue conversations when she’s focusing on her contractions. This will break her focus and increase her tension.

• **Remind her to listen to what her body is telling her.** Encourage her to choose positions, movements and sounds that help her cope.

• **Don’t ask her if she’s in pain.** Instead, ask her if she feels she’s managing the pain. If she isn’t, try a different position or comfort strategy.

• **It’s common for women to lose focus and confidence at different times during labour.** She may tell you “I can’t do this” or “I’m tired of this”. In many cases, she’s just releasing her frustrations, especially if she’s saying these things during a contraction. Talk with her about her feelings once the contraction is over.

• **Realize that behaviour in labour is different than what you’re used to.** She may make strange sounds and movements. This is okay. She’s doing what she needs to do to bring the baby into the world.

• **Ask questions of your healthcare team.** Make sure you understand what’s happening, and ask for support if you need it.

• **You may need to remind her to release muscle tension, or to regain a rhythmic breathing pattern.** Be specific (e.g., “Let go of tension right here”, “Breathe in with me”).

**If she begins to hyperventilate**

It’s possible for a woman in labour to breathe too fast. This is called hyperventilation. If this happens, the woman in labour may:

• feel lightheaded or dizzy

• have tingling or numbness in her hands and feet

• have muscle spasms or cramps

If she feels any of these symptoms, try to get her to slow her breathing during contractions. It may help her to cup her hands over her nose and mouth, or to breathe into a paper bag.
Below are ways to help your partner work with her body in labour and birth.

<table>
<thead>
<tr>
<th>How to help her stay calm and focused</th>
<th>How to tell if she is calm and focused</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Her breathing</strong></td>
<td>• Her breaths seem slow and deep.</td>
</tr>
<tr>
<td>Say her name, and something like, “Slow, deep breaths, slow it down, nice and easy, in and out. Relax as you breathe out, focus on the out breath, let it out”</td>
<td>• Her inhales and exhales are even.</td>
</tr>
<tr>
<td><strong>The muscles in her face</strong></td>
<td>• Her jaw is droopy, not clenched.</td>
</tr>
<tr>
<td>Say something like, “Let your jaw relax, your teeth are apart, your lips are slightly parted, your eyelids feel heavy, the muscles in your face are soft, loose, heavy”</td>
<td>• Her eyelids are closed slightly.</td>
</tr>
<tr>
<td>• Her jaw is relaxed. If her jaw is relaxed, the eyelids aren’t squeezed tight.</td>
<td>If her eyes are closed, the eyelids aren’t squeezed tight.</td>
</tr>
<tr>
<td><strong>Her body, especially shoulders, arms, hands, legs and feet</strong></td>
<td>• Her hands aren’t clenched and her fingers are loose.</td>
</tr>
<tr>
<td>Say something like, “Let your ___ (arm, foot, etc.) relax. The muscles feel heavy, soft, loose, warm. Your ___ (arm, foot, etc.) feels like it’s sinking into the chair. As you breathe out, let the muscles become even softer, looser, heavier. Your ___ (arm, foot, etc.) feels warm, comfortable and relaxed. Lower your shoulders, unclench your hands, relax your fingers”</td>
<td>• Her shoulders are lowered—not pulled up to her ears.</td>
</tr>
<tr>
<td>• Her hands aren’t clenched and her fingers are loose.</td>
<td>• Her legs are relaxed, and her feet aren’t pulled up.</td>
</tr>
<tr>
<td><strong>Her buttocks and perineum (the area between vagina and rectum)</strong></td>
<td>• Her jaw is relaxed. If her jaw is relaxed, the perineum is usually relaxed too.</td>
</tr>
<tr>
<td>Remind her to relax her tongue and jaw while she’s pushing. If her perineum isn’t relaxed, there’s a greater chance of it tearing during labour.</td>
<td></td>
</tr>
</tbody>
</table>

**The room**

- Adjust the lighting.
- Check the temperature.
- Cut down on outside noise by closing the door or putting on some music.
- Remind her to go to the washroom as needed.
- Keep the curtain and/or door closed to protect her privacy.
Positions for labour

How labour positions help

Positions and movements are important to reduce your pain and help your labour progress.

At the beginning of labour, most babies enter their mom's pelvis looking to the side. However, to move through the pelvis, the baby needs to tuck her chin into her chest and turn to face her mom's back. When you choose positions such as standing, leaning or sitting on a birth ball, you're taking advantage of gravity to help your baby move down through the pelvis. This makes your uterus not have to work so hard. When you combine these positions with movements such as lunging, walking, swaying and rocking, you're helping your baby make the tucks and turns needed to enter and move through the pelvis.

Labour is slower and more painful when the baby isn't tucked and turned correctly. A baby who hasn't been able to tuck her chin into her chest or turn to face the right way is forced to move through the pelvis with a bigger part of her head. This puts pressure on mom's bones and ligaments, causing more pain. The baby also doesn't fit as well through the pelvis, which leads to a longer labour. A common example of this is back labour when the baby is in a posterior position.

Women are naturally restless in labour. They instinctively move, sway and pace. The following guidelines might help you and your support team.

- Choose the position and movements that feel right to you at the time.
- Change positions at least every 30 minutes.
- Use mostly upright positions, such as standing, walking, leaning or slow dancing with your partner.
- Balance activity with rest. Alternate upright positions with more restful positions (e.g., sitting on a birth ball, sitting in a chair or laying on your side for a short time).
- Don't spend time in positions that prevent you from moving your hips (e.g., lying in bed).

**If your movement is restricted**

Sometimes a woman needs to stay in bed during labour. Work with your healthcare providers. If you have to stay laying down:

- ask if you can switch between lying on each side, lying almost on your abdomen and lying on your back with a tilt
- make sure you change positions every 20–30 minutes
- lay on your side, not flat on your back

**posterior position**: when the baby, in a head down position, faces the front of the mom's pelvis instead of facing her back (anterior position)
In most labours, mom’s movements and positioning will be enough to make labour progress as it should. However, in some cases, the fit between the baby’s head and the mom’s pelvis isn’t as good as it could be. If this happens, your healthcare team will suggest other ways to help your labour progress.

Below is a list of helpful labour positions.

**Walking and standing**

Standing and walking can help during the early and active phases of labour, as they allow gravity to do more of the work. Gravity helps your baby to move down into position for birth. Gravity may also help relieve backaches and make your contractions more regular. Since standing is tiring, you can also rock and sway your hips or you may find it easier to lean forward over something or someone.

**Sitting upright**

Sitting upright during labour uses gravity to improve your contractions, and is also a good resting position. An excellent sitting position is sitting on a birth ball, which gives you the benefits of sitting while still being able to move your hips. This position can be even more restful by leaning on the bed or your partner. However, if you sit too long, it can make backaches and hemorrhoids worse. Leaning forward into your partner is also a good position. You can have your back rubbed at the same time.
**Birth ball safety**

A birth ball is a great labour tool. Most birth centres have them. Your nurse or midwife will help you use this tool safely. If you’re using a birth ball at home, make sure that it can hold an adult’s weight. Have someone support you or make sure you have something stable in front of you to hold on to so you don’t fall.

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**Kneeling on all fours**

Kneeling on all fours for short periods can help in early and active labour. This can take the pressure off hemorrhoids and can relieve backaches, especially if you do a pelvic tilt at the same time or sway your hips. It can also help turn a baby that is posterior. To ease the pressure on your wrists, try leaning on your forearms. Adding a birth ball to a hands and knees position is a great idea. If you do this on the bed, make sure you have support people on both sides of you to prevent a fall.

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**Squatting**

Squatting makes it easier for your baby to move through the pelvis, as it widens the pelvic outlet. **Squat only after your baby has entered the pelvis or during pushing.** This position doesn’t help your labour before then. Other squatting positions that can help include sitting on the toilet, sitting on a low stool or using a squat bar. Another excellent position is a lunge-squat.

*pelvic outlet: the bony ring that your baby will pass through*
**Lying on your side**

Lying on your side in early and active labour is a good resting position to alternate with walking. You can combine this position with a pelvic tilt to ease contractions, relieve backaches and help you relax between contractions. Try pulling your knees up and placing a pillow between them. Or you can keep your lower leg straight and bend your top knee and rest it on a pillow keeping your knee closer to the mattress. This opens the tailbone area of your pelvis for your baby to move into. You can also make more room for your baby by reaching your arms up towards the headboard.

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**Responding to back labour**

You are having back labour when you feel most of the pain of labour in your lower back. This may happen if your baby is in a posterior position. While you’re in labour, you may feel extra pressure on your back—sometimes during contractions, and sometimes all the time.

Before they’re born, most babies in a posterior position will move into an anterior position. Often a baby will rotate her head during the second stage of labour, while you’re pushing. The baby’s head usually fits through the pelvis better when in the anterior position.

**Pelvic tilt.** Do a pelvic tilt slowly, rhythmically and anywhere from 5–20 minutes at a time. This can be done on all fours, kneeling or while lying on your side. Pelvic tilts support the sacrum, ease back discomfort and help make the pelvic outlet larger. They also encourage your baby to turn if she’s in the posterior position.
Comfort strategies for back labour

Using some of the tips below, especially getting your body into the right position, will help with the discomfort of back labour.

<table>
<thead>
<tr>
<th>Measures for back labour</th>
<th>Tips</th>
</tr>
</thead>
</table>
| Position                 | • Lean forward, stand or sway.  
                            • Change your position often: kneel on all fours, lie on your side or sit on a birth ball.  
                            • Use positions that open your pelvis, such as lunging, stair climbing or squatting. (Remember that squatting is only to be used for the pushing and birthing stages—don’t squat during early labour). |
| Movement                 | • Walk or move your hips (e.g., pelvic rocking). |
| Massage or pressure      | • Massage, especially a deep, continuous pressure on the lower back.  
                            • Your partner can put pressure on your lower back area using a hand or fist, tennis ball or rolling pin. |
| Heat or cold             | • Put an ice pack on your lower back.  
                            • In the shower have your partner hold the spray nozzle on your lower back. |

Pain relief

In addition to staying calm and focused, working with your body during labour and using different positions, there are other ways to relieve pain during labour. Your healthcare provider and childbirth educator can help you learn about what options you have for pain relief. It’s a good idea to know more about these options before your labour begins.
TENS

TENS stands for transcutaneous electronic nerve stimulation. It’s given through electrodes that are taped to your skin. A mild electric current confuses your nerves so that you feel less pain.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Can relieve pain in early labour.</td>
<td>• Doesn’t work as well in active labour.</td>
</tr>
<tr>
<td>• You can control the strength of the current.</td>
<td>• Doesn’t work well if you don’t know how to use it before labour begins.</td>
</tr>
<tr>
<td>• Takes your mind off the pain.</td>
<td>• Can’t be used in the bath or shower.</td>
</tr>
<tr>
<td></td>
<td>• It may need to be rented or bought ahead of time, as most birth centres don’t have them.</td>
</tr>
</tbody>
</table>

For information about other pain relief options and medical procedures you may need during labour and birth, see pages 165–167.

Second Stage: Birth

The second stage of labour begins when your cervix has thinned out and is fully dilated (10 cm). During second-stage labour, many women get a burst of energy and focus to help them with the work of pushing. They feel encouraged to know that they will soon meet their baby.

Physical changes. The activity of the uterus changes in the second stage of labour. During the first stage, the uterus pulled up on the cervix to thin and open it. In the second stage, the uterus acts as a pump to push down on the baby to move her down. As the baby is pushed out of the uterus and into the vagina, the baby’s head presses on the rectum. For many women, this rectal pressure feels as though they need to have a bowel movement. Many women find they can’t control their body’s urge to push once the baby is low enough in the vagina. Some of the physical changes of transition (e.g., shakiness, sweating and nausea) carry into the second stage of labour. This is because your body is still working very hard.

Pushing

While the second stage begins with a fully dilated cervix, pushing often doesn’t begin right away. Many women get a natural break of about 20–30 minutes before active pushing begins.
Some women feel a strong and uncontrollable urge to push, while others don’t feel any urge to push at all. However, most women feel increased rectal pressure. This will guide you when to push. Sometimes women feel the urge to push before their cervix is fully dilated (e.g., when the baby is in a posterior position and rotating her head). If this happens, your healthcare provider will suggest ways for you not to push until your cervix is fully open. This is important, since waiting until your cervix is fully dilated before you push will help prevent your cervix from swelling.

During transition and into the pushing stage, your healthcare providers will be more focused on you and your baby. They will help you push effectively. Often you’ll be encouraged to push whenever you feel the urge to. It’s common to make low, grunting sounds during pushing. Follow your instincts.

**Birth**

Just before your baby is born, there will be a moment when the largest part of her head is at the opening of your vagina. This is called crowning. Many women describe this as a feeling of intense or strong burning. If you keep your eyes open, you’ll see your baby’s head come into the world. At this point you’ll be asked to push gently, to ease your baby’s head out and to help the shoulders come out. Often your healthcare provider will have you stop pushing so that the umbilical cord can be checked to make sure it’s not around your baby’s neck. After this, your baby’s body quickly follows.

Right after birth, your baby can be put on your chest or abdomen for skin-to-skin cuddling and to start breastfeeding. Finally, the umbilical cord will be cut. This is something many partners like to do. For more information about skin-to-skin contact, see pages 179–180.

**Will I have a bowel movement during pushing?**

Most women have very little if any stool in their bowels during pushing. This is because of the loose stools of early labour and since you don’t eat as much or at all during labour.
Third Stage: Separation and Delivery of the Placenta

After your baby is born, as you relax and cuddle together, there’s still one more stage of labour to go through. The third stage is the delivery of your placenta. Your uterus will contract again, which helps the placenta separate from the wall of the uterus. This is much easier than pushing out your baby.

The separation of your placenta usually happens within 10–30 minutes after your baby is born. You may or may not feel a mild cramping. You may be given an injection of oxytocin to help your uterus continue to contract and reduce in size.

Other Pain Relief Options and Medical Procedures During Labour and Birth

During labour and birth, your healthcare provider may suggest one or more medical procedures to help you or your baby. The benefits and risks of some common procedures are provided. When you’re in labour, it may be hard to focus on what your healthcare provider is telling you. If you have questions about these or any other procedures, it’s a good idea to ask your healthcare provider before you go into labour.

Entonox®

Entonox®, commonly known as laughing gas, is a mixture of 50% nitrous oxide and 50% oxygen. You hold the face mask or mouthpiece that delivers the Entonox® and breathe it in during a contraction.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Gives some pain relief at any stage in labour without long-lasting effects on mom or baby.</td>
<td></td>
</tr>
<tr>
<td>• You can control how much you get.</td>
<td></td>
</tr>
<tr>
<td>• Can be used along with other methods of pain control.</td>
<td></td>
</tr>
<tr>
<td>• Takes your mind off the pain.</td>
<td></td>
</tr>
<tr>
<td>• May cause dizziness, nausea, numbness or tingling.</td>
<td></td>
</tr>
<tr>
<td>• Doesn’t stop the pain.</td>
<td></td>
</tr>
</tbody>
</table>
Narcotics

Pain medicine such as morphine and Fentanyl® are narcotics. They’re given by injection into a muscle (IM) or by intravenous (IV).

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Can be used throughout labour.</td>
<td>• May cause dizziness, nausea or drowsiness.</td>
</tr>
<tr>
<td>• The IV form gets injected into a vein, works within 2–3 minutes and lasts up to 2 hours.</td>
<td>• May make your baby drowsy and may affect her breathing and breastfeeding (a drug can be given to temporarily reverse these effects).</td>
</tr>
<tr>
<td>• The IM form gets injected into muscle, works within 20–30 minutes and lasts up to 3 hours.</td>
<td>• Makes the labour pains feel like they aren’t as strong.</td>
</tr>
<tr>
<td>• Makes the labour pains feel like they aren’t as strong.</td>
<td></td>
</tr>
</tbody>
</table>

Epidural

An epidural is an anesthetic that blocks the pain in the lower part of your body during labour and birth. An anesthesiologist (doctor that gives the anesthetic) numbs the skin in the small of your back. Once the skin is numb, a needle is inserted between the bones of your spine into a space between the layers of tissue in your spinal column. This is the epidural space. A small plastic tube called a catheter is threaded through the needle. The needle is then taken out and the catheter is taped in place. A pump delivers the medicine to keep you comfortable throughout your labour.

With an epidural, your blood pressure, your heart rate and your baby’s heart rate will be checked often. You may have to stay in bed while the epidural is in place because your legs may feel very heavy from the medicine (you may be able to get up to go to the bathroom with help from your nurse).

Most women who want an epidural can have one. There are some medical conditions that prevent a woman from having an epidural. If you are interested in having an epidural in labour for pain control, discuss this with your healthcare provider ahead of time.

Before you are given an epidural, you will be given information about the procedure. Your anesthesiologist can answer your questions. You will have to sign a consent form.

anesthetic: medicine that blocks the pain
Labour & Birth: The Big Event

Pushing with an epidural

You may not have an urge to push with an epidural. Many healthcare providers give more time before starting active pushing, as pushing without an urge to do so can be very tiring. Once the baby is low enough, most women who have had epidurals can still feel some rectal pressure. This will help them to know when to push. A woman with an epidural can also put her hands on her abdomen and feel her uterus tighten up. This signals her to push. Your healthcare provider will also let you know when your contractions are happening and will help you to push effectively.

forceps: metal, spoon-like instruments that your healthcare provider can use to gently guide your baby out of the birth canal
vacuum extraction: a small cup, connected to suction pump, that your healthcare provider can use to guide your baby out of the birth canal

Benefits

- Can give the best pain relief.
- Can be used throughout labour.
- Easy to give 'top-ups' (more medicine).
- Pain relief is quick—within 20–30 minutes.

Disadvantages

- You may develop a fever during labour. This may mean more blood work and monitoring for you and your baby.
- May slow or stop labour if given before you're in active labour. If contractions slow down, you may be given oxytocin to stimulate labour (see page 170).
- May lower your blood pressure, which could slow your baby's heart rate for a short time (this is why you must have an IV started before you are given the epidural).
- Sometimes the dose needed for pain relief causes your legs to be weak—you may have to stay in bed.
- Pain relief may be patchy or incomplete.
- You may need to use a catheter (a tube in your bladder) during labour to drain your urine.
- You may not have or may lose the urge to push with the contractions. If this happens, your birth centre nurse can tell you when to push by putting her hand on the uterus—sometimes your baby will need forceps or vacuum extraction (see pages 170-171).
- You may shiver, or feel itchy.
- You may have a headache after birth.
- You may have a bruised feeling at the site of the epidural. This usually goes away within a week.
- Very rarely, you can have breathing problems, infection, nerve damage or paralysis. Nerve damage from an epidural is very rare (1 in 10,000 cases).
Other Procedures During Labour and Birth

Fetal monitoring

A fetal monitor is a machine that keeps track of your contractions and records your baby’s heart rate. Fetal monitoring is used to check your baby’s heart rate during labour. Labour can be stressful for a baby. If a baby can’t deal with the stress of labour, her heart rate may get faster or slower. It’s serious when a baby’s heart rate shows that she isn’t tolerating labour. By checking how your contractions affect your baby’s heart rate, your healthcare provider can tell how your baby is doing. There are 2 ways your healthcare provider or nurse will monitor your baby’s heart rate during labour: intermittent monitoring or continuous monitoring.

Intermittent monitoring of your baby’s heart rate

Listening to your baby’s heart rate is one way to assess how well your baby is doing during labour. Healthcare providers will likely listen to your baby’s heart rate every 15–30 minutes during the first stage of your labour and every 5 minutes while you’re pushing.

If your pregnancy is low risk and your labour is going well, this method works as well as if the healthcare provider was listening to your baby’s heart rate non-stop.

Continuous monitoring of your baby’s heart rate

This method means that your baby’s heart rate is always being checked by a monitor. The monitor measures both your contractions and your baby’s heart rate. Continuous monitoring is used in active labour with oxytocin infusions. If there are problems with your baby’s heart rate, an internal monitor may be used. Check with your birth centre nurse to see if you can stand beside the bed or take short breaks to use the bathroom to empty your bladder.

- **External (most common).** Two sensors are placed on your abdomen and held lightly in place by elastic belts. One sensor measures your baby’s heart rate through ultrasound. The other sensor measures and times each contraction by picking up the pressure of your uterus as it tightens. It doesn’t measure how strong the contractions are, just how often they are happening. Although fetal monitoring doesn’t cause discomfort, you won’t be able to move around very much while it’s being done.
• **Internal (not done often).** When your baby needs closer monitoring, an electrode (thin wire) is guided through your vagina and cervix and placed on your baby’s scalp. It will feel the same as having a vaginal exam done. The electrode doesn’t hurt your baby, but it will leave a small scratch on her scalp for a few weeks. The electrode is plugged into a machine. Monitoring by this method is more accurate, as it picks up the electrical impulse of your baby’s heart.

**Inducing labour**

While many women go into labour on their own, sometimes labour needs to be stimulated or induced. Normally, the cervix begins to ripen near the end of pregnancy. If your cervix hasn’t ripened, there are ways this can be done.

Ways to ripen your cervix, or get it more ready for labour before induction, include:

• inserting prostaglandin gel into your vagina or close to your cervix
• inserting a slow-release packet of prostaglandin gel close to your cervix
• inserting a catheter (a small rubber tube with a balloon on one end) into your cervix

Once your cervix is ripe or ready for labour, there are three ways to induce labour:

• artificially rupturing the membranes (breaking the water)
• giving synthetic oxytocin to you through an IV
• putting prostaglandin gel in the vagina

Your labour may be induced if:

• you’re more than 1 week past your expected due date
• the placenta is not supplying the proper amount of nutrients and oxygen to your baby
• your baby isn’t moving as much as she used to
• your baby isn’t growing as expected or has a health issue
• you have high blood pressure during pregnancy
• you have diabetes
• your water has broken, you’re at your due date, and your contractions haven’t begun after 24 hours
• your water has broken and your Group B Strep swab is positive (antibiotics will also be started)
If an induction has been suggested, your healthcare provider will talk to you about benefits and risks for you and your baby.

**Artificial rupture of membranes.** This procedure is done during a vaginal examination. It can be done before or during labour. It releases some of the amniotic fluid that surrounds your baby. It may also help to stimulate contractions by allowing your baby’s head to press on your cervix. This pressure causes prostaglandins to be released, which ripen or soften the cervix and stimulate contractions.

**Oxytocin infusion.** Synthetic oxytocin is given by IV. The IV rate is increased until you’re having regular contractions that start the labour process. Everyone responds differently to this medication and it may not always start labour.

**Augmentation**

For medical reasons, your healthcare provider may also suggest stimulating contractions after your labour has started to help you progress.

Augmentation methods include artificial rupture of membranes and IV oxytocin.

**Assisted birth**

**Vacuum extraction**

A vacuum extractor is a small cup connected to a suction pump. The cup is placed on your baby’s head. Your healthcare provider will use a controlled amount of suction to help guide your baby out while you push.

Vacuum extraction may be used to:

- speed up birth, if your baby is having trouble
- help with the birth if you aren’t able to push or if you are too tired to push

The disadvantage is that the cup shapes or bruises your baby’s head. This goes away within a few days. Your healthcare provider will talk to you about any other risks.


**Forceps**

Forceps are metal, spoon-like instruments. Between your contractions, your healthcare provider gently cradles the sides of your baby’s head with the forceps. When you push, your healthcare provider will gently pull to help guide your baby out through the birth canal.

Forceps may be used to:
- speed up the birth, if your baby is having trouble
- help with the birth, if you aren’t able to push or if you are too tired to push
- help adjust the position of your baby’s head, if it’s not in the right position
- protect the head of a premature baby during birth
- avoid a caesarean birth when a vaginal birth can still be done safely
- help deliver your baby’s head during a vaginal breech birth

The disadvantages are that:
- you may need an episiotomy
- there may be more risk of bruising or tearing of your vagina
- forceps can cause bruising or red marks on your baby’s head (these usually fade within a few days)

**Episiotomy**

An episiotomy is a cut made through the perineum to make the vaginal opening bigger. An episiotomy is not a routine procedure and isn’t done often. It may be done with an assisted birth (e.g., vacuum or forceps).

When you’re in labour, talk with your birth centre team about things you can do that may help prevent you from needing an episiotomy. These include perineal massage, warm compresses, positions for pushing and controlled pushing with the help of your birth centre team as your baby is born.

If you’ve had an episiotomy or a tear, your healthcare provider will stitch the incision. A local anesthetic (freezing) is injected in the area (not required if you have an epidural). The anesthetic will minimize the pain during the stitching. These stitches don’t need to be taken out—they’ll dissolve over the next week, as your perineum heals.

*caesarean birth/C-section:* when your baby is born with the help of an incision (cut) made into your abdomen and uterus

*breech:* when your baby is positioned buttocks (bottom) or feet first
Caesarean birth

A caesarean birth, or C-section, is when your baby is born with the help of an incision (cut) made into your abdomen and uterus. Some caesarean births are planned. Others are done in an emergency.

Why a caesarean birth might be needed

Sometimes a vaginal birth isn’t possible or would be a risk to mom or baby. Below are some reasons a caesarean birth may be needed.

**Planned caesareans**

- **Malpresentation**
  - *Breech presentation.* This is when your baby is coming buttocks (bottom) or feet first. Some women may still be able to give birth vaginally. Talk to your healthcare providers.
  - *Transverse lie.* If your baby is lying in a sideways position.

- **Other malpresentation**
  - *Brow or face presentation.*

- **Herpes.** If you have an active herpes virus infection, you may need a caesarean to prevent the virus from spreading to your baby as she moves down the birth canal.

- **Complicated multi-fetal births,** where one or more of the babies are breech or lying sideways (transverse position).

- **Placenta previa.** The placenta lies over part of or over your entire cervix.
Unplanned caesareans

- **Cephalopelvic disproportion.** This means that the baby may be too large to safely fit through the mom's pelvis or that the position of the baby’s head causes the labour not to progress as expected.

- **Concerns about your baby’s well being.** There may be changes in your baby’s heart rate that show she isn't tolerating the stress of labour.

- **Placental abruption.** The placenta begins to separate from the wall of the uterus before the birth.

- **Cord prolapse.** Rarely, if your amniotic sac breaks suddenly, the cord can be carried along and become caught between your baby and your pelvis. This can affect the amount of oxygen that is flowing to your baby.

- **Babies with certain birth defects or other health issues** may not tolerate labour and birth.
What to do at home before a planned caesarean birth

Talk to your healthcare provider to find out what you need to do to prepare for your caesarean birth.

What will happen in the operating room

The procedure for caesarean birth is the same, whether it was planned or unplanned.

- You will lie down on an operating room table that tilts slightly to the left. There are supports on the side to keep you from slipping.
- Monitoring equipment will be used to check your blood pressure and heart rate.
- You will be given 1 of 2 kinds of anesthetic:
  - Regional anesthesia (spinal). Medicine is given through a needle inserted into a space surrounding your spinal cord. You will have no feeling below your breast line. If you are given a regional anesthetic, you’ll be awake and alert during the surgery.
  - General anesthesia. Medicine, usually given by the anesthesiologist, puts you completely to sleep. You will stay asleep during the birth of your baby. This is not used very often, usually when the baby has to be delivered very quickly because of a life-threatening problem with the mom or the baby.

You may be able to talk to your healthcare provider and anesthesiologist about the kind of anesthetic you prefer. Remember that in an emergency, there may not be time to talk about the kind of anesthetic you want.

- Your abdomen and thighs will be washed and covered with a sterilized cloth or drape, leaving only a small area on your abdomen showing. The arm(s) with the IV will rest on an arm board, away from your body.
- There will be many people in the room to care for you and your baby.
- Once the anesthesia is working, the surgery will begin.
- Your baby will then be delivered through a small incision.
**Your support person**

You may be able to take a support person into the operating room with you. Your support person can help you relax and get comfortable. The support person can talk to you during the birth if you don't have a general anesthetic. If you do have a general anesthetic, you'll need to check with your birth centre about their procedures. Depending on where you have your caesarean birth, the support person may or may not be allowed in the operating room if you have general anesthetic or there is an emergency.

**After a caesarean birth**

- You will have some pain in your abdomen. There is pain medicine to help you feel more comfortable.

- Ask your healthcare provider if your baby may be placed skin-to-skin right after birth. This will allow you to begin breastfeeding and bond with your baby. Your nurse will help you find a comfortable breastfeeding position for you and your baby.

- You will most likely start on a liquid diet and then move to solid food as soon as you are able to. The IV will come out once you are eating well. You may have a catheter in place for a few hours to help you pass urine.

- Some types of stitches are absorbed. If you don’t have these kinds of stitches, or if you have staples, your birth centre nurse or public health nurse will take them out.

- You aren’t only recovering from the birth of your baby, but also from surgery. Taking care of yourself will help you recover faster. A good diet, plenty of fluids and rest are important. Ask for and accept help from others.

If the caesarean birth is an emergency, you may have little time to prepare for it. You can feel a lot of emotions after a caesarean birth. You may feel sad or disappointed, happy or relieved. If you’re upset or worried, talk with your healthcare provider, partner or someone you trust.

Many women who’ve had a caesarean birth can have a vaginal birth with later pregnancies. Talk to your healthcare provider about this before or during your next pregnancy.
My notes
Postpartumum
The First Six Weeks
During the first 6 weeks after your baby’s birth, the postpartum period, it’s important that you eat well and rest whenever you can. It will take time for your body to recover from pregnancy and birth and as new parents, to get comfortable with your new roles. Taking care of yourselves helps you take care of your baby too. Work together with your partner, friends and family. It’s okay to ask for help when you need it, and to accept help when it’s offered.
At the Birth Centre

Congratulations! Your new baby has arrived. Your birth centre team will care for you and your baby. They will encourage you to rest and cuddle together. Your baby can be put on your chest or abdomen for skin-to-skin contact and to start breastfeeding. Soon after your baby is born, your birth centre team will check both of you.

You will:

• be checked for your overall physical well being and your vaginal flow
• be checked to feel if your uterus has contracted
• have your blood pressure, pulse and temperature taken
• have your vaginal area checked for any tears or grazes and have stitches put in, if needed

Your baby will be:

• weighed and measured
• given a check of his overall health, including breathing, heart rate, skin colour, muscle tone and reflexes at 1 and 5 minutes of age (this is called the Apgar score)
• given erythromycin antibiotic ointment in his eyes to help prevent infection
• given an injection of vitamin K in his thigh (within 6 hours of birth) to help prevent bleeding

Before you leave the birthing room, you and your baby will also be given matching identification bands. This is for security reasons.

Getting to know your newborn

Cuddling your baby skin-to-skin (chest to chest, with your baby wearing only a diaper and your baby’s back covered with a blanket) is the best way to ease your newborn into the world. For safety reasons, it is important that you are awake when cuddling skin-to-skin with your baby.
Skin-to-skin cuddling has many benefits, including:

- regulating your baby’s heart rate, breathing and blood sugar
- keeping your baby warm if he’s too cool (your body temperature can rise up to 2 °C)
- cooling your baby if he’s too warm (your body temperature can lower up to 1 °C)
- helping you bond and get to know your baby
- helping your baby be calmer and cry less
- helping you be more confident and relaxed
- helping mom’s milk flow and increasing hormones that help make breastmilk
- promoting breastfeeding and helping your baby latch easier to the breast
- helping premature babies gain weight

With his head on your chest, your baby can both hear your heartbeat and smell you. This will lower your baby’s stress (and yours too).

**Skin-to-skin cuddling**

- Cuddle your baby skin-to-skin (chest to chest), with your baby wearing only a diaper.
- Open eyes, gazing at each other, while looking for hunger cues.
- Cover yourself and your baby’s back with a blanket (for warmth and comfort).
- Keep your baby’s head uncovered.
- Request any baby exam be done skin-to-skin, if possible.

The time to do skin-to-skin cuddling is before and after feedings, and as often as you wish for the next few weeks. Skin-to-skin provides a way for your baby to use all 5 senses to get to know you.

Moms and dads can both do skin-to-skin with baby.
Breastfeeding your newborn

Most babies are alert and hungry right after birth. Ask your nurse to help you breastfeed as soon as you’re comfortable—preferably within 30 minutes to 1 hour after birth.

It’s easier to start breastfeeding when you and your baby are doing skin-to-skin cuddling. Hold your baby skin-to-skin as soon after birth as possible. Hold him for at least an hour or until you have finished your first breastfeeding. For the first few weeks, hold your baby skin-to-skin often and for long periods. This helps all babies.

Sometimes there may be a medical reason for your breastfed baby’s feeding to be supplemented with something else in addition to, or in place of breastfeeding. You may be advised to supplement with your own expressed breastmilk (EBM), pasteurized human donor milk from a milk bank (if recommended by your healthcare provider and if available) or infant formula. If you have any questions, talk to your healthcare provider. When your baby no longer needs the supplement, you may need support to help you and your baby return to full breastfeeding. Continue skin-to-skin contact with your baby to help increase your breastmilk supply.

For more information about breastfeeding, including how to express breastmilk, see the ‘Learn More’ chapter later in this book. For information about feeding infant formula, see Healthy Parents, Healthy Children: The Early Years.

expressed breastmilk (EBM): breastmilk that has been removed from your breasts, either by hand or with a pump.
Some things to know about newborns

Newborns can look quite different from babies who are even a few weeks old. Here are some of the things you may notice about your newborn.

Weight

• Most newborns weigh between 2500–4000 grams (5 lbs. 8 oz–8 lbs. 13 oz).

Skin

• Your baby’s skin may be covered with a slippery white coating that protected his skin in your uterus. This is called vernix. It will wash off or be absorbed in the first 24–48 hours.

• Your baby may have white spots (milia) around his nose that may last for a few weeks. You don’t need to treat milia. It will go away on its own.

• Your baby may have lanugo on his forehead, ears and shoulders. Lanugo usually disappears within 2 months.

• Your baby’s skin may be dry or peeling, especially on his hands and feet.

• You may see black or blue marks (Mongolian spots) on your baby’s body (usually the back or bottom). These spots usually fade by the time your child is 5 years old.

• You may see reddish areas (stork bites) on your baby’s forehead, eyelids, nose or back of the neck. Stork bites usually fade and are gone by the time your child is 3 years old.

Head and face

• Your baby has a soft spot on the top and at the back of his head. The bones of the skull have not yet joined to allow the brain to continue to grow. These soft spots are called fontanelles. The skull bones will grow stronger and join together as your baby gets older. Gently touching the soft spots won’t harm your baby. The soft spot near the front is already well protected by skin. It closes around 6–24 months. The soft spot near the back might be very small. It closes around 8–12 weeks.
• Few newborns have perfectly shaped heads. It may take up to 6 weeks after birth for your baby's head to become round.

• Your baby may have lots of hair or no hair at all. Babies may lose some of their hair soon after birth. Their hair may also change colour.

• Your baby’s eyes may be swollen from the birthing process. His eyes may be sensitive to bright lights in the first few days. This is because he’s used to being in the dark. It’s common for his eyes to change colour during the first year.

• Your baby’s nose may be flat, misshapen or bruised. It will go back to its normal shape and the bruising will go away in time.

• Your baby’s mouth will be pink and moist.

**Body**

• Your hormones may cause both boys and girls to have swollen breasts (that sometimes leak milk) for the first few days.

• Your baby’s umbilical cord will be a bluish white colour and change to yellowish brown and greenish black as the cord dries. The cord usually falls off after 1–3 weeks.

• Both baby boys and girls may have swollen and enlarged genitals for the first few days.
  - Boys’ testicles will usually be descended (have moved into the scrotum).
  - Girls may have a white, pink or red discharge from the vagina during the first week. This is normal, and due to the mom’s hormones.

**During your stay at the birth centre**

Your stay in the birth centre could be between 12–36 hours after your baby is born. If you have a caesarean birth, your stay may be longer. You may want to have flowers and gifts sent to your home rather than the birth centre.

Your baby will stay beside your bed in a small, portable crib. Always put your baby to sleep on his back. Keep your baby’s crib close by at all times. This is a safe place for your baby to be when you are asleep. Being together in the same room will help you and your baby get to know each other. Please see information on safe infant sleep in *Healthy Parents, Healthy Children: The Early Years.*

**No latex balloons**

Latex balloons aren't allowed in healthcare facilities. They can cause severe allergic reactions to those allergic to latex and are a choking hazard for young children.

**Concerns about your baby**

If you have any questions or concerns about your baby’s breathing, colour, or feeding, speak with a member of your birth centre team.
Your birth centre team will help you care for yourself and your baby. They’ll show you how to feed and cuddle safely and will answer your questions. Remember, whether you are a mom or dad, you can do skin-to-skin cuddling.

**Keeping your baby safe**

Your orientation to your birth centre will include information about keeping your baby safe. For safety and security reasons, most birth centres limit who can visit labour and delivery and postpartum units. While infant abduction is very rare, there is always a risk. A baby can be abducted by either a family or non-family member.

Here are some simple steps you can take to help keep your baby safe:

- Don’t give your baby to anyone who doesn’t have birth centre identification.
- Never leave your baby alone in your birth centre room.
- If you aren’t comfortable with the person asking to take your baby, say no. Call a member of the birth centre team.
- When birth centre staff bring your baby back, they’ll check your arm band and your baby’s arm band to make sure they match. Baby’s and mom’s identification bands need to remain on while at the birth centre.

For information about how to work together to make your healthcare and hospital stay safer, visit [http://aphp.dapasoft.com/PublicHtml/doc/104278_SafetyInformationforNewMothers-Brochure_1205.pdf](http://aphp.dapasoft.com/PublicHtml/doc/104278_SafetyInformationforNewMothers-Brochure_1205.pdf)

**Preventing falls**

- New moms can sometimes feel dizzy or faint. Don’t get up alone—have someone help you the first time you get out of bed after your baby is born. If you feel faint, use your call bell to get help.
- If you go outside your birth centre room, don’t carry your baby in your arms. Put your baby in the portable crib.
- Always stay with your baby when he is on a high place, like a bed. Even newborn babies kick and wiggle. It is easy for them to fall from furniture and other surfaces. It can happen very fast—even if you think your baby is too young to move much. Keep one hand on your baby at all times.

**Your baby’s newborn blood spot screen**

When your baby is between 24–72 hours old, a few blood drops are collected from a heel poke. The blood spots are tested for 17 treatable conditions that include:

- problems with how the body uses food to grow and develop (metabolic conditions)
- problems with how the body makes hormones (endocrine conditions)
- cystic fibrosis, a condition that affects the lungs and digestive system
Newborn blood spot screening is quick, safe and the best way to tell if your baby has a treatable condition that you or your healthcare provider might not know about. It is important to find these conditions early. Treating these conditions early can prevent health problems, improve your baby’s health and maybe even save your baby’s life. Ideally, the newborn blood spot screen is done at the birth centre before your baby goes home. It may also be done at a home visit, clinic visit or lab in your community.

For more information about your baby’s newborn blood spot screen:
- talk to your public health nurse or your healthcare provider
- visit https://myhealth.alberta.ca/Alberta/Pages/newborn-metabolic-screening-program-overview.aspx

**When a baby needs special care**

Sometimes newborn babies need more specialized care. A baby may need to go to a special nursery to be watched more closely. If your baby needs more medical treatment, he may be moved to a unit such as a special care nursery or neonatal intensive care unit. These units may be in another hospital.

Every birth centre offers different services. Sometimes this means that a baby’s birth may be at a different birth centre from what was planned. It may also mean moving the mom or the baby to another birth centre.

If your baby is admitted for special care, you will be able to visit as often as you want. Ask your birth centre team about guidelines for visitors. Your birth centre team will help you understand how your baby is doing and how you can be a part of your baby’s care. They will give you as much information and support as possible. Let them know if you have any questions.

Your birth centre team can show you how to use a hospital-grade electric breast pump to collect breastmilk, and how to label and store the breastmilk you collect. Pumping your breastmilk will help you establish and maintain your milk supply. You can ask to see a lactation consultant or another healthcare professional knowledgeable about breastfeeding for more information.

It’s important to have skin-to-skin contact with your baby while he is in special care. The healthcare providers will help you do this when your baby is ready.

If your baby needs specialized care, here are some things that may help you cope:
- If your baby is moved right after birth, your labour support person can ask to go with him.

**Twins, triplets and more**

Many moms breastfeed more than one baby at a time. If you are breastfeeding twins, triplets or more, you may want to talk to a healthcare professional who is knowledgeable about breastfeeding.
• Ask your back-up support person to come to the birth centre. After the birth, your support person may be almost as tired as you are. Your back-up support person can help you while your main support person gets some rest.

• Ask the birth centre team to explain what’s happening with your baby.

• Be with your baby as soon as possible. Your baby will hear and smell you. Being there will comfort him, even if you can’t hold him yet.

• Breastfeed your baby when he’s ready, or pump your milk so it can be fed to him. This is good for your baby. Talk to the birth centre team about getting an electric breast pump.

• Talk about your feelings with your nurse, the birth centre social worker or your spiritual advisor, if you have one. The birth centre may have a spiritual care advisor you can talk to. Know that you can ask for help to get through this difficult time.

• If you are discharged before your baby, a public health nurse will contact you and arrange to see you (see page 187).

After your baby leaves the birth centre, your healthcare provider and other agencies will continue to support you and your family.

**Going home**

The birth centre team will discharge you and your baby before you can leave the birth centre. You can keep your baby’s identification bands and card from the crib.

You will be asked to fill out the Government of Alberta Registration of Birth form (includes a section to request your child’s social insurance number and Canada Child Benefits application). Remember to leave your completed form at the nursing desk. For more information about forms, see page 132.

Before you leave the birth centre:

• check that the nursing desk has the correct phone number and address of where you will be staying so the public health nurse can contact you

• ask about any prescriptions you may need and have any other questions answered

**Child safety seat**

Your baby must ride in a rear-facing child safety seat if he’s going home in a car, truck or van. This is the law. It’s also the only safe way for your baby to travel in a vehicle. Make sure you know how to use your child safety seat before your baby is born. Read the manufacturer’s instructions and your vehicle owner’s manual. You can take the ‘Yes Test’ (found in the ‘Learn More’ chapter of this book) to make sure it is installed correctly.

If you’ll be riding home from the birth centre with your baby in a taxi, be sure to bring your child safety seat with you.
Your First Few Days at Home

During the first few days and weeks after giving birth, many new parents are surprised to find that looking after their baby takes most of their time and energy. You’ll be learning many things and going through a lot of changes. This is a time to focus on yourself and your baby. Don’t worry about trying to get anything else done in those first few days and weeks. When you take care of your own physical and emotional health, you’ll be better able to take care of your baby.

It’s normal to have plenty of questions and to feel unsure when you are a new parent. Trust your instincts. It helps your baby feel comfortable, loved and safe when you:
• pick up your baby when he cries
• feed your baby when he’s hungry
• cuddle your baby often—let him see, smell, feel and hear you
• smile and gently talk to your new baby

Your public health nurse

Your public health nurse will contact you after you leave the birth centre. The nurse may arrange to see you to:
• examine you and your baby
• help you with feeding your baby
• do or arrange for any tests your baby might need (e.g., a newborn blood spot screen if it wasn’t done at the birth centre)
• take out any stitches or staples

The nurse will also answer your questions and talk with you about:
• safety
• sexuality and birth control
• your emotions
• how your family is adjusting to having the baby at home
• parenting in general
• resources in the community
• immunizations for your baby and other family members

Your public health nurse will arrange follow-up care, if needed.

Emotions after baby’s birth

After your baby is born, you may find you have a lot of energy, or you may feel very tired. You may also find your emotions bounce from happy to sad and back again.

If you’re concerned about constant low energy and sadness or anxiety, tell your partner. Talk to your healthcare provider or public health nurse.
Taking Care of Yourselves

It’s normal for new parents to feel a bit overwhelmed with their new baby’s needs and their new responsibilities. Having a baby is a very big life event. You may wonder how you can take time to look after yourself when you need to spend so much time looking after your baby. Remember that caring for your needs isn’t selfish. Your baby needs parents who take care of themselves and a healthy environment to grow and thrive in.

Here are some tips that may help you adjust to your new baby.

• Take things one step at a time and one day at a time. Enjoy today.
• Ask for help from supportive people you trust (e.g., your partner, family, friends and healthcare provider).
• Say no to household tasks and other chores that aren’t urgent.
• Take a nap when your baby naps.
• Rest, eat well, get plenty of fluids and be physically active.
• Don’t use alcohol, tobacco or drugs. Limit caffeine.
• Take time for yourself. Even a short break can help you feel refreshed.
• Spend time with your partner. Try to comfort, support and enjoy each other.
• Stay connected with family and friends.
• Make friends with other new parents.
• Write down your thoughts or feelings in a journal or in this book.

Getting to a healthy weight

Eating well and being physically active, along with breastfeeding, may help you return to the weight you were before you were pregnant. Be patient—returning to a healthy body weight can take time. Don’t follow strict weight loss diets while breastfeeding. Some of the energy used to make breastmilk comes from weight gained during pregnancy.

Being at a healthy weight before your next pregnancy will help increase your chances of having a healthy pregnancy and a healthy baby the next time too.

Eating

You may feel more hungry while breastfeeding than you did when you were pregnant. This is normal.
While breastfeeding, choose an extra 2–3 servings from Canada’s Food Guide each day. Canada’s Food Guide gives you a recommended number of servings for each of the 4 food groups. Each food group is important and provides a variety of nutrients. If you aren’t able to eat foods from an entire food group (e.g., you have taken all foods from the milk and alternatives group out of your diet), speak with a registered dietitian or your healthcare provider. Eating regularly and following Canada’s Food Guide will help give you the energy you need to care for yourself and your new baby. If you’re a vegan, you or your baby may need other supplements. Talk to a registered dietitian about the nutrition needs of both you and your baby.

You’ll probably find that you’re more thirsty than usual while breastfeeding. Drink water throughout the day, and drink milk with meals. Limit 100% fruit juice to half a cup per day.

Healthy fats (e.g., omega-3 fats from your breastmilk) are important for your baby’s growth and development. You can increase the omega-3 fats in your breastmilk by eating fish like salmon, trout, mackerel, pollock (Boston bluefish), char, sole, canned light tuna, cod, herring and sardines. Smaller amounts of omega-3 fats are found in vegetable oil, nuts and seeds, and eggs enriched with omega-3.

Most foods can be eaten while you’re breastfeeding. However, some fish are high in mercury, which can harm the developing nervous system of infants and young children. While breastfeeding, follow our recommendations for fish on page 26.

Other eating tips for breastfeeding moms:

- Caffeine is found in coffee, tea, cola and chocolate. Limit caffeine intake to 300 mg a day or less (500 ml or 2 cups of coffee has approximately 300 mg of caffeine). If your baby wakes often, or is fussy, try cutting back your caffeine intake.

- The only foods you need to avoid are the foods that you or your baby are allergic to. For more information talk to your healthcare provider or a registered dietitian.

- Spicy or gas-producing foods are common in the diets of many cultures—they don’t usually bother most babies, so you can keep eating them unless you find that they affect your baby.

**Quenching your thirst**

Drink plenty of fluids. When breastfeeding, you need about 3 litres (12 cups) of fluid each day. Keep a glass of water close to where you breastfeed.

**Multivitamin supplement with folic acid**

Women who are of childbearing age need to take a multivitamin supplement every day that has:

- folic acid (folic acid reduces the risk of birth defects in babies, if a pregnancy happens)
- vitamin D, 400 IU
**Herbal teas**

Some herbal teas and herbal products can act like drugs and affect you and your baby. For more information, contact the Medication and Herbal Advice Line toll-free at 1-888-944-1012.

**Physical activity**

Many of the physical and emotional changes that happen with pregnancy will last for several months after your baby’s birth. In the coming weeks and months you will also be balancing your responsibilities as a new mom. Pace yourself. Don’t get too tired. Take care of your baby’s needs and enjoy your time together.

If your pregnancy and birth didn’t have any complications, you can begin some activity right away: mild physical activity (such as walking), pelvic floor exercises and gently stretching all muscle groups. Pelvic floor exercises (see page 40–41) are especially important after birth to reduce the risk of urinary problems later on and to get the tone and control of your pelvic floor back.

Returning to physical activity after pregnancy can also decrease your risk of postpartum depression. How soon you are able to return to normal physical activity depends on how long and how difficult your labour was and your type of birth. Check with your healthcare provider about when you can return to physical activity after your baby’s birth. Most physical activities can be started again at less intensity and for shorter amounts of time. Start slowly and give your body time to heal.

**Physical activity guidelines**

Walking is a safe and effective way to get moving. Don’t be too concerned with losing weight right away. Your weight naturally adjusts as you eat well and are physically active. Gradually build from 15 minute walks to 30 minute walks or longer. Try to walk most days of the week.

**Abdominal muscles after pregnancy**

Sometimes abdominal muscles can separate (diastatasis recti) during pregnancy because of increased pressure of the growing baby. Before you resume physical activity that involves abdominal muscles (e.g., sit-ups, rotating trunk, bending to one side), talk to your healthcare provider.

**Walking**

- Walking is good for your body and your spirit.
- The only equipment you need is a pair of shoes.
- Ask your partner, a family member or a friend to join you.
- Take your baby with you in a stroller or a carrier, or ask someone else to look after your baby while you go walking for a break.
- Start by walking slowly for 10–15 minutes. Then, walk faster for the next 5–10 minutes. Finish up by walking slowly again.
Taking care of yourself and gradually returning to physical activity gives you the energy you need for your growing family. Your physical activity routines will also help set a good example for your child for the rest of his life.

**Lifting and carrying safely**

For information on lifting and carrying safely, see our other book *Healthy Parents, Healthy Children: The Early Years.*

**Getting the support you need**

Sometimes people will offer to help, and sometimes you’ll have to ask them. Family and friends are often eager to help. You may want to have family and friends help with household tasks so you can have more time with your baby. Or you may want to have them help with the baby so you can have a rest.

Asking for or accepting help does not mean you can’t cope. It means you know your limits. When you have help, you’ll have more time to get to know your baby.

**Visitors**

Friends and family will want to visit. You will want them to meet your baby. But having visitors can be very tiring, especially in the first few weeks. You and your baby need time to get to know each other and to adjust to the changes in your life. Though you may not feel tired, you and your baby need to rest.

Tips for having visitors

- Ask visitors to come at the time that’s best for you. If someone comes to visit without calling you first, decide whether you want to see them. If it doesn’t work for your family, tell them it isn’t a good time.
- Tell visitors ahead of time how long you would like them to stay.
- It’s okay to ask visitors to leave if they stay too long. You can say it’s time for you and your baby to have a nap.
- Resist the urge to clean up the house for visitors. Remember, they’re coming to see you and your baby.
- If visitors are sick with a runny nose, cough, fever, rash or upset stomach, ask them to come another time. They can return when they are healthy.
- Have visitors wash their hands before handling the baby.
Rest and sleep

During the first few weeks of your baby’s life, rest and sleep are very important. Rest and sleep will help your body heal and help with breastfeeding. Getting enough rest will also help you get your strength back, manage your feelings and cope with unexpected challenges.

To help you get the rest you need:
• try to rest when your baby is sleeping.
• use feeding time as a chance to rest. Try different breastfeeding positions to find the one that works best for you.
• rest after feeding. Hormones released during breastfeeding often make you feel sleepy. If you feel sleepy, put your baby in his crib before you fall asleep.

Showering and bathing

You can shower or bathe as soon as you feel able to, unless your healthcare provider tells you otherwise. To prevent infection in your vagina and uterus, make sure your bathtub is clean. You may want to have someone help you out of the bathtub.

If you’ve had a caesarean birth, you may use the shower (after 24–48 hours) while the incision is healing, unless otherwise instructed by your healthcare provider. Wait until your incision is healed before you have a bath.

Normal bleeding (lochia)

You will have a discharge or flow (lochia) from your vagina after your baby is born. The flow may last up to 6 weeks. The flow is caused by your uterus shedding and renewing its lining.
• For the first 1–3 days, you likely will have a heavy flow of bright, then dark red blood. You may need to change your pad every 1–3 hours. You may also pass a few small clots (no bigger than 2 cm), or no clots at all.
• During days 4–10 after giving birth, your flow will likely be brownish or pink. The flow will decrease a bit each day. You’ll need to change your pad every 3–5 hours or every time you go to the washroom.
• After 10 days, the flow usually has become yellowish white.
It’s normal for your flow to be heavier during and after breastfeeding, after activity and after sitting or lying down for a while. This is because mild contractions in the uterus are helping get rid of its lining. If your flow gets a lot heavier after activity, it may be a sign that you’re doing too much. The flow should slow down once you stop doing the activity.

**Perineal care and comfort**

Your perineum may be very sore for the first few days after a vaginal birth. You can help healing with proper perineal care.

Here are some tips that will help with perineal comfort and care.

- You can wet a sanitary pad with water and freeze it. Put the frozen pad on your perineum for 20 minutes at a time during the first 24 hours or more after birth. Do not reuse frozen pads.
- Lie on your side, rather than sitting, when you rest, sleep or breastfeed.
- Try taking a warm bath. Sitting in a shallow bath with warm water can help soothe, cleanse and heal the perineum. You can do this twice a day for up to 20 minutes at a time. Use clean, warm water with no soaps or oils, and follow with a shower.
- Take pain medicine as recommended by your healthcare provider. This may help you feel more comfortable when sitting. If you’re breastfeeding, only a small amount of this medicine will pass to your baby through your breastmilk and is safe for your baby if taken as directed.

**Call your healthcare provider if you have any of the following:**

- you pass a clot larger than 2 cm and have heavy blood flow (soaking 1 pad in less than 1 hour in the first 3 days or soaking 1 pad in less than 3 hours on day 3 or more)
- you soak 1 pad in less than 1 hour in the first 3 days
- you soak 1 pad in less than 3 hours on day 3 or more
- you have steady vaginal slow flow
- your flow is not getting lighter
- your flow goes back to bright or dark red and you are bleeding heavily after it has changed to brownish/ pink or yellowish white
- your flow smells bad
- you have pain in your abdomen (sharp and stabbing)
- you have a fever over 38 °C with chills or aches, or you have a fever over 38 °C without chills or aches for more than 2 days

**Call 911 or go to Emergency if you have heavy, rapid (or steady) vaginal flow of very large amounts of blood.** The blood may overflow your pad, run down your leg or form a large pool.

**Call your healthcare provider if, instead of feeling better, you have increased soreness in your perineum.**
• Rest if your flow increases.
• After going to the bathroom, pour warm tap water over your perineum from a squeeze bottle.
• Gently dry your perineum with toilet paper, patting dry from front to back.
• Change your pad each time you go to the bathroom, or at least 5 times a day.
• Don’t touch the surface of your pads. This will keep them as clean as possible.
• Wash your hands before and after changing your pad and any time you go to the bathroom.
• To help prevent infection, don’t use tampons for the first 6 weeks after having your baby.

Do perineal care until your vaginal flow stops. If you have an incision from an episiotomy, it will likely heal in 2–4 weeks. The stitches will dissolve on their own. You may notice small pieces of the stitches on your pad as your body heals.

**Menstruation (menstrual period)**

If you’re breastfeeding, your menstrual period may not start again for months, or until you breastfeed less often or stop completely. If you’re formula feeding, your period usually starts 4–9 weeks after birth. This first period may be longer, shorter, heavier or lighter than usual.

**You can still become pregnant before you get your first period.** This is because you will ovulate (release an egg) before your period returns. Talk to your healthcare provider about birth control options before you become sexually active. For more information about birth control, see pages 213–222.

**Breast and nipple care**

Within a couple of days after birth, your breasts will become larger and heavier. They may be tender as they start making more milk. This fullness happens because the breast tissue swells and your body starts making more milk. The swelling will go away over time. Your breasts will keep making as much milk as your baby needs, even after your breasts begin to feel softer.

When breastfeeding:
• Wear a cotton nursing bra. A nursing bra allows you to release one breast at a time. You may also wish to take your bra off and massage your breasts to empty the ducts while feeding.
• Wear a bra that doesn’t have an underwire.
• Use cotton breast pads. A breast pad is a piece of soft cloth that you put between your breast and your bra to absorb leaks. Do not use breast pads with a plastic lining.
• If your breasts become uncomfortable, take a warm shower or bath just before you breastfeed. Put warm wet towels on your breasts. This will help your breasts to leak or make it easier for you to express some milk until you’re more comfortable.

• Put warm compresses on your breasts before feedings, and cool compresses (e.g., gel packs, frozen peas) after feedings to help with tenderness.

• Try not to use soap on your nipples. This dries them out.

• If you have nipple jewellery, take it out before feeding.

• If your nipples feel sore, try changing your breastfeeding position and get help to make sure your baby is latching on correctly. For more information about sore nipples, see page 248.

**Breast care tips if you’re feeding with infant formula**

If you aren’t breastfeeding, your breasts may become *engorged*. They may be hard, swollen, painful and/or red. This can be uncomfortable. The pain will lessen in about 24 hours. In the meantime, you can try these comfort measures:

• Wear a supportive bra for comfort until your breasts produce less milk (within about 5–10 days). Try not to wear a bra that’s too tight or that binds your breasts.

• Put ice packs on your breasts for short periods at a time.

• Take a mild pain medicine as recommended by your healthcare provider to help relieve painful and swollen breasts.

• If your breasts become full and uncomfortable, express your breastmilk as needed until you feel comfortable. Talk to your healthcare provider or public health nurse for information about expressing your milk to lessen the discomfort of engorgement.

*Contact your healthcare provider* if your breasts become hard, red and painful and you have a fever (over 38 °C) with chills, or you have a fever over 38 °C for more than 2 days.

**Medicine to dry up milk** is seldom prescribed anymore. Possible side effects include headaches and blood clots in the legs.

*engorged/engorgement:* painful overfilling of the breasts with milk
## Comforts for other physical changes

Your body goes through many changes in the first few days after birth. The following table explains some of the physical changes you can expect and what you can do about them.

<table>
<thead>
<tr>
<th>What you might feel, and why</th>
<th>What you can do about it</th>
<th>When to contact your healthcare provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>After pains</strong></td>
<td></td>
<td><strong>Call your healthcare provider if:</strong></td>
</tr>
</tbody>
</table>
| Your uterus will continue to contract as it returns to its pre-pregnant size. Some moms feel these after pains more than others. They may feel like menstrual cramps. They may be stronger for moms who have given birth more than once. The first few times you breastfeeding, you may feel more after pains. | • After pains are normal, and should start going away after 3–5 days.  
• Put a warm water bottle on your abdomen.  
• Take pain medicine as recommended by your healthcare provider. If you’re breastfeeding, only a very small amount of this medicine will pass to your baby.  
• Try relaxation breathing. | • nothing seems to lessen your pain.  
• your pain feels worse or is bad and/or your abdomen is tender to touch. |

| **Pain while passing urine** |                          | **Call your healthcare provider if:**    |
| Your body stores extra fluid while you’re pregnant. After birth, your body gets rid of this extra fluid by making more urine. If you have stitches in your perineum, it may sting as you pass urine. | • Pour warm water over your perineum as you pass urine. | • you’re passing urine often, but only in small amounts.  
• it burns or hurts when you pass urine.  
• you have a fever over 38 °C.  
• you can’t pass urine.  
• you have trouble starting or stopping the flow of urine. |

| **Swollen feet, ankles or calves** |                          | **Call your healthcare provider if:**    |
| After your baby’s birth, extra fluid may collect in your feet and ankles for a few weeks. | • Put your feet up on a stool as often as possible.  
• Wear loose clothing. Don’t wear ankle or knee socks.  
• Don’t cross your legs when sitting.  
• Don’t stand in one spot for long periods of time. | • one foot, ankle or calf is more swollen than the other.  
• the swelling gets worse.  
• you have a red, painful and/or hot lump in your lower leg. |
<table>
<thead>
<tr>
<th>Postpartum: The First Six Weeks</th>
</tr>
</thead>
</table>

### Night sweats

As well as making more urine, you may also find that you sweat more, especially at night. Your temperature should be normal.

- Try wearing cotton clothing. You may find it more comfortable.

**Call your healthcare provider if:**
- you have a fever over 38 °C.

### Bowel movements

You can expect to have a bowel movement within 3 days of your baby’s birth.

To prevent constipation:
- Drink plenty of fluids, about 3 litres (12 cups) a day.
- Try to eat plenty of vegetables, fruit and whole grains.
- Be physically active.
- Try natural laxatives (e.g., prunes, figs and bran).
- Take a stool softener, if recommended by your healthcare provider.

**Call your healthcare provider if:**
- you feel you need to have a bowel movement, but you can’t.
- your bowel movements are painful and hard.
- you haven’t had a bowel movement 3 days after your baby’s birth, nothing seems to help and you are in pain.

### Hemorrhoids

Hemorrhoids are enlarged blood vessels inside and/or outside the rectum. They are caused by increased pressure from the baby on the abdomen, hormone changes and birthing your baby. Hemorrhoids usually shrink and become less painful over time.

- Put ice packs on your anal area. You can wet and freeze a sanitary pad to use as an ice pack.
- Put a frozen pad over the area that hurts for 20 minutes every 4 hours for the first 4 days. Do not reuse frozen pads.
- Use warm water to clean your anal area after having a bowel movement. You may want to use a squeeze bottle.
- Lie on your side whenever possible.
- Don’t stand for too long.
- Use good positioning on the toilet so you don’t strain: keep your back straight and put a small stool under your feet to raise your knees higher than your hips.

**Call your healthcare provider if:**
- you feel your hemorrhoids are preventing you from having a bowel movement.
- your hemorrhoids are very painful and hard.
- you are bleeding from your rectum (different from vaginal bleeding).
Your 6-week check-up

After you give birth, book an appointment to visit your healthcare provider for a 6-week check-up. This is a chance to get your questions answered. Your healthcare provider will check that:

- your uterus is back to normal after birth
- your breasts aren’t sore or causing you problems of any kind
- you’re taking care of yourself

You can talk about birth control at this check-up. For more information about birth control, see pages 213–222.

<table>
<thead>
<tr>
<th>What you might feel, and why</th>
<th>What you can do about it</th>
<th>When to contact your healthcare provider</th>
</tr>
</thead>
</table>
| *Hemorrhoids*               | • Use medicated pads or hemorrhoid cream.  
|                              | • Take a warm, shallow bath for no longer than 20 minutes.  
|                              | • Take pain medicine as recommended by your healthcare provider.  
|                              | • Sit on a soft pillow for more comfort.  
|                              | • Drink plenty of fluids, about 3 litres (12 cups) a day.  
|                              | • Try to eat plenty of vegetables, fruit and whole grains.  |

Call your healthcare provider right away if you:

- have a very bad headache that will not go away
- have blurry vision
- are dizzy

Call 911 or go to Emergency if you have:

- trouble breathing
- chest pains
- a heavy, rapid (or steady) vaginal flow of very large amounts of blood. The blood may overflow your pad, run down your leg or form a large pool
If you’ve had a caesarean birth

After a caesarean birth, you will have an incision on your lower abdomen. This area may be quite painful.

You may:
• see small amounts of blood or pink fluid coming from the incision
• feel after pains
• feel gas pains
• have bruising around or along your incision (this will go away)

You will have either stitches (you may not always be able to see them) or staples holding your incision closed. You may have dissolvable stitches as well. The stitches or staples are usually taken out 3–5 days after your baby is born. Dissolvable stitches don’t need to be taken out because they dissolve on their own in 7–14 days.

After your stitches or staples are removed, your healthcare provider may apply paper tapes to support the incision while it continues to heal.

Take the pain medicine prescribed to you by your healthcare provider to help your discomfort when you are at home. This is safe for your baby. If you’re breastfeeding, only a very small amount of this medicine will pass to your baby.

Shower every day after the first 24–48 hours to keep your incision clean, unless your healthcare provider says otherwise.

Don’t scrub your incision site. This may pull out the staples, stitches or paper tapes too soon. Just let the soapy water run down and pat dry with a clean towel when done.

Your incision will hurt less over time. If you have any questions or concerns about your caesarean birth, call your healthcare provider or Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).

Call your healthcare provider if:
• you have increased oozing or blood coming from your incision
• there is yellow or green discharge coming from your incision
• your pain gets worse, or isn’t helped by the pain medicine
• your incision is opening up
• you have red, hot and tender areas around your incision
• you have a fever of more than 38 ºC
Healing from a caesarean birth

It takes about 4–6 weeks for the incision to fully heal. Until you are fully healed, it’s important to follow the tips below:

• Don’t lift anything heavier than your baby.
• Hold a pillow to your abdomen when you stand up or move in bed. To get up from lying down, first roll onto your side, then push yourself up to a sitting position.
• Support your abdomen near the incision during sudden movements caused by coughing, sneezing or laughing.
• Let someone else drive until you can make the sudden movements a driver may need to make. This takes up to 6 weeks. Before you take your baby out to the car, make sure you can carry and install your child safety seat without hurting yourself.

Mixed feelings

You may have mixed feelings after a caesarean birth. If the caesarean birth was an emergency, you might have had little time to prepare for it. You may feel sad or disappointed, happy or relieved, depending on the reason for your caesarean birth. If you’re upset or worried, talk with your healthcare provider, your partner or someone else you trust.

Many women who have had a caesarean birth can have a vaginal birth with later pregnancies. Talk to your healthcare provider about this before or during your next pregnancy.

Needs and Feelings of New Parents

In many ways, you and your partner have become different people since the birth of your baby. Your sense of who you are may have changed through pregnancy and birth. You may have mixed feelings about your role as a mom or a dad and what this role means to you. You may feel differently about the way you look. This is normal. Again, it’s important to remember that caring for yourself, healthy habits and not expecting too much from yourself right now can go a long way.

You probably have many good feelings about your baby and your birth experience. You may have other feelings too. It’s important to pay attention to all of your feelings. Most of these are normal. Try not to be too hard on yourself. Remind yourself that caring for a new baby is a lot of work and you’re doing the best you can.
It’s common for new moms to:

- **Feel stressed.** You’re dealing with many changes and looking after many different needs. This can add up to a lot of stress. Your body may react to stress with tiredness or a headache, backache, stomach ache or rash. Too much stress can make you feel:
  - overwhelmed, worried, tense or nervous
  - angry or crabby
  - depressed or guilty

- **Miss being pregnant.** Many moms miss having their baby inside of them. Before birth, you had your baby all to yourself. Now you have to share your baby with the world.

- **Have worries and fears.** You may be worried about your baby’s health and safety. You may be worried about your ability to protect and care for your baby. You may be worried about yourself too.

- **Feel overwhelmed.** If you feel overwhelmed, put your baby in a safe place, sit down, close your eyes, take a deep breath and relax. Call your support people and ask for help.

Talk to your partner about your feelings. You may be surprised that they have some of these feelings too. If any of these feelings become very hard to manage, if they stop you from doing things you want to do during the day or interrupt your sleeping, talk to your healthcare provider for help and support. Over the next few months, as you and your partner get to know your baby better, you’ll start to feel more sure of yourselves.

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**Try this relaxation activity**

Get comfortable. Lie down, or sit with your feet up. Then:

- Take 4–5 deep breaths.
- Think about sending the tension out of your body each time you breathe out.
- Starting with your toes, relax each part of your body. Relax your way up, from your toes to your head.
- When you get to your head, breathe deeply 4 or 5 more times. Let go of all your tension.
- Now, imagine a favourite place. Imagine you are in that place and stay there for a while. Enjoy the feeling in your body and the calm in your mind.
- When you’re ready, slowly bring yourself back to the present. Take a moment to enjoy how you feel.
Mood Changes After Having a Baby

The first few days after your baby is born are often filled with a wide range of emotions. Feelings of excitement and joy are often mixed with feelings of worry and tiredness.

You may have some feelings of sadness at your loss of freedom, a paycheque, your job, sleep or time for adult interests and relationships. If you have any of these feelings, talking with someone you trust can help. Although your new baby may bring many challenges, you’ll also share times of great joy, pride and pleasure.

Postpartum blues

Many new moms are surprised on the third or fourth day after birth when they feel mood changes. These mood changes are referred to as postpartum blues. You may:

- feel a little sad
- cry for no clear reason
- be impatient and irritable, sometimes for no clear reason
- feel restless and anxious
- have poor concentration
- feel sensitive
- feel tired and/or have trouble sleeping
- have mood swings (e.g., joy to sadness, laughing to crying)

Postpartum blues happen for many reasons. They can last 2–3 weeks. It helps to talk to someone who can support you. This may be your partner, your friends, your public health nurse or your healthcare provider.

During the first 2–3 weeks after your baby is born, you may have periods of postpartum blues.

You may feel sad, cry for no reason, feel very tired or have trouble concentrating. This is normal. If you feel like this, it’s a good idea to talk to someone about your feelings.

If these feelings don’t go away or if they get worse, contact your healthcare provider.

Partners can help by watching for signs and symptoms and offering support.
In the first few weeks, remember to take care of yourself by:

- resting when your baby sleeps
- saying no to the demands of others
- asking for and accepting offers of help
- deciding how many visitors you want to have and when
- taking some time for yourself to do things you find relaxing, even for short amounts of time
- eating regular, healthy meals
- talking to someone if you feel like crying

You will develop your parenting skills with practice. When your baby is born you may not know everything you would like to know. That’s okay, your baby will help teach you and you will get more confident over time.

Birth moms aren’t the only ones that can have postpartum mood changes. All parents, male and female, of any age and including parents who adopt a baby, can have postpartum blues, depression or anxiety. If you or your partner have had depression, anxiety or other mental health issues before, or have these symptoms now, it’s important to talk with your healthcare provider.

**Postpartum depression/anxiety**

If the postpartum blues last for more than 2–3 weeks and you don’t feel better with rest, sleep or support from others, you may have postpartum depression/anxiety.

Postpartum depression/anxiety can happen anytime within the first year after the baby is born. It can affect the relationship between moms and their babies, their partners and their entire family. Any parent can develop postpartum depression, whether this is their first child or not.

Postpartum depression is not something that will go away if you just ‘pull yourself together’. It may also impact your baby’s health and development if not treated. Your partner may be the first person to notice symptoms. Listen to them if they talk about their concerns. Talk to your healthcare provider or public health nurse.
Symptoms of postpartum depression and anxiety often happen at the same time. They include:

<table>
<thead>
<tr>
<th>Postpartum depression symptoms</th>
<th>Postpartum anxiety symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Feeling sad</td>
<td>• Always worried that there will be problems with your health or your baby’s health</td>
</tr>
<tr>
<td>• Feeling like you aren’t good enough, like a bad parent or a failure; feeling guilty, ashamed, worthless, hopeless, helpless or empty</td>
<td>• Always feeling irritable, restless or on edge, but not knowing why</td>
</tr>
<tr>
<td>• Not feeling pleasure</td>
<td>• Not being able to rest or sleep</td>
</tr>
<tr>
<td>• Often feeling close to tears or crying for no reason</td>
<td>• Finding it hard to relax and/or taking a long time to fall asleep</td>
</tr>
<tr>
<td>• Feeling angry, agitated, irritable or resentful</td>
<td>• Unable to be reassured by others</td>
</tr>
<tr>
<td>• Frequent mood changes (swings)</td>
<td>• Developing overly strict routines and constant planning (e.g., making lists, record keeping) that affects your day-to-day life and upsets you if not followed</td>
</tr>
<tr>
<td>• Feeling overly concerned about the health of your baby</td>
<td>• Having to do things over and over (e.g., checking that the house is locked)</td>
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<tr>
<td>• Fear of being alone or going out</td>
<td>• Having panic attacks—episodes of extreme fear and panic that are overwhelming and difficult to bring under control; symptoms include: heart palpitations, shortness of breath, tense muscles, ‘tight chest’, hot or cold flashes, sweating, nausea and dizziness</td>
</tr>
<tr>
<td>• Not enjoying or being interested in usual activities</td>
<td>• Unable to be reassured by others</td>
</tr>
<tr>
<td>• Having trouble concentrating</td>
<td>• Developing overly strict routines and constant planning (e.g., making lists, record keeping) that affects your day-to-day life and upsets you if not followed</td>
</tr>
<tr>
<td>• Feeling exhausted/tired, having trouble sleeping or sleeping too much or having nightmares</td>
<td>• Having to do things over and over (e.g., checking that the house is locked)</td>
</tr>
<tr>
<td>• Changes in appetite (not eating or eating too much)</td>
<td>• Having panic attacks—episodes of extreme fear and panic that are overwhelming and difficult to bring under control; symptoms include: heart palpitations, shortness of breath, tense muscles, ‘tight chest’, hot or cold flashes, sweating, nausea and dizziness</td>
</tr>
<tr>
<td>• Don’t feel like doing anything (unmotivated)</td>
<td>• Having to do things over and over (e.g., checking that the house is locked)</td>
</tr>
<tr>
<td>• Trouble coping with your regular day-to-day activities</td>
<td>• Having panic attacks—episodes of extreme fear and panic that are overwhelming and difficult to bring under control; symptoms include: heart palpitations, shortness of breath, tense muscles, ‘tight chest’, hot or cold flashes, sweating, nausea and dizziness</td>
</tr>
<tr>
<td>• Withdrawing from social contact, family and friends</td>
<td>• Having to do things over and over (e.g., checking that the house is locked)</td>
</tr>
<tr>
<td>• Not looking after yourself properly</td>
<td>• Having panic attacks—episodes of extreme fear and panic that are overwhelming and difficult to bring under control; symptoms include: heart palpitations, shortness of breath, tense muscles, ‘tight chest’, hot or cold flashes, sweating, nausea and dizziness</td>
</tr>
<tr>
<td>• Having thoughts about harming yourself or your baby, killing yourself or wanting to escape from everything</td>
<td>• Having to do things over and over (e.g., checking that the house is locked)</td>
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<tr>
<td>• Unable to be reassured by others</td>
<td>• Having panic attacks—episodes of extreme fear and panic that are overwhelming and difficult to bring under control; symptoms include: heart palpitations, shortness of breath, tense muscles, ‘tight chest’, hot or cold flashes, sweating, nausea and dizziness</td>
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The symptoms of postpartum depression and anxiety respond well to treatment. There are many things you can do to help you through this difficult time.

• Name your emotions and understand your thoughts and behaviours
• Go for counselling and/or take medicine as prescribed
• For other suggestions, call the Mental Health Help Line at 1-877-303-2642
Getting help when you first notice the symptoms of depression/anxiety is very important. Depression and anxiety that goes on for a long time can have serious effects for you, your family and your child’s long-term emotional health and development, and can be harder to treat. Talk to your healthcare provider and do what will be best for you and your family. Don’t let your fears of a postpartum diagnosis prevent you from seeking help.

Needing help does not mean you are weak, a bad person or a bad parent. The earlier you ask for help, the sooner you can start feeling better.

**Postpartum psychosis**

Postpartum psychosis is very serious but also very rare. Symptoms of postpartum psychosis include:

- erratic/unpredictable, unusual or extreme behaviour that is out of character
- high energy, talking quickly, not being able to focus
- extreme confusion, forgetfulness, disorganization
- not feeling the need for sleep
- feeling strong, powerful, or invincible
- having beliefs that are not based in reality (delusions) or seeing/hearing things that aren’t there (hallucinations)
- periods of feeling very depressed

If postpartum psychosis occurs, it can happen very quickly and is usually seen in the first few weeks after a baby is born. There is a high risk of a mom harming herself or her baby. The earlier symptoms are recognized, the sooner treatment can begin.

**Postpartum psychosis is a medical emergency. If you’re concerned that your partner may have postpartum psychosis, contact your healthcare provider right away, call 911 or take her to Emergency.**

If postpartum symptoms get worse

Call your healthcare provider if you or your partner have symptoms of postpartum depression/anxiety, or if the symptoms are getting worse.
Healthy Family Relationships

Although families go through many changes when a baby arrives, the amount of time it takes to get used to these changes is different for every family. Becoming a parent may be different from what you expected.

The most common sources of stress are relationships, miscommunication and unmet expectations. Talk with your partner or support person about some of the new challenges you are going through now that your baby is here, and about how you can cope.

Parenting together

Parenting is a partnership right from the start. Parenting a newborn brings changes to your relationship as you both take on new roles. Communication is as important as ever.

Even with the best preparation, the reality of caring for a baby can be a bit overwhelming. Whether you have a partner or are a single parent, it is important to look at your relationship with your main support person. There can be challenges with sharing parenting responsibilities, learning different ways of parenting and coming to an agreement on what is right for your baby. Communicating your parenting decisions to family members, friends and other supports is also important.

When taking on new roles with the birth of a baby, parents can sometimes put their own relationship needs aside. You and your partner or support person may have less time to sleep, talk or spend together without the baby. This can be hard on your relationship. You might disagree more often or find that things just don’t feel like they used to. You may not have the energy to sort out problems when they come up. These challenges can lead to conflict. For more information about family violence, see page 63. It’s important now more than ever to practice open and honest communication. Try to put some time aside every week or two for you and your partner or support person to reconnect, talk about each other’s needs and tell each other how you’re doing.

If you’re interested in finding a parenting class or group:

• talk to your public health nurse
• call 211
• visit https://myhealth.alberta.ca/

Your role

Feel good about the role you are playing in your baby’s life. Take the time to discover what makes your baby special. You will learn things about yourself too.
Changes for the partner

As a new parent, your emotions may also go up and down. You may feel excited one day and overwhelmed with responsibility the next. A new baby often changes everyone’s sleep patterns. While both of you need to get enough rest, it may seem that nobody is getting enough. You can help each other by sharing your feelings and listening to each other’s concerns. Moms and dads tend to parent differently right from the start. Neither is better. You may feel that your partner is better at caring for your baby than you are. You will probably feel more comfortable if you take an active role in your baby’s care. Try holding, bathing, talking or singing to your baby. It may feel awkward at first, but you will soon find your way. As long as you are providing safe, nurturing care, your baby will benefit by having brain stimulation in different areas.

Here are some suggestions for adjusting to your new baby:

• Talk to friends or co-workers who have children. You may be surprised how much you now have in common.
• Talk to your partner about how you’re both going to handle new challenges in your lives.
• Look over your family budget and talk about any changes that need to be made.
• Talk honestly about your feelings and how you’re adjusting to your new role.
• Have a check-up with your healthcare provider.

Brothers and sisters

Children have many different reactions to a new baby. Older brothers and sisters may have little interest in their new brother or sister, or they may be excited. Sometimes older brothers and sisters may not like the new baby or they may feel jealous or angry. They may return to baby-like behaviours for a short period of time. Be patient with baby-like behaviours—they are normal and will pass. It doesn’t help to punish or shame your child for these behaviours.
Here are some ideas to help your older children adjust to your new baby and feel more secure:

- Before your new baby arrives, tell your child the story of his own birth.
- Read books about pregnancy, birth or adoption, and new babies with your child.
- When guests come to visit your baby, include your older child in welcoming the friend and comment on what a great help your older child has been.
- Encourage your older children to talk about their feelings.
- Spend some time every day with your older child (when it’s just you, your older child and perhaps your partner).
- Hold off on toilet teaching, starting childcare or moving to a new bed for at least a few weeks after your new baby comes home.
- Try to name the emotion with your older child. “Are you feeling sad because mommy doesn’t have as much time to spend with you? That’s okay. What can we do to help you feel better?” Older children may feel better if they get involved with caring for the new baby (e.g., help with getting a diaper).
- Encourage older children to gently handle and help care for the new baby. Make sure you always supervise when your older child or other children handle your baby. Children may not know how to touch or play with a baby in a safe way.
- Try to keep routines the same as they were before your baby arrived (e.g., same bedtimes and any usual scheduled activities).

**Advice from others**

Everybody has advice about babies. Some people build up your confidence when they give you advice, and others may seem less supportive.

Here are some suggestions for handling advice:

- Ask for advice from people you trust. Think about their suggestions—will they work for your family?
- Relax and trust yourself.
- You aren’t a perfect parent. Nobody is—including the person who’s giving you advice.
- You know your baby best. Trust your own judgment.
- Build your skills with parenting classes and health resources.

If you have questions, call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).
Keeping your family healthy

A clean environment means a lower risk of infection for everyone in the family. Here are some simple things you can do to control the spread of germs.

<table>
<thead>
<tr>
<th>What</th>
<th>How</th>
<th>Why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash your hands.</td>
<td>Use plain soap and water (antibacterial soaps are not recommended). If you can’t see the dirt, alcohol hand gels or rinses will also work.</td>
<td>Washing your hands is the best way to stop the spread of germs. Most germs that make people sick can be passed to others by touching.</td>
</tr>
<tr>
<td>Make sure everyone who holds your baby washes their hands first.</td>
<td>Wash your hands:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• if they’re dirty</td>
<td></td>
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<tr>
<td></td>
<td>• before preparing or eating food</td>
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<td></td>
<td>• before holding or feeding your baby</td>
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<td></td>
<td>• after using the bathroom or changing a diaper</td>
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<tr>
<td></td>
<td>• after you have sneezed, coughed or wiped your child’s nose</td>
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<tr>
<td></td>
<td>• after handling pets</td>
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<tr>
<td>Keep sick people away.</td>
<td>If someone is sick with a runny nose, cough, fever, rash or upset stomach, tell them to stay away until they’re healthy again.</td>
<td>While these illnesses may be a small problem for older children and adults, they can make your baby very sick.</td>
</tr>
<tr>
<td>Don’t put a soother in your mouth and avoid habits that share saliva with your baby.</td>
<td>Things that go into your baby’s mouth (e.g., soothers, toys) need to be cleaned often with soap and hot water. Fewer bacteria will be passed to your baby if all family members can brush and floss daily to keep their mouths decay-free.</td>
<td>Your baby is not born with the bacteria that cause tooth decay, those bacteria are passed to your baby by another person (usually family members who care for the baby the most).</td>
</tr>
</tbody>
</table>

Drugs, alcohol and tobacco

Illegal street drugs

The use of street drugs is illegal and not safe. They can affect how well parents supervise and parent their baby. Substances in street drugs pass into breastmilk. These substances can affect your baby’s developing brain. For example, marijuana use while breastfeeding can lead to poor feeding, slow weight gain, slow overall development and a higher risk of SIDS.
If you use street drugs, the best thing you can do for you and your baby is to quit. Street drugs are dangerous and may contain other substances that can also harm you and your baby. Second-hand smoke from marijuana and other drugs can increase a baby’s exposure to the drug. Talk to your healthcare provider if you are using street drugs or are having trouble stopping. For information and resources that provide support for quitting see the ‘Where To Go For More Information’ chapter later in this book.

**Prescription drugs**

If you use prescription and over-the-counter drugs, talk with your healthcare provider or pharmacist. If your healthcare provider recommends a medicine for you, be sure to mention that you are breastfeeding. Most medicines pass through breastmilk. However, if taken as directed, many are safe to take while breastfeeding as only a small amount passes through breastmilk. For more information about medications contact the Medication and Herbal Advice Line toll-free at 1-888-944-1012 or visit Motherisk [www.motherisk.org](http://www.motherisk.org).

**Alcohol**

Alcohol use may not allow you to properly supervise and care for your baby. Alcohol passes into your breastmilk and then to your baby. It’s best to not drink any alcohol while breastfeeding to lessen your baby’s exposure to alcohol. No one knows how much alcohol a breastfeeding woman can drink before it harms her baby. Drinking alcohol can also decrease milk production.

If you choose to drink alcohol when breastfeeding, talk to your healthcare provider about how to reduce your baby’s exposure to alcohol through your breastmilk. For more information, call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).
Tobacco

Some parents who quit tobacco when they became pregnant find it hard to stay tobacco-free after their baby is born. It may be even harder if:

- your partner, family or friends smoke or use smokeless tobacco
- you have used tobacco in the past as a way of coping with stress

Second-hand smoke is bad for your baby. If you smoke, it is better to smoke outside your home and away from open windows and doors. Ask your family and friends to do the same. Make your vehicles smoke-free.

Third-hand smoke also stays on your clothes and body. It’s best if you make a habit of washing your hands and removing or changing your clothing before holding and cuddling your baby.

Many women are also concerned about gaining weight after they quit smoking, especially after having a baby. However, the average weight gain after quitting is usually quite small. You can help manage the weight by eating well and staying active.

If you have quit using tobacco, it may help you stay tobacco-free by:

- thinking about why it’s important for your health
- thinking about the benefits for your family (e.g., reducing your baby’s risk of SIDS)
- remembering what you don’t like about smoking or using tobacco products
- knowing who you can count on for help
- knowing what makes you want to use tobacco (e.g., places, people or feelings)
- finding healthier ways of coping with stress.

Due to the many benefits of breastmilk, we recommend you breastfeed even if you’re using tobacco products. This is because there are more risks to your baby by not breastfeeding than there are by breastfeeding while using tobacco.

If you use tobacco products, nicotine enters your breastmilk. Nicotine may decrease your milk supply. It can also make your baby cranky or make it harder for him to gain weight. The best thing you can do for you and your baby’s health is to cut down and quit your tobacco use.

Small steps matter

Making changes in your life is a process that can take time. You may make changes, make progress, and then slip back to the behaviour again. This doesn’t mean that you have failed.

Each time you try to change, you learn more about what gets in your way and what helps you succeed. This means you’re more likely to succeed next time. Keep trying.

Small steps matter. Ask for help from your partner, your family or your friends, or call the AlbertaQuits Helpline at 1-866-710-QUIT (7848) or visit www.albertaquits.ca
When you’re breastfeeding, if you are thinking about, or are taking tobacco cessation medicine, talk to your healthcare provider or pharmacist about what options are safe for you and your baby.

**Tobacco use while breastfeeding:**

- If you smoke cigarettes or other tobacco products, try not to smoke just before you feed your baby. It’s better to breastfeed your baby before you smoke so that less nicotine will pass to your baby. If you are able to wait at least 3–4 hours before breastfeeding again, you will have less nicotine in your milk.
- For more information about using tobacco while breastfeeding, contact AlbertaQuits at www.albertaquits.ca or 1-866-710-QUIT (7848).

**Sexuality**

Physical and emotional changes after the birth of your baby can affect your sexual desire. Some couples aren’t interested in sexual activity for the first few months. For other couples, the birth of their baby brings new joy to their sexual relationship.

Some normal changes that can affect sexuality in the postpartum period include:

- body image changes
- vaginal bleeding and discharge
- vaginal dryness due to hormone changes (this may make intercourse uncomfortable—using lubrication often helps)
- having a sore perineum for a few weeks or more
- having a sore caesarean birth incision for the first few weeks
- feeling tired
If you’re breastfeeding:

- you may feel that feeding your baby so often has left you feeling like you don’t want to be touched by your partner
- your nipples may be tender during the first few weeks
- your breasts may leak during sexual excitement or orgasm
- you may feel a sense of sexual arousal while breastfeeding (this is normal—the same hormones that cause the release of breastmilk are responsible for these sensations)

You can express your sexuality in many ways. Intimacy can include cuddling, hugging, kissing and showing tenderness towards one another. Talk about your feelings and try to understand each other’s needs.

You can start sexual activity again when your bleeding has stopped and you feel ready. Make sure you talk to your healthcare provider about birth control options before you have sexual intercourse again. You know your body best. Be gentle and patient with each other. Be sure you’re both physically comfortable and emotionally ready.

**Birth control**

It is important to know that:

- you can get pregnant before your menstrual period returns
- you need to see your healthcare provider before using the birth control method you were using before you became pregnant (e.g., a diaphragm has to be fitted again because of changes in your cervix)
- some methods of birth control can’t be used if you’re breastfeeding as they can decrease your milk supply (e.g., the patch, combined hormone birth control pills and NuvaRing®)
- you can use male and female condoms

Your body needs time to recover from pregnancy and birth. For your health, and for the health of your next baby, talk to your healthcare provider about the right time to plan your next pregnancy.
Methods of birth control

Birth control stops the sperm and the egg from joining and making a baby.

• Barrier methods of birth control block the path between the egg and the sperm. If the egg and the sperm can’t meet, you can’t get pregnant. Barrier methods include condoms, diaphragms and spermicides.

• Other kinds of birth control contain hormones that prevent your body from releasing an egg each month. If your body doesn’t release an egg, you can’t get pregnant. Examples of this type of birth control are the birth control pill, the patch, NuvaRing® and the Depo-Provera® shot.

Types of birth control

There are many methods of birth control. Here is some information about different choices. You can also talk to your healthcare provider or visit the Society of Obstetricians and Gynaecologists of Canada’s (SOGC) website at www.sexualityandu.ca/birth-control

Pill—combined hormone  92–99.7% effective

**Description**

• The combined hormone birth control pill contains small amounts of 2 hormones (estrogen and progestin) that stop the release of an egg. You can’t get pregnant if your body doesn’t release an egg.

**Advantages**

• Convenient.
• Doesn’t interrupt sex.
• May lower the chance of ovarian and endometrial cancers.

**Things to think about**

• You must take the pill as directed.
• Some women (e.g., those with high blood pressure) shouldn’t take the pill.
• The risk of side effects increases in your 30s, especially if you smoke. Talk to your healthcare provider.

• Birth control pills that contain estrogen aren’t recommended if you’re breastfeeding, as they may decrease your milk supply.
• Doesn’t protect against STIs.

Condoms protect against pregnancy and STIs

Protect yourself from pregnancy and from sexually transmitted infections (STIs) if you’re not in a monogamous relationship. Use a condom to decrease your chances of getting an STI and use birth control to prevent pregnancy (e.g., use a condom and birth control pills or a condom and the Depo-Provera® shot).
### Pill—progestin only 'mini pill'  92–99.7% effective

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<th>Description</th>
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</table>
| • The progestin-only pill may or may not stop the release of an egg. It prevents pregnancy by thickening the cervical mucous made in the cervix (opening to the uterus). Thicker mucous slows the movement of sperm so the likelihood of pregnancy is small, even if an egg is released. | • Can be used by women who need an estrogen-free method of birth control.  
• Convenient.  
• Doesn’t interrupt sex.  
• Can be used while breastfeeding, although it’s recommended that you wait until at least 6 weeks after the birth of your baby. | • The progestin-only pill contains hormones in all 28 pills in the package. It’s important that you take the pill at about the same time every day for it to work.  
• Doesn’t protect against STIs. |

### Patch—EVRA®  92–99.7% effective

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<th>Description</th>
<th>Advantages</th>
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</table>
| • Looks like a thin, beige bandage. The sticky side contains 2 hormones (estrogen and progestin) that are similar to the natural hormones in a woman’s body.  
• The hormones are released continuously through the skin. They stop the release of an egg from the ovaries. You can’t get pregnant if your body doesn’t release an egg. | • Convenient.  
• Doesn’t interrupt sex. | • Not to be used until 6 weeks after birth.  
• You must remember to change your patch as directed.  
• Some women (e.g., those with high blood pressure) shouldn’t use the patch.  
• The risk of serious side effects increases in your 30s, especially if you smoke. Ask your healthcare provider if the patch is right for you.  
• You shouldn’t use the patch if you are breastfeeding, as it may decrease your milk supply.  
• Doesn’t protect against STIs. |
**Depo-Provera®** 97–99.7% effective

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<tr>
<th>Description</th>
<th>Advantages</th>
<th>Things to think about</th>
</tr>
</thead>
</table>
| - Depo-Provera® is an injection containing a hormone (progestin) that is injected into the arm or buttock every 12 weeks.  
- It stops the egg from being released and makes the mucous in the cervix thicker so that sperm can’t enter the uterus. You can’t get pregnant if your body doesn’t release an egg. | - Convenient.  
- Doesn’t interrupt sex.  
- **Can be used while breastfeeding, although it’s recommended that you wait until at least 6 weeks after the birth of your baby.** | - Many women stop having periods after about 6 months.  
- If you stop taking Depo-Provera® it may take up to 1 year for regular bleeding to return.  
- Some women may have a delayed return to fertility for up to 2 years once they stop taking Depo-Provera®.  
- May increase your risk of osteoporosis (thinning bones). It’s important to get enough calcium and vitamin D in your diet. Do regular weight-bearing activities, drink less caffeine and alcohol, and quit smoking.  
- Doesn’t protect against STIs. |

**Vaginal contraceptive ring—NuvaRing®** 97–99.7% effective

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<th>Description</th>
<th>Advantages</th>
<th>Things to think about</th>
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</table>
| - NuvaRing® is a soft, flexible, clear plastic ring that’s inserted into the vagina.  
- Slowly releases estrogen and progestin. These hormones stop the release of an egg from the ovaries. You can’t get pregnant if your body doesn’t release an egg.  
- The woman can put in and take out the ring herself. | - Convenient.  
- Doesn’t interrupt sex.  
- NuvaRing® is inserted into the vagina once a month. | - You need to remove the ring after 21 days, then reinsert a new one on day 28.  
- You need to check that the ring is in the correct location.  
- Some women (e.g., those with high blood pressure) shouldn’t use NuvaRing®.  
- The risk of side effects increases in your 30s, especially if you smoke. Ask your healthcare provider if the NuvaRing® is right for you.  
- **Not recommended if you’re breastfeeding, as it may decrease your milk supply.**  
- Doesn’t protect against STIs. |
### Intrauterine device (IUD)

**Mirena® IUD**  99.9% effective  
**Copper T® IUD**  99.2–99.4% effective  

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<tr>
<th>Description</th>
<th>Advantages</th>
<th>Things to think about</th>
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</table>
| • An IUD is a small, soft piece of T-shaped plastic with a nylon string on it.  
• Prevents the egg and sperm from meeting. It may also stop a fertilized egg from growing inside the uterus.  
• There are 2 types of IUDs: the Copper T® IUD has a thin copper wire wrapped around it; the Mirena® IUD releases a small amount of a hormone.  
• A healthcare provider must insert an IUD. | • Convenient.  
• Doesn’t interrupt sex.  
• Can stay in for 3–10 years. Can be taken out at any time by a healthcare provider.  
• Can be used while breastfeeding. | • There is a greater chance of a pelvic infection while using an IUD.  
• Doesn’t protect against STIs. |

### Condom—male  85–98% effective

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<tr>
<th>Description</th>
<th>Advantages</th>
<th>Things to think about</th>
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</thead>
</table>
| • A condom is a thin, latex or synthetic non-reusable covering that fits over the erect penis. It catches the semen and stops sperm from entering the woman’s body. | • Can be used safely at any time after the birth of your baby.  
• Can be bought at a drug store without a prescription.  
• Low cost.  
• Can be used while breastfeeding.  
• Provides good protection from STIs. | • Some condoms have a spermicide (nonoxynol-9) that may cause skin and vaginal irritation. This may increase your risk of getting an STI or HIV.  
• A water-based lubricant can be used with condoms to help with vaginal dryness.  
• There are polyurethane condoms for people with latex allergies. |
**Condom—female**  79–95% effective

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<tr>
<th>Description</th>
<th>Advantages</th>
<th>Things to think about</th>
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</thead>
</table>
| - The female condom is a disposable tube-like synthetic sleeve that fits inside a woman’s vagina. It catches semen and stops sperm from fertilizing an egg. | - Provides good protection against STIs.  
- Can be bought at a drug store without a prescription.  
- Made of polyurethane (so good for people with latex allergies).  
- Can be used while breastfeeding. | - May be awkward to use.  
- More expensive than the male condom. |

**Diaphragm**  84–94% effective

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<tr>
<th>Description</th>
<th>Advantages</th>
<th>Things to think about</th>
</tr>
</thead>
</table>
| - A diaphragm is shaped like a saucer. It’s made of latex and has a flexible rim.  
- Fits over the cervix to stop sperm from entering. It must be inserted before intercourse and taken out and cleaned afterwards. | - Reusable.  
- Can be used while breastfeeding.  
- If inserted correctly, can’t be felt by either partner.  
- Can be left in place for up to 24 hours. | - The diaphragm must be refitted at least 6 weeks after birth.  
- The diaphragm needs to be used with a spermicide. (Note: spermicidal jelly works the best to create a seal)  
- Spermicides sometimes cause irritation or itchiness, which may increase your risk of getting an STI or HIV.  
- Provides some protection against STIs.  
- Don’t use until postpartum flow has ended to avoid infection. |
### Spermicides 71–82% effective

<table>
<thead>
<tr>
<th>Description</th>
<th>Advantages</th>
<th>Things to think about</th>
</tr>
</thead>
</table>
| • There are different types of spermicides:  
  • contraceptive foam.  
  • contraceptive jelly.  
  • vaginal contraceptive film (VCF).  
  • Must be inserted into the vagina each time before you have intercourse.  
  • Has an ingredient that kills sperm. | • Can be bought at a drugstore without a prescription.  
• Neither partner can feel it.  
• Can be used while breastfeeding. | • May cause some vaginal irritation. This can increase your risk of getting an STI.  
• Protects against pregnancy.  
• More effective if used with another birth control method (e.g., a condom).  
• VCF is more effective in women over 45.  
• Doesn’t protect against STIs. |

### Sponge 68–80% effective for women who have had a baby (versus 84–92% for women who have not had babies)

<table>
<thead>
<tr>
<th>Description</th>
<th>Advantages</th>
<th>Things to think about</th>
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</thead>
</table>
| • A non-reusable piece of soft foam that’s filled with spermicide.  
• Must be inserted inside the vagina before intercourse. | • Can be bought at a drugstore.  
• Can be used while breastfeeding. | • May cause some vaginal irritation. This can increase your risk of getting an STI or HIV.  
• Protects against pregnancy better if used with another birth control method (e.g., a condom).  
• Don’t use until 6 weeks after birth.  
• Don’t use until postpartum bleeding has ended to avoid infection.  
• Doesn’t protect against STIs. |
Lactation amenorrhea method (LAM)
If used correctly, 98% effective in the first 6 months after birth.

<table>
<thead>
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<th>Description</th>
<th>Advantages</th>
<th>Things to think about</th>
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</thead>
</table>
| • LAM is a way for breastfeeding to temporarily help prevent pregnancy. It must be used correctly to work. | • LAM works for up to 6 months after birth, if you're exclusively breastfeeding.  
• No birth control supplies needed.  
• Doesn't interrupt sex.  
• Free. | Works only when:  
• your baby is fully breastfed (no other liquids or solids except vitamins, vaccines and medicine) and  
• your baby doesn't go more than 4 hours between breastfeeding during the day, or 6 hours at night and  
• your baby is less than 6 months old and  
• your period hasn't returned (a period is any spotting or bleeding after 2 months since giving birth)  
• You need to start another method of birth control if you do not do all of the 4 things above.  
• Doesn't protect against STIs. |
| • Lactation means that your body is making breastmilk. |                                           |                                            |
| • Amenorrhea means no monthly periods.          |                                           |                                            |
| • Exclusive breastfeeding helps prevent an egg being released from the ovary each month. You can't get pregnant if your body doesn't release an egg. |                                           |                                            |

Natural family planning/fertility awareness  75–96.25% effective

<table>
<thead>
<tr>
<th>Description</th>
<th>Advantages</th>
<th>Things to think about</th>
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</thead>
</table>
| • Can be used to keep track of which days a pregnancy is most likely to happen on. A daily record must be kept of body temperature and changes in the secretions from the cervix (opening to the uterus). | • You don't need any birth control supplies. | • Teaching is available from a healthcare provider or groups that can explain natural methods.  
• It takes several months to become familiar with your fertility cycle.  
• Less reliable after birth and while breastfeeding.  
• Doesn't protect against STIs. |

exclusive breastfeeding: no water, food or liquid, other than breastmilk is given to the infant from birth, by the mother or anyone else. The infant can still receive vitamins, minerals and medicines.
### Withdrawal 73–96% effective

<table>
<thead>
<tr>
<th>Description</th>
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<th>Things to think about</th>
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</thead>
<tbody>
<tr>
<td>Withdrawal is when a man pulls his penis out of the vagina just before he ejaculates.</td>
<td>• Free. • Convenient. • Doesn't require any birth control supplies.</td>
<td>• There may be sperm in the pre-ejaculate fluid. • Some men have trouble knowing when they're about to ejaculate and so may not pull out in time. • Doesn't protect against STIs.</td>
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</tbody>
</table>

### No method

<table>
<thead>
<tr>
<th>Description</th>
<th>Advantages</th>
<th>Things to think about</th>
</tr>
</thead>
<tbody>
<tr>
<td>No birth control method is used to prevent pregnancy during sexual intercourse.</td>
<td>• You don't need any birth control supplies.</td>
<td>• 85% of women who use no method of birth control and have unprotected sexual intercourse will get pregnant within one year. • Fear of pregnancy and/or STIs may make sexual intercourse less enjoyable. • Doesn't protect against STIs and unintended pregnancy.</td>
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</tbody>
</table>

### Tubal ligation 99.5% effective

<table>
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<tr>
<th>Description</th>
<th>Advantages</th>
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</thead>
<tbody>
<tr>
<td>A permanent method of birth control for women. Surgery is done to cut or tie off the fallopian tubes (the tube the egg travels through). This prevents the egg and sperm from meeting. It can sometimes be reversed. The reversal can be expensive, and isn't covered by Alberta Health Care.</td>
<td>• Works right away. • Doesn't interrupt sex or affect the sex drive. • Can be done as an outpatient procedure.</td>
<td>• All surgery has some risk (e.g., bleeding, infection or the effects of anesthesia). • Doesn't protect against STIs. • Tubal ligation can be done if you are having a caesarean birth. If interested in a tubal ligation, talk to your healthcare provider during your pregnancy.</td>
</tr>
</tbody>
</table>
### Vasectomy 99.9% effective

<table>
<thead>
<tr>
<th>Description</th>
<th>Advantages</th>
<th>Things to think about</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Vasectomy is a permanent method of birth control for men.</td>
<td>• Local anesthetic (freezing) is used.</td>
<td>• Doesn’t work right away. All sperm will be cleared after a few ejaculations. Be sure to have a sperm test done.</td>
</tr>
<tr>
<td>• Surgery is done to close the tubes (vas deferens) that carry sperm.</td>
<td>• The surgery takes 15–30 minutes.</td>
<td>• All surgery has some risk (e.g., bleeding or infection).</td>
</tr>
<tr>
<td>• Can sometimes be reversed. Talk to your healthcare provider.</td>
<td>• Very effective.</td>
<td>• Is safer for men to have a vasectomy than for a woman to have a tubal ligation.</td>
</tr>
<tr>
<td>• Vasectomy reversals can be expensive and aren’t covered by Alberta Health Care.</td>
<td>• Doesn’t interrupt sex, or affect sex drive or sexual performance.</td>
<td>• Doesn’t protect against STIs.</td>
</tr>
</tbody>
</table>

### Emergency contraception (EC)

EC is sometimes called the morning-after pill, or Plan B®. Plan B® is 95% effective when taken less than 24 hours after unprotected intercourse.

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<tbody>
<tr>
<td>• EC is a hormone pill that helps prevent pregnancy after you have had unprotected sex or your birth control method fails (e.g., condom breaks).</td>
<td>• Can be taken up to 5 days after unprotected sex.</td>
<td>• Used in urgent situations and works best if taken as soon as possible after unprotected sex.</td>
</tr>
<tr>
<td>• EC works by stopping or delaying the release of an egg, changing the lining of the uterus or slowing down the movement of sperm.</td>
<td>• Can be used while breastfeeding.</td>
<td>• Most effective when taken within 24–72 hours after unprotected sex.</td>
</tr>
<tr>
<td>• You don’t need a prescription. Talk to your pharmacist if you have questions or concerns.</td>
<td>• You can continue your regular method of birth control at the usual time.</td>
<td>• Can be taken up to 120 hours (5 days) after unprotected sex, but not as effective.</td>
</tr>
<tr>
<td>• You can continue your regular method of birth control at the usual time.</td>
<td>• For 7 days after you use EC do not have sex or use a back up method every time you have sex.</td>
<td>• Doesn’t give continued protection against pregnancy.</td>
</tr>
<tr>
<td>• Doesn’t protect against STIs.</td>
<td>• Doesn’t protect against STIs.</td>
<td>• Not recommended as routine birth control.</td>
</tr>
</tbody>
</table>
Safer sex

During pregnancy and birth you can pass an STI on to your baby. Practicing safer sex by using a condom every time during vaginal, anal and oral sex reduces your chance of getting an STI, such as, chlamydia, gonorrhea, syphilis, genital warts and HIV. Keep in mind that some STIs such as genital warts and genital herpes can be transmitted through contact with skin (e.g., by coming into contact with blisters or warts).

You’re also practicing safer sex when neither you nor your partner has sexual activity with anyone else, you’ve both been tested for STIs and the tests show that neither of you has an STI.

After a person has been exposed to HIV, it may take about 3 months before an HIV test will be accurate. This means a person could have HIV for up to 3 months before the test says that you have HIV.

For more information about safer sex, call the STI/HIV Information Line at 1-800-772-2437.

My notes

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Rear-facing Child Safety Seat

‘Yes Test’

Using a child safety seat properly can reduce the likelihood of your child being injured or killed in a crash by as much as 75%. Infants rely on their parents and caregivers to make every ride a safe ride, and you can do it! Here is a list of questions that will help you install the child safety seat safely in your vehicle, and buckle your baby up the right way each time.

Take the 'Yes Test' as you are looking at your baby’s safety seat in your vehicle. Push, pull and poke the seat until you can check off each item that applies to your baby’s safety seat.
Rear-facing Child Safety Seat ‘Yes Test’

Getting ready...
- I have read the child safety seat instruction booklet for the exact installation instructions.
- I have read my vehicle owner’s manual on how to install a child safety seat.
- I never place my child’s safety seat in front of an airbag.
- My child’s safety seat is Canadian-approved and has a CMVSS label.
- My baby’s weight and height are within the limits for her child safety seat.
- The child safety seat is in the back seat of the vehicle.
- The child safety seat is facing the rear of the vehicle.

Securing the rear-facing child safety seat...

There are 2 systems that can be used to secure the child safety seat.

Either...
- I have a Universal Anchorage System (UAS) in my vehicle.
  - I have checked my vehicle owner’s manual for the UAS anchor locations.
  - The UAS belt is routed through the rear-facing belt path on the child safety seat or base.
  - I have connected the UAS belt to the anchors.
  - I have pulled the UAS belt tight.
  - The child safety seat moves less than 2.5 cm (1 inch) in any direction.

Or...
- I am using the seat belt to secure the child safety seat.
  - I have checked my vehicle owner’s manual for how to lock the seat belt for use with a child safety seat.
□ The seat belt is routed through the rear-facing belt path on the child safety seat or base and is buckled up.

□ The seat belt is tight because I have pushed down on the child safety seat or base and removed all the slack from the lap portion of the seat belt.

□ I have tested the belt to see that it has ‘locked’in place and will not slip. If the seat belt slips, I have used a locking clip.

□ The child safety seat moves less than 2.5 cm (1 inch) in any direction.

**Buckling your baby in the child safety seat...**

□ The shoulder harness is threaded through the correct slot according to the child safety seat instructions.

□ The chest clip is positioned at the level of my child’s armpits.

□ The shoulder harness does not slip off my child’s shoulders.

□ The harness is snug. I can only fit one finger between the harness and my child’s collar bone.

□ The shoulder harness system stays snug when I pull on it.

**Just being smart...**

□ My baby rides in the child safety seat for every trip.

□ The child safety seat’s carrying handle is down or in the travel position when the vehicle is moving.

□ I have checked for any recalls on my child’s safety seat. Recall information is available from Transport Canada at 1-800-333-0510 or visit www.tc.gc.ca/roadsafety

□ **My baby will stay rear-facing until she is at least one year of age AND 10 kg (22 lbs.) AND walking.**

If you are unable to answer ‘YES’ to any of the statements, be sure you consult the instruction manual for your child safety seat as well as your vehicle owner’s manual.
For more information about child safety seats,

Call:
• Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465)
• Alberta Transportation toll-free in Alberta at 310-0000

Or visit:
• https://myhealth.alberta.ca/Alberta/Pages/tips-for-buying-a-child-safety-seat-or-booster-seat.aspx

My notes

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Breastfeeding

Breastmilk is the healthiest first food for babies. The only food that babies need until they are six months old is breastmilk. Solids can be given to babies when they are about 6 months old with continued breastfeeding to 2 years or longer. Let your healthcare provider know about how you plan to feed your baby.

Learning to breastfeed takes time and practice. It usually takes 4–6 weeks for most moms to feel confident with breastfeeding. Talk to others who are breastfeeding or join a parenting and breastfeeding support group. Ask a healthcare provider knowledgeable about breastfeeding for help if you need it.
Breastfeeding

Vitamin D for breastfed babies

Vitamin D is an important part of your baby’s nutrition. It helps the body absorb calcium, promotes healthy bones and prevents rickets.

All breastfed and partially breastfed babies should be given a daily supplement of 400 IU vitamin D. You can buy vitamin D in liquid form. Follow the directions on the bottle. If you have questions, call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).

When you breastfeed your baby

Breastfeeding is healthy for mom and baby for many reasons.

Breastmilk is:

• A complete food. Breastmilk contains the proper nutrition for your baby (babies will need a vitamin D supplement). There are many things in breastmilk that benefit your baby’s brain development.

• Self-adjusting. Breastmilk changes to meet your growing baby’s needs. You will also make more breastmilk as your baby goes through growth spurts. Your baby will take the amount of milk she needs. This helps her develop healthy eating patterns that may protect her against obesity later in life.

• Protective. Breastfeeding benefits your baby’s short- and long-term health. Breastmilk has antibodies to fight infections. It also helps to protect against SIDS. The longer you breastfeed, the better your baby is protected. This protection lasts long after you stop breastfeeding.

• Easy to digest. Your newborn’s intestines are still developing. Breastmilk protects the lining of your baby’s intestine against infection and damage while it’s developing.

rickets: a disorder caused by a lack of vitamin D, calcium or phosphate that can lead to softening and weakening of the bones

Health Canada, the Canadian Pediatric Society and Alberta Health Services recommend exclusive breastfeeding (feeding only breastmilk) for the first six months and continued breastfeeding for 2 years or longer.
Breastfeeding:
• helps you feel close to your baby
• releases hormones that help you relax when you feed your baby
• may help you lose some of the weight you gained during pregnancy
• may help your uterus contract to its pre-pregnant size
• is linked to lower rates of breast and ovarian cancer for moms—and the longer you breastfeed, the lower your risk
• is environmentally friendly because no containers are needed and you don’t need soap and water to wash bottles and nipples
• saves you money because you don’t need to buy formula, bottles and nipples
• may stop menstrual periods—this may happen during exclusive breastfeeding in the first 6 months. This may help protect the iron stores in your blood

Does my breastfed baby need water or juice?
Your baby does not need water or juice because breastmilk gives your baby all the fluid that is needed.

Immunization
All moms should get the seasonal influenza vaccine. Breastfed babies will receive antibodies through their mom’s breastmilk that helps protect them.

Breastfeeding is convenient and flexible
Breastmilk is available in the right amounts, at the right temperature, whenever your baby is hungry. You can breastfeed anytime and anywhere.

You can continue to give your baby breastmilk even if you or your baby are sick or separated from each other. You can express breastmilk (either by hand or with a breast pump), and then refrigerate or freeze it and give to your baby later by spoon, cup, syringe/feeding tube or bottle.
When is breastfeeding not safe?

It’s rare that a woman can’t breastfeed or is advised not to breastfeed her baby. When breastfeeding isn’t safe, parents can still comfort their baby and respond to her cues. Skin-to-skin contact will help parents and babies feel close.

If you have questions about precautions you might need to take, talk to a healthcare provider knowledgeable about breastfeeding.

You shouldn’t give your baby your breastmilk if:

- your baby has a disorder called galactosemia (a rare metabolic disorder)
- you’re receiving chemotherapy
- you’re receiving certain radioactive compounds
- you’re taking certain medicine—talk to your healthcare provider. Many medicines are safe while breastfeeding
- you’re using drugs (street drugs) or alcohol—talk to your healthcare provider about breastfeeding
- you’re HIV positive

If you are advised not to breastfeed, ask your healthcare provider for information to help you feed your baby. If you are feeding your baby with infant formula, please see Healthy Parents, Healthy Children: The Early Years.

Sometimes it may not be safe for a mom to bring her baby to her breast to feed but she can still feed her baby expressed breastmilk (EBM). This may be advised if:

- you have herpes lesions on your breasts
- you have some types of infections (e.g., active, untreated tuberculosis)

**Donor Human milk**

Talk to your healthcare provider to see if donor human milk is recommended for your baby. Currently in Alberta pasteurized donor human milk is available in some areas for very small or sick babies when their own mother’s milk is not available.

Feeding unpasteurized breastmilk from a donor mom is not advised.
What to expect when breastfeeding

Breastfeeding is a learning experience for both moms and babies. Learning to breastfeed takes time and practice as you and your baby get to know each other. There may be some challenges in the first weeks but you will soon find it gets easier.

Talk to other women who are breastfeeding, join a breastfeeding support group (such as La Leche League) or talk to a healthcare professional knowledgeable about breastfeeding. Let your family and support people know about your decision to breastfeed. Support from them can also help you feel confident.

Things to know when preparing for breastfeeding:
• Your healthcare provider can give you information about breastfeeding.
• Using skin-to-skin cuddling with your baby will help.
• The size of your breasts doesn’t affect your ability to make breastmilk.
• Your breasts and nipples don’t need special preparation. Don’t use creams or ointments on your nipples (unless prescribed by your healthcare provider).
• You can breastfeed whether you have a vaginal or caesarean birth.
• If you’ve had breast surgery, have concerns about your breasts or have a medical condition, talk to a healthcare provider knowledgeable about breastfeeding.

Support for breastfeeding

Sometimes breastfeeding is not as easy as it looks, especially in the first few weeks. It will help if you can share your feelings and find answers to your questions about breastfeeding.

• Friends who have breastfed their babies may be able to give you help and encouragement.
• Your birth centre nurse, public health nurse, lactation consultant or healthcare provider knowledgeable about breastfeeding have information and skills to help you.

Helpful Resources

There are many resources to help breastfeeding families. If you’re having challenges with breastfeeding, talk to your public health nurse or call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).
How your breasts make milk

Breasts are made up of clusters of milk-producing cells. The cells are connected by a network of ducts (tiny tubes). Branches of ducts are close to the nipple on each breast. The nipples have many tiny openings. Milk flows from the milk-producing cells through the ducts and nipple openings.

The milk you make in the first few days after giving birth is called colostrum. You will produce very small amounts. This is normal. Colostrum has antibodies in it and is your baby’s first protection against infections and diseases. Along with having important nutrients in it, colostrum also acts as a natural laxative to help your baby pass meconium. Colostrum is the only food your baby needs in the first few days.

After 2–4 days, your milk will change to meet your baby’s needs and your breasts will make more milk. You’ll notice your breasts becoming fuller and heavier. They may also be more tender. The colour of your milk will change from clear or yellowish (colostrum) to bluish-white or white (mature milk).

When your breasts release milk, it’s called the let-down or milk ejection reflex. Muscles around the milk glands contract to push milk into the ducts and out through the nipple. You may feel a tingling sensation in your breasts as the milk is released. Not all moms feel this. Some moms also have a let-down reflex when they hear their baby cry. When this reflex happens, milk may leak from your breasts.

What to do when your breasts leak

After your milk supply increases, milk may leak from one breast while your baby is feeding from the other breast. Gently press a cloth or towel on your nipple to stop the flow or you can collect your breastmilk. Milk may also leak from your breasts between feedings. You may want to use breast pads to protect your clothes.

*meconium: a baby’s first stool*
Breastmilk supply

Your breastmilk supply is established by feeding often and for as long as your baby wants during the day and night. The more breastmilk your baby drinks the more milk you will make. Your breasts will feel full between days 3 and 10. After this time it is normal for your breasts to feel softer.

You will notice your breasts feel full before feeds. Breasts will become softer after feeds and begin to fill again between feeds. This is a good sign that your body is establishing or maintaining your milk supply. Feeding your baby as often as she wants (not putting off or timing feeds) will help keep your breasts softer and comfortable. It will also make sure your baby gets the amount of milk she needs.

As your baby breastfeeds, you’ll start to make an amount of milk that matches what your baby needs. You may worry that you aren’t making enough milk because your baby suddenly wants to feed more often, is feeding longer or cries more. Babies who need to feed more often may be having a growth spurt (usually around the 3rd and 6th week and the 3rd and 6th month). Growth spurts only last a few days. Resting, healthy eating, fluids and feeding your baby often are usually enough to increase the amount of breastmilk to meet your baby’s needs. It takes about 4–6 weeks for most moms to feel confident with breastfeeding.

If your baby isn’t able to breastfeed, or isn’t breastfeeding well, make sure that you ask for help. Your baby sucking at the breast is the best way to increase your milk supply and remove milk from your breasts. If your baby is not able to do this, you can establish and maintain your milk supply by removing the milk from your breasts often, either by hand expression (see pages 256–257) or with an electric breast pump. Continue to cuddle your baby skin-to-skin. You can use your expressed breastmilk to feed your baby. If you supplement with formula and don’t express or pump your own milk, your breastmilk supply will decrease. Ideally, your baby will be able to breastfeed soon.

Getting breastfeeding off to a good start

Breastfeeding is a learned skill. With time and practice, you and your baby will soon be more comfortable breastfeeding. Your birth centre team will encourage you to breastfeed soon after your baby is born. Some babies want to breastfeed right away and others would rather just cuddle. Most babies will have their first breastfeed within the first 1–2 hours after birth.
Early skin-to-skin contact will help your baby become interested in breastfeeding and will help you start to learn her cues. Your partner, or another person you’re close to can also practice skin-to-skin cuddling to comfort, nurture and get to know your baby. (See pages 179–180).

The feeding relationship is like any other relationship between a parent and child. It is important for healthy eating and it changes as your baby gets older. At this early age, your role as a parent is to decide what to feed your baby and to follow her cues. Your baby’s role is to eat and to let you know when she's hungry and when she’s full. Pay attention and respond to her cues.

The early months with your new baby are a time of learning for both of you. When you respond to your baby’s cues of hunger or fullness, you are helping to build a trusting relationship. Your baby will also learn to respond and listen to her fullness cues as she gets older, helping her establish a healthy eating pattern for life.

**How to breastfeed your baby**

**Positioning**

To breastfeed your baby:

- Watch your baby for hunger cues. Babies feed best when they are quiet and alert.
- Your comfort is important. Sit up as straight and tall as possible. Support your back, arms and feet by using pillows and a stool, if you need to.
• Support your baby at the level of your breasts. Bring your baby to your breast, not your breast to your baby. Use pillows, towels or a rolled blanket.

• Make sure your baby is facing you, tummy-to-tummy and face-to-breast.

• Hold your baby so she’s lying on one side, facing your breast and tucked in close to your body. Make sure her body is in a straight line, with ears, shoulders and hips lined up.

• Your arm supports your baby’s body. Your hand supports your baby across the shoulders and at the base of the head (behind the ears).

• The cross-cradle position and football/clutch holds often work best for correct latching in the first few weeks.

These pictures show common ways to position your baby while breastfeeding.

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Many healthcare providers knowledgeable about breastfeeding now recommend laid-back breastfeeding positions. For more information, visit www.lli.org/faq/positioning.html
**Latching**

Support your breast with your hand by sliding your fingers under your breast and placing your thumb parallel to your baby’s mouth, well back from your areola. This helps keep your hands out of the way of your baby’s mouth. You may need to keep supporting your breast during feeding.

Hold your baby’s head at the base of her skull, below and behind her ears. Stay away from her cheeks. The palm of your hand will be between your baby’s shoulder blades.

1. Start with your baby’s nose opposite to your nipple. She can smell your breastmilk and get ready to feed.

2. Let your baby’s head tip back. Touch her lips with your nipple to help her make a wide open mouth. You may need to do this several times before her mouth is as wide open as a yawn.

3. When your baby opens her mouth as wide as a yawn bring her to your breast keeping her head tipped back, so the chin touches the breast first. Use the palm of the hand holding her head to push between her shoulder blades.

4. Your baby’s chin will be firmly touching your breast. Although her nose will be close to your breast, she will still be able to breathe. Your baby’s cheeks will look full and rounded as she feeds.

If your baby’s nose is too far into the breast and she can’t breathe, she will struggle and come off the breast. Re-adjust for the next latch by pulling her bottom closer to you and tipping her head back a little bit.

Don’t press on your breast. This may cause a poor latch or plugged ducts.

You may notice your baby has different patterns of sucking. At the beginning of each feeding, she may have short, quick sucks until the milk flow increases. Later in the feeding, the sucking often becomes slower and deeper. Your baby will pause between these bursts of sucking. You will hear and see swallowing.

**How long should I feed my baby?**

Let your baby feed as long and as often as she wants to. When she’s had enough, she will let go of your breast, stop sucking or fall asleep.

If your baby needs help coming off the breast, you can slip a clean finger into the corner of her mouth and push down lightly. This breaks the suction. Your nipples will get sore if you pull her off of your breast without breaking the suction first.

Burp your baby when she has finished with the first breast and then offer the second breast. If needed, stimulate your baby by changing her diaper before offering the second breast. Remember to wash your hands. Your baby may want to feed on the second breast for a shorter time, or may not want to feed at all. If your baby fed from both breasts at one feeding, start the next feeding with the breast used last. If your baby fed from only one breast, start the next feeding with the other breast.

**Hands and nails**

Make sure your hands are clean and your nails are clean and short when handling your baby.

*Photograph printed with permission: © Crown copyright 2010. Produced by COI for the Department of Health, Great Britain.*
It’s usually time to change breasts when your baby:
• pulls off the breast and looks for more milk
• becomes restless at the breast
• is no longer sucking well and swallowing

**Burping your baby**

Burping helps babies get rid of air bubbles in their stomach. If left there, these bubbles can cause painful gas and bloating. To burp your baby, hold her in one of the positions below and pat or rub her back gently.

• Hold her close to your body, facing over your shoulder (you may want to put a cloth on your shoulder in case she spits up milk). Gently pat or rub her back, starting from her bottom and moving up toward her head.

• Sit her in your lap, supporting her head with one hand under her chin. With the other hand, gently rub her back.

• Lay her on her tummy over your knees. Support her head and gently rub her back.

Breastfed babies may not need to burp as often as babies who are fed formula. This is because breastfed babies don’t swallow as much air and have better control of the milk flow.
The first week
The first week of life is full of changes for you and your baby. During your baby’s first few days, you may see the following things:

Birth to 24 hours
• For the first hours after birth, your baby may be awake and alert, but quiet.
• After the first feeding, your baby may have a long sleep, waking once in a while to feed or cluster feed. For example, babies may have periods where they cluster feed 5–10 times over 3–5 hours. Then they may sleep for 4–5 hours.
• Some newborns may not show signs of wanting to feed early on. Some babies need to spit up mucus and recover from birth. If your baby doesn’t show signs of wanting to eat, keep doing skin-to-skin cuddling and massage her gently to help her wake up. Watch for her hunger cues. If you don’t notice hunger cues, ask for help.

Days 1–2
• Your baby may be waking and showing signs of hunger and wanting to feed as often as every 30 minutes to 3 hours. Newborns have very small stomachs and breastmilk is very easily digested.
• Your baby may have 1–2 long periods of cluster feeding.
• Your baby will be alert during feedings. She’ll have a strong sucking reflex, with her lower jaw moving as she drinks colostrum. You’ll hear some quiet swallowing noises.
• By the second or third day, your baby will be more alert and feed often, usually at least 8–12 times in 24 hours and with no set schedule. Offer your breast whenever your baby wants to eat. As your baby grows, you’ll get to know her sleep pattern.

Days 3–7
• Your baby will wake and cue to feed at least 8–12 times in 24 hours.
• Feedings may not be spaced evenly. Your baby may feed every 2–3 hours, mixed with 1 or 2 long periods of cluster feedings.
• You’ll be able to hear your baby swallowing during every feeding.

Feeding times
Because it feels like one feed blends into the next, in the early days, it may seem like you are breastfeeding all of the time. There is no set amount of time that your baby should feed at your breast.
As babies get older they become more efficient at sucking.

cluster feed: frequent, small feeds within a short time
How to tell if your baby is getting enough breastmilk

Wet and dirty diapers for the breastfed baby

<table>
<thead>
<tr>
<th>Wet Diapers per day</th>
<th>Stools per day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First 24 hours</strong></td>
<td>Minimum one wet diaper in the first 24–hours.</td>
</tr>
<tr>
<td></td>
<td>Small amounts of urine are normal.</td>
</tr>
<tr>
<td></td>
<td>Small amounts of dark urine (orange or rust) are also normal in the first few days.</td>
</tr>
<tr>
<td></td>
<td>Meconium (black sticky stool) passed within the first 24 hours of birth.</td>
</tr>
<tr>
<td><strong>Day 1–2 (24–48 hours)</strong></td>
<td>Minimum 1–2 wet diapers.</td>
</tr>
<tr>
<td></td>
<td>Small amounts of dark urine (orange or rust) are also normal in the first few days.</td>
</tr>
<tr>
<td></td>
<td>Meconium stools.</td>
</tr>
<tr>
<td></td>
<td>1–3 stools each day, each the size of an infant’s palm.</td>
</tr>
<tr>
<td><strong>Day 2–3 (48–72 hours)</strong></td>
<td>Minimum 2–3 wet diapers.</td>
</tr>
<tr>
<td></td>
<td>Small amounts of dark urine (orange or rust) are also normal in the first few days.</td>
</tr>
<tr>
<td></td>
<td>Transitional stools (black/green-yellow).</td>
</tr>
<tr>
<td></td>
<td>2–3 stools each day, each the size of an infant’s palm.</td>
</tr>
<tr>
<td><strong>Day 3–4 (72–96 hours)</strong></td>
<td>Minimum 3–4 heavy (large) wet diapers.</td>
</tr>
<tr>
<td></td>
<td>The amount of urine will increase and turn a light yellow.</td>
</tr>
<tr>
<td></td>
<td>Yellow seedy stools.</td>
</tr>
<tr>
<td></td>
<td>4+ stools each day, each the size of an infant’s palm.</td>
</tr>
<tr>
<td><strong>Day 5–7</strong></td>
<td>Minimum 4–6 heavy wet diapers.</td>
</tr>
<tr>
<td></td>
<td>Yellow seedy stools.</td>
</tr>
<tr>
<td></td>
<td>4+ stools each day, each the size of an infant’s palm.</td>
</tr>
<tr>
<td><strong>Day 7 +</strong></td>
<td>6+ heavy wet diapers.</td>
</tr>
<tr>
<td></td>
<td>Yellow seedy stools.</td>
</tr>
<tr>
<td></td>
<td>4+ stools each day, each the size of an infant’s palm.</td>
</tr>
<tr>
<td><strong>After 4–6 weeks</strong></td>
<td>6+ heavy wet diapers.</td>
</tr>
<tr>
<td></td>
<td>Yellow seedy stools.</td>
</tr>
<tr>
<td></td>
<td>Number of stools varies: ensure your baby is gaining enough weight.</td>
</tr>
<tr>
<td></td>
<td>After 4–6 weeks, breastfed infants may have stools less often.</td>
</tr>
<tr>
<td></td>
<td>Stools should always be soft and easy to pass.</td>
</tr>
</tbody>
</table>
Bowel movements for breastfeed babies

Other ways to tell if your baby is getting enough milk after day 3:

- Your breasts will be smaller and softer after feeds.
- Your baby will wake on her own to feed 8–12 times in 24 hours.
- You can hear or see your baby swallowing and can see jaw movements.

Breastfed babies

Breastfed babies usually don’t need extra fluid, suppositories or any other treatments.

If you have any questions about your baby’s wet diapers or bowel movements:

- ask your nurse at the birth centre
- ask your baby’s healthcare provider
- ask your public health nurse
- ask a lactation consultant if one is available
- call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465)
See your healthcare provider if:
• your baby doesn’t have the recommended number of wet or dirty diapers per day
• the wet diapers aren’t heavy after day 3
• the urine is still dark after day 3
• you see blood in your baby’s stool
• the bowel movements are:
  o infrequent, hard and difficult to pass
  o green, watery and smell bad
  o white, clay-coloured (light gray) or very light yellowish. This may be a sign of liver problems

When to get help with breastfeeding
Talk to a healthcare professional knowledgeable about breastfeeding if your baby:
• won’t take the breast
• is fussy during and/or after breastfeeding
• isn’t content between feedings
• isn’t gaining weight
• hasn’t returned to her birth weight by 14 days of age
• is not voiding and stooling as recommended
• has hard stools that aren’t easily passed
• falls asleep at the breast after only a few sucks
• won’t wake up to feed
Talk to a healthcare professional knowledgeable about breastfeeding if you:

• feel pain in your nipples during and/or after breastfeeding that isn’t getting better
• feel pain in your breasts
• have a fever that may come with headache, aching muscles, chills or other signs of infection
• have red, warm spots or streaks on your breasts
• have dry, itchy or flaky nipples
• have tender, lumpy areas on your breasts that don’t get smaller after breastfeeding
• have nipples that are sore, blistered, bleeding or cracked, and that aren’t getting better
• do not have full, heavy breasts by day 3–4
• do not hear swallows when your baby feeds from day 3 onwards
• have hard, swollen breasts that your baby has trouble latching to
• have nipples that are pinched or squished after feedings (this may be a sign of a poor latch)

If your baby can’t breastfeed, or isn’t breastfeeding well, make sure that you ask for help. Sometimes there may be a medical reason for your breastfed baby’s feeding to be supplemented with something else in addition to, or in place of breastmilk for a short time.

Sometimes your milk supply and technique can be improved with the help of a healthcare provider knowledgeable about breastfeeding. If your baby is not gaining the desired weight or has a decrease in weight after someone has helped you, you may need to supplement. Ideally, this would be for a short time.

You may be advised to supplement with:

• your own expressed breastmilk (see pages 255–262)
• pasteurized donor human milk (if available in your area and if recommended by your healthcare provider)
• infant formula
You’ll also get help establishing or maintaining your milk supply by removing the milk from both of your breasts at least every 3 hours during the day and at least once during the night (midnight to 6 a.m.). This is usually how often your baby would breastfeed. You can either express the milk by hand or use an electric breast pump. If you supplement with infant formula and don’t express or pump your own milk, your breastmilk supply will decrease (see page 255–257). Your healthcare provider or lactation consultant may suggest a medicine that can help you make more breastmilk.

It can take time for your milk supply to increase. Plan for regular visits to your healthcare provider to make sure your baby is gaining weight.

Once the need for supplementation is over, you may return to exclusive breastfeeding, but you may need more help. Contact your public health nurse, a lactation consultant or another healthcare professional knowledgeable about breastfeeding if you have questions or concerns.

**If you give infant formula to your breastfed baby**

Some things to think about when formula feeding, or supplementing with formula, include:

- Formula feeding is expensive. You need to buy formula, bottles and nipples.
- Following the formula mixing instructions exactly is very important. Mixing and storing formula incorrectly may cause serious health problems for your baby. For information on mixing formula safely, see *Healthy Parents, Healthy Children: The Early Years*.
- Feeding your baby any milk other than breastmilk interferes with establishing and continuing breastfeeding.
- Feeding your baby any milk other than breastmilk without pumping your breasts will decrease your milk supply.
- Using bottle nipples and teats may interfere with your baby’s ability to latch onto the breast. Your baby may prefer the fast flow from a bottle and refuse the breast.

If your baby is fed formula for any reason, talk to your healthcare provider about the one that’s safest and best suited for your baby. For babies who are at higher risk of developing allergies (e.g., if either parent or another one of your children have a confirmed food or environmental allergy), talk to your healthcare provider about the type of formula to provide.

For information on feeding your baby infant formula, see *Healthy Parents, Healthy Children: The Early Years*. 
Problems That Can Happen When Breastfeeding

Sore nipples

During the first week of breastfeeding, your nipples may feel tender. However, breastfeeding shouldn't be painful.

How do I prevent sore nipples?

- Position and latch your baby correctly on your breast. If your baby isn't getting a deep enough latch, take her off the breast by sliding your finger between her gums until the suction is released. Offer your baby the breast again.
- Don't use cream on your nipples unless recommended by your healthcare provider.
- Use cotton breast pads, not plastic-lined breast pads.
- Don't use soap on your nipples. This can make them too dry.
- Ask for advice if you're using a breast pump.
- Ask for advice before using a nipple shield.

What if my nipples are sore, blistered or cracked?

- While some soreness is common during the first week, pain that doesn't go away is not normal. Cracked, damaged nipples are not normal. Ask for help.
- Breastfeed as soon as your baby wakes up and before she starts to cry. It's okay to wait until after your baby has fed before changing her diaper.
- Massage your breast before and during the feeding to help your milk flow.
- Start breastfeeding on the side that is least sore.
- Use different feeding positions (for more information, see pages 237–240).
- If you need to, take a mild pain medicine before breastfeeding, as recommended by your healthcare provider.
- Sometimes sore nipples are caused by a yeast infection. See your healthcare provider if you're concerned about this. Remember that if you or your baby has a yeast infection, both of you will probably need to be treated.

Breastfeeding tips

Put a few drops of expressed breastmilk on your nipples after feeding to help with healing. Let your nipples dry in the air after each feeding.

Get help if your nipples aren't feeling better within a day or two. Seek help from a knowledgeable healthcare provider to correct any latching problems as soon as possible.
Milk supply

It’s important to talk to a healthcare provider if you’re worried about your milk supply. If your baby is nursing often, has lots of wet and dirty diapers and is gaining enough weight, it usually means your baby is getting enough milk.

Not enough milk?

Your milk production can decrease if:

• your baby isn’t correctly positioned or latched at the breast (this may also result in sore nipples)
• you aren’t breastfeeding often enough or not offering your baby enough night feedings
• you aren’t breastfeeding long enough at each feed
• you’re breastfeeding on only one breast at each feeding
• you’re supplementing your baby’s diet with infant formula
• you’re stressed, in pain or very tired
• you’ve lost a lot of blood during or after birth
• you’re using alcohol or tobacco products
• you’ve had breast surgery (including some types of breast-reduction surgery)
• you have certain medical conditions, including thyroid problems, infections, polycystic ovary syndrome or retained placenta (pieces of placenta remain in your uterus after birth)
• you are taking certain kinds of medicine (e.g., birth control pills, antihistamines, some herbal teas)
• you’re giving your baby soothers or bottles, especially in the early weeks
• your breasts are too full of milk (engorged)
• you’re using a nipple shield, but not using it correctly (ask a healthcare provider knowledgeable about breastfeeding for advice before using a nipple shield)
• you’re pregnant

Talk to your healthcare provider, your public health nurse or a lactation consultant if you think any of these factors may be affecting your milk supply.
**Tips to increase your milk supply**

- Spend more time skin-to-skin cuddling with your baby.
- Rest when your baby is sleeping. Ask for help with household tasks.
- Eat a well-balanced diet and drink plenty of fluids (about 3 litres or 12 cups each day).
- Increase the number of times your baby feeds in 24 hours. Feed your baby 8–12 times a day and watch for her hunger cues.
- Offer both breasts at every feeding, letting your baby finish the first breast first.
- Compress your breast (with the thumb on top and fingers underneath) when your baby’s sucking slows down. This will increase the amount of milk she swallows at each feeding.
- Try switching your baby back and forth between breasts, offering each breast twice or more during a feeding.
- Express milk after feedings by hand or use a breast pump that works well for you.
- If your baby isn’t breastfeeding well or you aren’t able to breastfeed, use an electric breast pump set at a comfortable setting at least 6–8 times a day (including once at night). Giving infant formula to your baby without pumping your breastmilk will decrease your milk supply.
- An electric double pump will allow you to spend less time pumping and have more time to rest between pumping sessions.
- Put a warm facecloth or small towel on your breast, or massage your breasts before and during pumping, to increase milk flow.
- Talk to your healthcare provider about medicine that may increase milk supply.

**Too much milk**

Sometimes moms have a large milk supply, or the milk flows too fast. You and your baby may benefit from some help if your baby:

- nurses often, but is gulping at the breast
- is fussy and struggles at the breast, pulls away from the nipple or arches her back
- is unsettled or restless while feeding
- spits up milk often and has a lot of gas
- is gaining weight well, but is fussy and always seems hungry

Too much milk is a common problem. You may find it helpful to use different positions (e.g., lying back to slow the flow) and temporarily breastfeed your baby on only one breast at a feeding. If this doesn’t work talk to your healthcare provider.
Engorged breasts

It’s normal for your breasts to be full and firm in the first weeks as your body makes more breastmilk. Your breasts will become soft after each feeding.

Engorgement is more than just fullness and happens when the milk doesn’t flow easily from the breast. Your breasts can become hard, swollen, painful and/or red. Your nipples may also become flat. This is uncomfortable for you and makes it hard for your baby to latch onto the breast.

How to prevent engorgement

Engorgement can usually be prevented with good positioning and latching, and by offering your baby at least 8–12 feedings per day. Feeding your baby often is the best way to prevent becoming engorged. Breastfeed for as long as your baby wants and try not to miss feedings. If you aren’t able to breastfeed, express your milk by hand or with an electric breast pump (for more information, see pages 256–257).

If your breasts are very full

<table>
<thead>
<tr>
<th>Before breastfeeding</th>
<th>While breastfeeding</th>
<th>After breastfeeding</th>
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| Put warm, moist towels on your breasts for a few minutes or take a warm shower. | • Massage your breasts to help the milk flow (for more information, see page 256).  
• Pump or express some breastmilk just to soften the breasts.  
• Change your baby’s position to help the milk flow from all areas of your breast.  
• Your baby drains the milk best from the area where her chin is. | • Put ice packs on your breasts for 5–10 minutes.  
• Rest when your baby sleeps. |
If your breasts are engorged

<table>
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<tr>
<th>Before breastfeeding</th>
<th>While breastfeeding</th>
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<tr>
<td>Put warm, moist towels on your breasts for a few minutes or take a warm shower. If warm towels don’t help the milk flow, put ice (wrapped inside a cloth) on the breast for 10 minutes at a time, as often as you can. This helps decrease the swelling between the ducts and may help milk flow. Take off the ice if you feel uncomfortable.</td>
<td>• Help your milk to flow by massaging your breasts. • If your baby won’t latch, pump or hand express some breastmilk to soften the breast so your baby can latch. Once milk is leaking from your breasts it will be easier for your baby to breastfeed. • Change your baby’s position to help the milk flow from all areas of your breast. • Your baby drains the milk best from the area where her chin is.</td>
<td>• Hand express or pump after feeds or between feeds just until your breasts feel comfortable. • Do not pump all the milk out or you will continue to make too much. • Put ice packs on your breasts for 5–10 minutes. • Ice cubes in a plastic bag also work well.</td>
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If your areola feels very firm because of engorgement, ask a healthcare provider knowledgeable about breastfeeding for help to soften the areola. A very firm areola may be caused by increased or retained fluid in breast tissue due to IV fluids given during labour. It may also happen because your baby is not feeding well or often enough during the day and night.

If your breasts are still engorged

You should have less swelling and pain within 24 hours of following the tips above. If there is no improvement, contact your healthcare provider.

Blocked milk ducts and mastitis

Blocked milk ducts happen when there is a build-up of milk in the ducts of the breast. These areas may be tender, lumpy, red and sore. Plugged ducts can cause inflammation due to increased pressure from the milk. Plugged ducts that aren’t drained can lead to mastitis.

Mastitis is an inflammation of the breast. It may be caused by a blocked milk duct that doesn’t get better or by an infection. Areas of the breast become inflamed and are red, painful, hard and swollen. You may also feel like you have the flu, with symptoms such as fever and chills. Even though you may not feel well, your milk is safe for your baby. It’s important to keep your milk flowing. Mastitis may be treated with antibiotics. Although mastitis can be serious, it usually clears up quickly once treated.
How to prevent blocked milk ducts or mastitis:
- Position and latch your baby correctly. Get help if your nipples are sore and not improving.
- Breastfeed your baby often and use different feeding positions. This will help drain all of your milk ducts.
- If you have lumpy areas on your breast, use your fingertips to gently massage from behind the lumpy area all the way to the nipple before, and during, breastfeeding. This will help clear the duct. If the lumps don’t soften or decrease with feeding, see your healthcare provider.
- Don’t suddenly reduce the number of times you breastfeed.
- Wear a well-fitting bra and comfortable clothing. Don’t wear underwire bras or wear a bra to bed. Try not to carry heavy bags with shoulder straps. These can put pressure on your breasts.
- Try not to give your baby a soother or formula, as they can cause your baby to delay or miss a feeding.
- Make sure your breastmilk can flow freely while breastfeeding or pumping. Gently support your breast. While pumping, position the pump correctly on your breast. Follow the instructions for your breast pump. Make sure the breast shield is the correct size for your breast.
- Get enough rest, eat well and wash your hands often.

If you have signs of mastitis:
- Feed your baby at least every 2–3 hours. Breastfeed often to keep your milk flowing.
- Put warm cloths on your breasts 5–10 minutes before breastfeeding. This will help your milk let down.
- Use your fingertips to gently massage from behind the tender area all the way to the nipple before, and during, breastfeeding.
- Have your baby breastfeed on your tender breast first. Nurse on both breasts.
- Position and latch your baby so her chin is close to the tender area. Your baby drains the milk best from the area where her chin is.
- Try to rest by asking your family and friends to help you at home.
- Drink enough fluids and eat well.

When to get help
- If you can’t pump or feed, get help.
- If you have a fever, headache, aching muscles or other signs of an infection, call your healthcare provider right away. You might need antibiotics.
• Take a mild pain reliever as recommended by your healthcare provider, if you need to.
• Express your breastmilk regularly if your baby isn’t able to breastfeed (every 2–3 hours day and night). This will keep your breasts drained.

Your baby may refuse your breast because your milk may have a different taste when you have an infection. If your baby is refusing your breast, you can pump to maintain your milk supply.

**Sleepy newborn**

Some newborns are sleepier than others. A sleepy baby may be a result of:
• not enough breastmilk
• a difficult labour and birth
• medicine you are taking
• over stimulation (too much light and noise)
• jaundice or other medical reasons

You can wake a sleepy baby with gentle stimulation. Some ways to wake your baby are:
• using skin-to-skin contact
• unwrapping, undressing or changing your baby’s diaper
• talking to your baby, holding her upright and making eye contact
• gently stroking or massaging your baby’s body (e.g., moving her arms and legs, stroking her cheek, rubbing her back or circling her lips with your clean finger)
• expressing breastmilk onto her lips
• change baby from one breast to the other a couple of times during each feeding

***Jaundice***

For more information about jaundice see *Healthy Parents, Healthy Children: The Early Years.*
If your baby falls asleep after only a few minutes at the breast, gently massage and compress your breast behind the areola for a few seconds. This will help your milk flow. Don’t squeeze so hard that it hurts. Breast compression will help your baby start sucking again. You can do this throughout the feeding, or at the end of the feeding when your baby starts to get tired.

If you have tried these ideas and still have trouble waking your baby, have your baby seen by your healthcare provider as soon as possible.

**Feeding your baby expressed breastmilk (EBM)**

Breastmilk can be expressed by hand or with a breast pump. Removing milk from your breasts will help stimulate and maintain your milk supply.

You may need to express your milk to:
- provide breastmilk if your baby isn’t able to latch
- provide breastmilk for your sick or preterm baby
- provide breastmilk if you’re away from your baby
- soften your breasts before breastfeeding if your breasts are full or engorged
- make your breasts more comfortable and maintain your milk supply if you aren’t able to breastfeed

You’ll find it easier to express your milk after:
- your baby has breastfed
- your baby has had her first morning feeding (when you have more milk)
- you use warm, moist heat on your breasts (e.g., from a shower, towels or facecloths)
- you use breast massage
- you’ve touched or cuddled your baby
At first, you may only be able to express very small amounts of milk. This is normal. One breast may produce more milk than the other. As you become more comfortable with expressing by hand or with a breast pump, your milk will flow more easily. After a few days your milk supply will increase. Amounts may vary with each pumping.

**Breast massage**

Massaging your breast before expressing milk will help start your milk flowing, may help you remove more milk and increase your milk supply. You can do breast massage before putting your baby to your breast and while she’s feeding. Some suggestions are:

- always handle your breasts gently (rough handling can damage delicate breast tissue)
- massage your breasts in small circular motions towards your nipple
- stroke your breast gently towards the nipple
- lean forward to let gravity help the milk flow

![Breast massage images]

**Expressing breastmilk by hand**

Expressing by hand is a skill that takes practice. If you don't get much milk at first, don't be discouraged. Even expressing a small amount of milk will signal your body to make more. It may be easier to practice hand expression in the bathtub or shower or after breastfeeding your baby:

To express by hand:

1. Wash your hands. Use a clean container with a wide opening (sterilize the container if your baby is less than 4 months old). Put the container on a surface in front of you, or hold it under your breast to collect the milk.

2. Hold your breast with one hand, not too close to the nipple. The thumb and index finger of your hand need to be opposite of each other and about 2.5–4 cm (1–1.5 inches) back from the nipple.
3. Lift your breast slightly with the fingers that are under your breast. Push straight back in towards your chest and gently squeeze your thumb and fingers together, rolling them forward towards the nipple. Continue until your milk starts to flow. Don’t squeeze the base of your nipple, as this will stop the flow of milk.

4. Repeat step 2 and 3 a few times in each position as you rotate your hand around your nipple and areola like a clock until your milk flow decreases and your breast feels soft. If you are not getting any milk flow move your fingers slightly further back. Continue until the milk flow slows and your breast feels soft.

5. Repeat with your other breast.

Breast pumps

You may use a breast pump to express breastmilk instead of expressing by hand. There are different types of pumps you can use:

• Manual, battery-operated or small electric pumps are for pumping the breasts only once in a while, after your milk supply is established.

• Hospital-grade electric breast pumps are available to rent and are needed by moms who won’t be able to breastfeed for some time. These pumps are better at establishing and maintaining your milk supply than manual pumps if your baby is not regularly breastfeeding.

Make sure you clean your breast pump and pump parts according to the manufacturer’s instructions.

If you are pumping and expressing milk while in the birth centre, there are hospital-grade electric pumps for you to use during your baby’s birth centre stay. Your nurse will show you where they are and how to use them. You will be given printed labels and bottles to store your breastmilk.
Storing expressed breastmilk

At the birth centre

When your baby is in the birth centre, care must be taken to make sure that expressed breastmilk is handled safely and that your breastmilk is given to your baby. This is important because viruses such as HIV or hepatitis B can be carried in breastmilk and passed on to a baby by an infected mom’s milk.

When storing EBM at the birth centre:

• Put your EBM in the bottles you are given.

• Ask your baby’s nurse for printed labels for the bottles.

• Put the label with your baby’s birth centre identification (ID) number, first name and last name on the bottle. Put the time and date you pumped on the label.

• The nurse will store your labelled milk in a secure fridge or freezer.

• If you pump at home and your baby stays in the birth centre, put the EBM in your fridge right away. Use ice or freezer packs to transport the EBM.

• To make sure your baby gets your milk and that the milk has not expired.
  
  ◦ **Double check:** Before using any of your EBM, the label must be checked with your baby’s birth centre identification bracelet at the bedside by 2 people. Your birth center nurse will give you more information.

  ◦ Check the date on the bottle for freshness (use the refrigerator and freezer guidelines on pages 259 and 261).

For more information about using EBM while your baby is in the birth centre talk to your birth centre team.

At home

For healthy, full-term babies, here are some guidelines for preparing and storing expressed breastmilk at home:

• For babies under 4 months old sterilize all equipment and containers that will be used to prepare and store milk. Use glass bottles or bisphenol A-free (BPA-free) plastic containers. BPA is a chemical used in some plastics that may be harmful to young children. For more information about BPA-free plastic visit [www.canada.ca/en/health-canada/services/home-garden-safety/bisphenol-bpa.html](http://www.canada.ca/en/health-canada/services/home-garden-safety/bisphenol-bpa.html)

• Write the date you expressed the breastmilk on the container. Use a waterproof marker.

• When freezing milk, leave a 1.5 cm (0.5 inch) space at the top of the container. Breastmilk expands when frozen.
• Store breastmilk in the amount your baby needs for one feeding.
  o Freshly expressed breastmilk can be refrigerated or frozen if it’s not going to be used right away. Fresh EBM can be kept at room temperature for up to 4 hours.
  o Fresh EBM can be stored for up to 2 days in the refrigerator.
  o Chill newly expressed breastmilk for 1 hour in a fridge or ice-packed container before freezing.
• Keep breastmilk cool or frozen while travelling.
• If you express breastmilk while you’re away from home, you can store it for no more than 24 hours in an insulated bag with a frozen gel pack. Throw out any milk that’s older than recommended.

When sterilizing equipment, bottles and nipples for babies under 4 months old:
• Sterilize all equipment used to prepare and store milk for babies. Use glass bottles or BPA-free plastic containers.

To sterilize
• Wash your hands thoroughly, with soap and water, for at least 20 seconds before cleaning, sterilizing and handling feeding equipment.
• Clean the preparation area. Use hot, soapy water to wash counters and any other areas that clean feeding equipment will come into contact with.
• Wash all feeding equipment (e.g., cups, bottles, nipples, caps, tongs and spoons) in hot, soapy water. Make sure all remaining food residue is removed before boiling.
• Rinse all feeding equipment in clean water.
• Sanitize feeding and preparation equipment using either of the 2 following methods.
  1. Feeding and preparation equipment can be sterilized by boiling:
     o Fill a large pot with water and put all feeding equipment into the pot.
     o Bring water to a rolling boil and boil for 2 minutes.
     o Use sterile tongs to take out the feeding equipment. Set on a clean paper towel or clean cloth to air dry.
  2. If you want to use your home dishwasher, make sure that your dishwasher can sterilize. Look for the National Sanitation Foundation (NSF) symbol on the label. Follow the manufacturer’s instructions carefully. You can also check online to see if your dishwasher is NSF 184 certified at www.nsf.org/consumer-resources/appliances/dishwashers

Note: Choose bottles and nipples that can be boiled each time you use them. Not all bottles and nipples can be boiled every time. Check the package or call the manufacturer if you are not sure.
When preparing equipment, bottles and nipples for babies over 4 months old:

- Wash the equipment in hot soapy water and rinse in clean water. Use glass bottles or BPA-free plastic containers.
- If you choose to use a dishwasher, use the longest, hottest wash and dry cycle.

Check artificial nipples before each use to make sure that there are no signs of damage (such as tears, cracks, swelling, stickiness). These could cause a choking hazard for babies. If the nipple becomes cracked, torn, is discoloured, shows signs of wear or is damaged, replace it right away.
Freezing breastmilk

- For the freezer compartment of a one-door refrigerator, freeze for up to 2 weeks.
- For a two-door refrigerator or side-by-side refrigerator/freezer, freeze for up to 3–4 months.
- For a deep freezer (freezer temperature needs to be –18 °C), freeze for up to 12 months.

Thawing breastmilk

Below are guidelines for thawing frozen breastmilk:

- Use the breastmilk that has been frozen longest first.
- To quickly thaw breastmilk, put it under cool or warm running water, in a pan of warm water or in the refrigerator. If you don't use the breastmilk right away, put it in the refrigerator.
- The fat in breastmilk may separate during thawing. Gently shake the milk to mix it back together.
- Refrigerate thawed milk and use within 24 hours. If the thawed breastmilk isn't used within 24 hours, or if your baby doesn't finish it, it must be thrown out.
- Don't refreeze breastmilk that has already been thawed.

Freezing Breastmilk

- Freeze breastmilk in small amounts (60–120 ml or 2–4 oz) in a sterilized container, such as a glass bottle or BPA-free plastic container.
- Label the container with the date the milk was collected. Use those with the oldest dates first.

Thawing breastmilk

Don't thaw or warm breastmilk in a microwave. Microwaves heat milk unevenly, form hot spots that can burn your baby, and destroy the immune components in breastmilk.
Warming breastmilk

Breastmilk that has thawed in glass or BPA-free plastic containers can be placed in a pan of warm water until the milk is lukewarm.

Before feeding warmed milk to your baby:

• Gently shake the warmed container of breastmilk to mix it.
• Always test the temperature of the breastmilk on your wrist to make sure it isn’t too hot to feed to your baby. Make sure the breastmilk is lukewarm to the touch.
• You can feed expressed breastmilk to your baby using a spoon, cup or bottle.

Information on healthy eating for breastfeeding moms, as well as lifestyle issues (e.g., drugs, alcohol and tobacco), can be found in the ‘Postpartum: The First Six Weeks’ chapter.

Unfinished breastmilk in the bottle

If your baby doesn’t finish the bottle, throw out any milk that is left over at the end of a feeding.

After a baby drinks from the bottle, there is an increased chance of harmful bacteria growing in the milk.
Healthy Parents, Healthy Children:
The Early Years

We’ve written another book for you called Healthy Parents, Healthy Children: The Early Years. It picks up where this book leaves off. Healthy Parents, Healthy Children: The Early Years will help guide you from the newborn stage up to your child’s sixth birthday.

In our second book you’ll find:

• **The Early Years—an Overview of Being a Parent** gives useful information, whether you are parenting with a partner, on your own or with other family members.

• **Healthy Growing Families** highlights important health, safety and development information for families with babies and young children.

• **Feeding Your Baby** provides detailed information on feeding your baby.

• **Young Babies, Older Babies, Toddlers, Preschoolers and Young Children** are separate chapters that give you practical ideas for helping your child grow, learn, play and be healthy during each stage of the early years.

• **Learn More** gives you more detailed information about some of the topics in the chapters, like preventing injuries and getting immunized.

• **Glossary** at the back of the book explains words you may not already know.

• **Where to Go For More Information** lists organizations, websites and contact information.

If you haven’t already received Healthy Parents, Healthy Children: The Early Years, you can get an online version by visiting www.healthyparentshealthychildren.ca

Questions

When you need help or have questions, you can contact:

Health Link Alberta (24-hour nurse advice or general health information). Call toll-free in Alberta at 1-866-408-LINK (5465).

MyHealth.Alberta.ca (online health information) https://myhealth.alberta.ca/

Alberta Health Services (health programs and services) www.albertahealthservices.ca

211 Alberta (community, health, government and social services). Phone 211—available in many communities in Alberta.

Feedback

We want to hear from you about how we can improve this book. Please email us at hphc@albertahealthservices.ca or complete the survey at the back of this book.
Glossary

**Active labour:** contractions are more regular and intense and your cervix is likely dilated to 3–5 cm.

**Acupressure:** an alternative medicine practice that involves applying pressure to certain parts of the body.

**Amniotic fluid and sac:** the liquid that surrounds, cushions and protects your baby. The sac is the membranes surrounding the liquid that usually break before you give birth.

**Anemia:** iron deficiency or not having enough iron.

**Anesthetic:** a medicine that blocks pain.

**Anus:** where bowel movements (stool) come out.

**Areola:** the dark area around your nipples.

**Attachment:** the two-way emotional connection between you and your baby.

**Birth centre:** hospitals, health centres, birth centres or any facility that has a labour and birth unit.

**Bisphenol A (BPA):** a chemical used in some plastics that may be harmful to young children.

**Bladder:** the sac that holds urine (pee).

**Braxton-Hicks contractions:** your uterus tightens and then slowly releases.

**Breech:** when your baby is positioned buttocks (bottom) or feet first.

**Caesarean birth (C-section):** when your baby is born with the help of an incision (cut) made into your abdomen and uterus.

**Cervix:** the opening to the uterus.

**Cluster feed:** frequent, small feeds within a short time.

**Colostrum:** the first milk your breasts begin to make while you’re pregnant. This milk is yellow and will feed your new baby and give protection from infection early on.

**Community/public health centre:** any facility that provides public health programs and services (e.g., immunizations, group classes, postpartum home visiting).

**Conception:** when an egg and sperm combine to create an embryo (fertilization).

**Cues:** movements, sounds and facial expressions your baby uses to communicate their needs and emotions.

**Dilate/Dilation:** opening of the cervix so that your baby can move from the uterus to the vagina. It is measured in centimetres (cm), from 0 to 10.

**Doula:** a trained labour support companion.

**E. coli:** a bacteria, usually found in the lower intestine (bowel), that can cause serious food poisoning.

**Effacement:** the thinning and shortening of the cervix.
**Embryo:** the earliest stage of fetal growth, from your last menstrual period to the 10th week, or 8 weeks from conception.

**Endorphins:** your body's natural pain-reducing chemicals.

**Engagement/Lightening:** when your baby drops into your pelvis.

**Engorged/Engorgement:** painful overfilling of the breasts with milk.

**Epidural:** an anaesthetic that blocks the pain in the lower part of your body during labour and birth.

**Episiotomy:** a cut made through the perineum to make the vaginal opening bigger.

**Exclusive breastfeeding:** no water, food or liquid, other than breastmilk, is given to the infant from birth, by the mother or anyone else. The infant can still receive vitamins, minerals and medicines.

**Expressed breastmilk (EBM):** breastmilk that has been removed from your breasts, either by hand or with a pump.

**Fetal Doppler:** a device that uses sound waves to hear your baby’s heartbeat in the uterus.

**Fetal monitoring:** using a machine to check your baby’s heart rate.

**Fetus:** your growing baby from 10 weeks of pregnancy to birth.

**Forceps:** metal, spoon-like instruments that your healthcare provider can use to gently guide your baby out of the birth canal.

**Fundal height:** a measurement taken from the top of a pregnant woman’s pubic bone (symphysis pubis) to the fundus (top of her uterus).

**Gestational diabetes:** high blood sugar that starts or is first diagnosed during pregnancy.

**Gingivitis:** inflammation of the gums.

**hCG:** human chorionic gonadotropin, a hormone only produced by pregnant women.

**Healthcare providers:** the people who provide most of your prenatal care.

**HIV:** Human Immunodeficiency Virus that causes AIDS.

**Induced:** labour is started by medical means.

**Lactation consultants:** healthcare professionals who specialize in breastfeeding and are International Board Certified Lactation Consultants (IBCLC).

**Lanugo:** fine, downy hair.

**Linea nigra:** a dark vertical line down the centre of your abdomen that often appears during pregnancy.

**Listeria:** a bacteria that can cause listeriosis, a serious infection caused by eating contaminated food.

**Low birth weight:** a birth weight of less than 2,500 grams (5 lbs. 8oz).

**Malpresentation:** any of a number of unusual fetal positions that may require a caesarean birth.

**Mastitis:** an inflammation or infection of the breast.
**Glossary**

**Meconium:** a baby’s first stool.

**Mercury:** a metal that is found naturally in the environment.

**Miscarriage:** loss of a fetus before 20 weeks of pregnancy.

**Monogamous:** a sexual relationship with one partner.

**Neural tube defects:** birth defects that can affect the brain and spine.

**Neurons:** nerve cells contained in the brain and nervous system.

**Oxytocin:** the natural hormone that makes your body produce contractions and assists with breastfeeding. Synthetic oxytocin may be given by IV to stimulate labour.

**Pasteurized:** put through a heat process that destroys harmful bacteria.

**Pelvic bones:** the bones of the pelvis that support the organs in your abdomen (belly).

**Pelvic floor:** the muscular base of the abdomen, attached to the pelvis.

**Pelvic outlet:** the bony ring that your baby will pass through.

**Perineum:** the area between the vagina and anus.

**Placenta:** an organ that supplies your baby with oxygen, nutrients and hormones. It also removes the baby’s waste.

**Posterior position:** when the baby, in a head down position, faces the front of the mom’s pelvis instead of facing her back (anterior position).

**Postpartum period:** the first 6 weeks after your baby’s birth.

**Preterm birth:** birth that occurs before 37 weeks.

**Preterm labour:** labour that starts before 37 weeks.

**Quickening:** feeling your baby’s movements inside your uterus for the first time.

**Rectum:** the lower end of the large intestine (bowl).

**Rhesus (Rh) factor:** a characteristic of blood. You can have a positive or negative Rh factor.

**Rickets:** a disorder caused by a lack of vitamin D, calcium or phosphate that can lead to softening and weakening of the bones.

**Ripening:** when your cervix begins to soften and open, near the end of pregnancy.

**Salmonella:** a bacteria that can cause Salmonellosis, an infection caused by eating contaminated food.

**Skin-to-skin:** cuddling baby chest-to-chest, with baby wearing only a diaper and baby’s back covered with a blanket.

**Stillbirth:** loss of a fetus in utero after 20 weeks of pregnancy, usually closer to term.

**Sudden infant death syndrome (SIDS):** an unexplained and sudden death of a sleeping infant under 1 year of age.

**Term:** a baby born between 37 and 41 weeks of pregnancy.

**Toxoplasmosis:** an infection caused by handling cat feces (stool) or eating contaminated meat, and especially dangerous for pregnant women.
Ultrasound: a detailed scan that checks each part of your baby’s body.
Umbilical cord: this joins your baby to the placenta, and is cut at birth. Your baby’s belly button (navel) is where the cord falls off.
Urethra: the tube attached to your bladder which your urine passes through when you urinate (pee).
Uterus: a muscular organ that holds your baby, the amniotic sac and the placenta. Also called the womb.
Vacuum extraction: a small cup, connected to a suction pump, that your healthcare provider can use to guide your baby out of the birth canal.
Vagina: the birth canal, leading to and from the uterus.
Vernix: a slippery white coating that protects the baby’s skin in the uterus.
Where to Go
For More Information
## Emergency

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<thead>
<tr>
<th>Resource</th>
<th>Description</th>
<th>Organization</th>
<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td>Police, fire, ambulance</td>
<td>24-hour call intake for emergency fire, police, EMS, and other serious situations.</td>
<td></td>
<td>911</td>
</tr>
<tr>
<td>Child Abuse Hotline</td>
<td>Protects children from abuse or neglect through a 24-hour toll-free telephone number where suspected cases of child neglect or abuse can be reported.</td>
<td>Government of Alberta</td>
<td>1-800-387-5437</td>
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<td></td>
<td>Calgary Crisis Centre: 403-297-2995</td>
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<td></td>
<td>Edmonton emergency: 780-427-3390 (after hours-province wide)</td>
</tr>
<tr>
<td>Poison and Drug Information Service (PADIS)</td>
<td>Free and confidential expertise and advice offered 24/7 on poisons, chemicals, medications and herbals.</td>
<td>Alberta Health Services</td>
<td>1-800-332-1414 and choose selection 1</td>
</tr>
<tr>
<td></td>
<td>This service provides: emergency, immediate expertise and advice about poisonings, medication and herbal advice on prescription and over-the-counter drugs, drug information for healthcare professionals, poison research, education and prevention.</td>
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## Crisis support

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<tr>
<th>Resource</th>
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</thead>
<tbody>
<tr>
<td>Family Violence Information Line</td>
<td>Provides information about family violence programs and services, as well as advice and support.</td>
<td>Government of Alberta</td>
<td>310-1818 (toll-free, 24/7)</td>
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<td></td>
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<td><a href="http://www.humanservices.alberta.ca/abuse-bullying/14839.html">www.humanservices.alberta.ca/abuse-bullying/14839.html</a></td>
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</tbody>
</table>
## Health services general information

<table>
<thead>
<tr>
<th>Resource</th>
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</thead>
<tbody>
<tr>
<td>211 Alberta</td>
<td>Information on community, health, government and social services.</td>
<td>Joint initiative</td>
<td>211 (where available in Alberta)</td>
</tr>
<tr>
<td>Alberta Health Services</td>
<td>Alberta Health Services (AHS) is the provincial health authority responsible for overseeing the planning and delivery of health supports and services to more than 3.5 million adults and children living in Alberta.</td>
<td>Alberta Health Services</td>
<td>Provincial: <a href="http://www.albertahealthservices.ca">www.albertahealthservices.ca</a>  See 'AHS in my zone' for information specific to your area of the province.</td>
</tr>
<tr>
<td>Covenant Health</td>
<td>Covenant Health is Canada’s largest Catholic provider of healthcare, serving 12 communities across Alberta. Facilities provide a range of healthcare services, including acute care, continuing care, assisted living, hospice, rehabilitation and respite care, and seniors’ housing. Serving people of all faiths, cultures and circumstances, Covenant health builds on a 147 year legacy of providing compassionate, quality care in Alberta.</td>
<td>Covenant Health</td>
<td><a href="http://www.covenanthealth.ca">www.covenanthealth.ca</a></td>
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<td>Resource</td>
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<tr>
<td>Health Link Alberta</td>
<td>Health Link Alberta provides health advice and information through a toll-free phone number available to all Albertans. Access is 24 hours a day, 7 days a week, and support is provided by experienced registered nurses and other healthcare professionals.</td>
<td>Alberta Health Services</td>
<td>1-866-408-LINK(5465)</td>
</tr>
<tr>
<td>InformAlberta</td>
<td>Find the information you need about community, health, social, and government services across the province.</td>
<td>InformAlberta</td>
<td><a href="http://www.informalberta.ca">www.informalberta.ca</a></td>
</tr>
<tr>
<td>Medication and Herbal Advice Line</td>
<td>Provides credible, personalized and research-based advice and information about medications and herbal preparations delivered by experienced information specialists (pharmacists and nurses).</td>
<td>Alberta Health Services</td>
<td>1-888-944-1012</td>
</tr>
<tr>
<td>MyHealth.Alberta.ca</td>
<td>The goal of MyHealth.Alberta.ca is to create a single place for you to go for health information and useful health tools - a site that is made in Alberta for Albertans.</td>
<td>Government of Alberta</td>
<td><a href="https://myhealth.alberta.ca">https://myhealth.alberta.ca</a></td>
</tr>
<tr>
<td>Public Health Inspector</td>
<td>Public health inspectors inspect public water supplies, review water sample results and issue water advisories. Community/public health centres can provide sample bottles and shipping information for water sampling and testing through the Provincial Laboratory of Public Health and Alberta Centre for Toxicology to municipalities and private home owners.</td>
<td>Environmental Public Health</td>
<td><a href="https://myhealth.alberta.ca">https://myhealth.alberta.ca</a></td>
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Use the key words ‘public health Inspector’ in the search box.
### Alcohol, tobacco and drug information

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<tbody>
<tr>
<td>Addiction Helpline</td>
<td>Telephone advice and service referrals for adults and youth requiring addiction services.</td>
<td>Alberta Health Services</td>
<td>1-866-332-2322</td>
</tr>
<tr>
<td>AlbertaQuits</td>
<td>The AlbertaQuits helpline provides toll-free telephone tobacco cessation counselling, support and information for all Albertans and free interactive web-based smoking cessation program. AlbertaQuits online is a free, web-based program designed to help people who want to quit smoking or spit tobacco find the support and tools they need.</td>
<td>Alberta Health Services</td>
<td>1-866-710-QUIT (7848) AlbertaQuits online is a free, web-based program designed to help people who want to quit smoking or spit tobacco find the support and tools they need.</td>
</tr>
<tr>
<td>Alcoholics Anonymous (AA)</td>
<td>If you have a drinking problem and want to contact someone in Alcoholics Anonymous, this website offers a number of ways to do this. It also provides information for the public who are looking for details regarding the service structure in Area 78 of Alcoholics Anonymous.</td>
<td>Alcoholics Anonymous</td>
<td><a href="http://www.area78.org/">www.area78.org/</a></td>
</tr>
<tr>
<td>Fetal Alcohol Spectrum Disorder Information Service</td>
<td>The service provides links to support groups, prevention projects, resource centres and experts on fetal alcohol spectrum disorder (FASD). It also provides bilingual information to a variety of clients, including caregivers, educators, social workers, healthcare and treatment professionals, members of the legal community, policy makers and planners, researchers and the general public and maintains a searchable database of Canadian resources on FASD and substance use during pregnancy.</td>
<td>Canadian Centre on Substance Abuse</td>
<td>1-800-559-4514 CanadianCentreonSubstanceAbuse <a href="http://www.ccsa.ca/Eng/topics/Treatment-and-Supports/Substance-Use-during-Pregnancy/Pages/default.aspx">www.ccsa.ca/Eng/topics/Treatment-and-Supports/Substance-Use-during-Pregnancy/Pages/default.aspx</a></td>
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### Alcohol, tobacco and drug information continued

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<td>Provides credible, personalized and research-based advice and information about medications and herbal preparations delivered by experienced information specialists (pharmacists and nurses).</td>
<td>Alberta Health Services</td>
<td>1-888-944-1012</td>
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</tbody>
</table>
| Motherisk                        | Canada’s expert on the safety of medications, infections, chemicals, and more, during pregnancy and breastfeeding.                                                                                           | The Hospital for Sick Children (SickKids) | Alcohol and Substance: 1-877-327-4636  
Morning Sickness: 1-800-436-8477  
Motherisk Helpline: 1-877-439-2744  
www.motherisk.org |
| Narcotics Anonymous              | Offers meetings based on the Narcotics Anonymous twelve step program. Holds regularly scheduled meetings several times during the day at locations across the province.                              | Canadian Assembly of Narcotics Anonymous | 1-877-463-3537  
www.canaacna.org |

### Breastfeeding

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<tr>
<th>Resource</th>
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</thead>
<tbody>
<tr>
<td>Breast Pump Rental and Purchase</td>
<td>Information about where to rent or buy breast pumps or supplies in your area.</td>
<td>Hollister Ltd.</td>
<td>1-800-263-7400</td>
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<td>Medela Canada</td>
<td>1-800-835-5968</td>
</tr>
</tbody>
</table>
| La Leche League, Canada (LLLC)   | LLLC is a national organization whose trained volunteer leaders provide experienced mother-to-mother breastfeeding support through a variety of programs.                                                         | La Leche League Canada | 1-800-665-4324  
www.lllc.ca/find-group-alberta |
## Child care

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>Canadian Child Care Federation</strong></td>
<td>Information on child care options in Canada and learning tools.</td>
<td>Canadian Child Care Federation</td>
<td><a href="http://www.cccf-fcsge.ca">www.cccf-fcsge.ca</a></td>
</tr>
<tr>
<td><strong>Childcare Facilities</strong></td>
<td>Choosing a child care program that meets your family and child’s needs is an important decision.</td>
<td>Government of Alberta</td>
<td><a href="http://www.child.alberta.ca/home/1155.cfm">www.child.alberta.ca/home/1155.cfm</a></td>
</tr>
<tr>
<td><strong>Childcare Subsidy</strong></td>
<td>Subsidies are available for eligible lower-income parents who wish to use a licensed pre-school, group family child care, day care, out-of-school care program or an approved family day home.</td>
<td>Government of Alberta</td>
<td>1-877-644-9992&lt;br&gt;<a href="http://www.child.alberta.ca/home/1153.cfm">www.child.alberta.ca/home/1153.cfm</a></td>
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## Child growth and development

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<th>Resource</th>
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<tbody>
<tr>
<td><strong>Alberta Family Wellness Initiative (brain development information)</strong></td>
<td>The Alberta Family Wellness Initiative (AFWI) is a multi-disciplinary initiative that connects early brain and biological development and children’s mental health with addiction research, prevention, and treatment. The AFWI seeks to translate current research into sound policy and practice on behalf of Alberta families.</td>
<td>Alberta Family Wellness Initiative</td>
<td><a href="http://www.albertafamilywellness.org">www.albertafamilywellness.org</a></td>
</tr>
<tr>
<td><strong>Alberta Supports Contact Centre (ASCC)</strong></td>
<td>The ASCC gives callers information on services available across the province and in your community. Information and referral agents are available weekdays from 8:15 am- 4:30 pm.</td>
<td>Government of Alberta</td>
<td>1-877-644-9992&lt;br&gt;<a href="http://www.albertasupports.ca">www.albertasupports.ca</a></td>
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**Where to Go For More Information**
## Child growth and development continued

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<th>Resource</th>
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<tbody>
<tr>
<td>Parent Link Centre</td>
<td>The Virtual Parent Link Centre provides information and support for parents and caregivers on how to assist with your child’s learning, development and health. Here you will find information about becoming a parent, promoting a healthy pregnancy, locating and choosing child care, various health issues, communication, discipline, and our special section entitled Ages and Stages.</td>
<td>Government of Alberta</td>
<td><a href="http://www.humanservices.alberta.ca/family-community/15576.html">www.humanservices.alberta.ca/family-community/15576.html</a></td>
</tr>
<tr>
<td>Parents 2 Parents</td>
<td>Parents 2 Parents is a web community built especially for expectant parents, new parents and parents with young children.</td>
<td>Parents 2 Parents</td>
<td><a href="http://www.parents2parents.ca">www.parents2parents.ca</a></td>
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</tbody>
</table>

## Children with special needs

<table>
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<th>Resource</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Canadian Down Syndrome Society</td>
<td>Information and resources for parents with children who have Down Syndrome, provided by Canadian professionals.</td>
<td>Canadian Down Syndrome Society</td>
<td><a href="http://www.cdss.ca">www.cdss.ca</a></td>
</tr>
<tr>
<td>Family Support For Children with Disabilities (FSCD)</td>
<td>The FSCD program uses a family-centred approach to provide parents with funding to access a range of supports and services that strengthen their ability to promote their child’s healthy growth and development. In addition, FSCD assists with some of the extraordinary costs of raising a child with a disability.</td>
<td>Government of Alberta</td>
<td>Call 310-0000 and ask to be connected to your local FSCD office.</td>
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<td></td>
<td><a href="http://www.humanservices.alberta.ca/disability-services/14855.html">www.humanservices.alberta.ca/disability-services/14855.html</a></td>
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</tbody>
</table>
### Emotional and mental health

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<tbody>
<tr>
<td>Mental Health Help Line</td>
<td>Staffed 24/7 by health professionals, the Mental Health Help Line provides crisis intervention, information on mental health programs and services, and referral to other agencies where appropriate. This confidential, anonymous service is provided by Health Link Alberta and is available to all Albertans.</td>
<td>Alberta Health Services</td>
<td>1-877-303-2642</td>
</tr>
</tbody>
</table>

### Medical and dental resources

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<tr>
<th>Resource</th>
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<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td>Canadian Academy of Pediatric Dentistry</td>
<td>Find a pediatric dentist in your area. The website also provides basic clinical pediatric dental information, it does not provide educational material or individual treatment options.</td>
<td>Canadian Academy of Pediatric Dentistry</td>
<td><a href="http://www.capd-acdp.org">www.capd-acdp.org</a></td>
</tr>
<tr>
<td>The Canadian Paediatric Society</td>
<td>The Canadian Paediatric Society is the national association of paediatricians, committed to working together to advance the health of children and youth by nurturing excellence in healthcare, advocacy, education, research and support of its membership.</td>
<td>The Canadian Paediatric Society</td>
<td><a href="http://www.cps.ca">www.cps.ca</a></td>
</tr>
<tr>
<td>Society of Obstetricians and Gynaecologists of Canada (SOGC)</td>
<td>A leading authority on reproductive healthcare, the SOGC produces national clinical guidelines for both public and medical education on important women’s health issues.</td>
<td>Society of Obstetricians and Gynaecologists of Canada</td>
<td><a href="http://www.sogc.org">www.sogc.org</a></td>
</tr>
</tbody>
</table>
### Healthcare providers

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<tr>
<th>Resource</th>
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<tbody>
<tr>
<td>Midwives</td>
<td>Alberta Registered Midwives practice evidence-based, women-centered maternity and newborn care and are an established part of the Alberta healthcare system. Find a midwife using the directory on the website.</td>
<td>The Alberta Association of Midwives</td>
<td>1-888-316-5457 <a href="http://www.abmidwives.ca">www.abmidwives.ca</a></td>
</tr>
<tr>
<td>Physicians</td>
<td>Find a family physician accepting new patients or search for a physician by name.</td>
<td>College of Physicians &amp; Surgeons of Alberta</td>
<td>1-800-561-3899 <a href="http://www.cpsa.ab.ca">www.cpsa.ab.ca</a></td>
</tr>
</tbody>
</table>

### Other pregnancy supports and information

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</thead>
<tbody>
<tr>
<td>Childbirth Education</td>
<td>Birth and Babies Online has free online prenatal classes. Topics include pregnancy, labour and delivery, the new baby and early parenting.</td>
<td>Alberta Health Services</td>
<td><a href="http://www.birthandbabies.com">www.birthandbabies.com</a></td>
</tr>
<tr>
<td>Doulas</td>
<td>Find a doula in your area.</td>
<td>DONA International</td>
<td><a href="http://www.dona.org">www.dona.org</a></td>
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</tbody>
</table>
### Other pregnancy supports and information continued

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</thead>
<tbody>
<tr>
<td>Sexual health and birth control</td>
<td>Sexuality and U is the ultimate Canadian website committed to providing you accurate, credible and up-to-date information and education on sexual health including birth control. An initiative of the Society of Obstetricians and Gynaecologists of Canada, the site’s mandate is to provide guidance and advice to help individuals develop and maintain a healthy sexuality.</td>
<td>Society of Obstetricians and Gynaecologists of Canada</td>
<td><a href="http://www.sexualityandu.ca/birth-control">www.sexualityandu.ca/birth-control</a></td>
</tr>
<tr>
<td>STI/HIV information line</td>
<td>The sexually transmitted infection/HIV information line is a 24-hour information line that offers taped messages about sexually transmitted infection and HIV infection. The caller can also talk directly to a registered nurse.</td>
<td>Government of Alberta, Alberta Health</td>
<td>1-800-772-2437</td>
</tr>
</tbody>
</table>

### Parent information and family resources

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<thead>
<tr>
<th>Resource</th>
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<tbody>
<tr>
<td>Resources for new parents</td>
<td>Whether you’re a new parent, about to become a parent or just thinking about starting a family, the Alberta Government offers a wide range of online information and services for you. This page will link you to these resources, as well as to some from the federal government and other related organizations.</td>
<td>Government of Alberta, Living in Alberta, Becoming a Parent</td>
<td><a href="http://www.programs.alberta.ca/Living/S252.aspx?Ns=363&amp;N=770">www.programs.alberta.ca/Living/S252.aspx?Ns=363&amp;N=770</a></td>
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</table>
### Parent information and family resources continued

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</thead>
</table>
| Human rights, pregnancy, and maternity and parental leave | The Alberta Human Rights Act prohibits discrimination on the basis of gender, including pregnancy and maternity leave. Denying or restricting employment opportunities in hiring, promotions or transfers because of a woman’s pregnancy, contravenes the Act. | Alberta Human Rights Commission     | Northern regional office (Edmonton), confidential inquiry line: 780-427-7661  
Southern regional office (Calgary), confidential inquiry line: 403-297-6571  
For toll-free access in Alberta first dial 310-0000.  
www.albertahumanrights.ab.ca/employment/employer_info/accommodation/pregnancy.asp |
| Mediation                                     | Find a mediator to assist with a family-centered conflict resolution process. The mediator assists the parties in identifying issues and information needs, reducing obstacles to communication, exploring alternatives and focusing on the needs and interests of those who are affected. | Alberta Family Mediation Society (AFMS) | 1-877-233-0143  
www.afms.ca/index.php?pid=2                                                      |

### Financial information and programs

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<tr>
<th>Resource</th>
<th>Description</th>
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| Alberta Adult Health Benefit    | The Alberta Adult Health Benefit provides coverage for prescription drugs, eye exams and glasses, dental care, essential diabetic supplies and emergency ambulance services to eligible clients. Pregnant women and households with high ongoing prescription drug needs can also apply for this benefit. | Government of Alberta | 1-877-469-5437  
www.humanservices.alberta.ca/financial-support/2085.html |
**Financial information and programs continued**

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| Alberta Blue Cross Non-Group Coverage Subsidy Program        | The Premium Subsidy Program may help lower-income Albertans reduce their non-group coverage premiums for up to 12 consecutive months each for the current benefit period and the previous 2 benefit periods. Eligibility for this program is based on taxable income of the registrant and their spouse/partner (if applicable). | Government of Alberta/Alberta Blue Cross | Toll-free within Alberta: 310-0000 or 780-427-1432  
www.health.alberta.ca/services/drugs-non-group-premium-rates.html |
| Alberta Child Health Benefit                                 | The Alberta Child Health Benefit plan is for families with limited incomes. It pays for health services, such as eyeglasses, prescription drugs and dental care, that are not available through standard Alberta Health Care Insurance. The health plan is for children up to age 20 who live at home and are attending high school. | Government of Alberta               | 1-877-469-5437  
www.humanservices.alberta.ca/financial-support/2076.html |
| Employment Insurance Maternity and Parental Benefits         | Employment Insurance (EI) provides maternity and parental benefits to individuals who are pregnant, have recently given birth, are adopting a child, or are caring for a newborn.                                                                 | Service Canada                      | 1-800-206-7218  
www.servicecanada.gc.ca/eng/sc/ei/benefits/maternityparental.shtml |
| Employment Standards Maternity and Parental Leave            | Employment Insurance (EI) provides maternity and parental benefits to individuals who are pregnant, have recently given birth, are adopting a child, or are caring for a newborn.                                                                 | Government of Alberta               | 1-877-427-3731  
www.humanservices.alberta.ca/working-in-alberta/1473.html |
| Family Support For Children with Disabilities (FSCD)         | The FSCD program uses a family-centred approach to provide parents of children with disabilities with funding to access a range of supports and services that strengthen their ability to promote their child’s healthy growth and development. In addition, FSCD assists with some of the extraordinary costs of raising a child with a disability. | Government of Alberta               | Call 310-0000 and ask to be connected to your local FSCD office.  
www.humanservices.alberta.ca/disability-services/14855.html |
### Legal

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| Family Court Counsellors  | Family court counsellors provide services, at no cost, to families who are involved in parenting disputes and are living separate and apart. The service is designed for people who are not represented by a lawyer. | Alberta Family Court                | Calgary: 403-297-6981  
Edmonton: 780-427-8343  
Elsewhere in Alberta: 403-340-7187 (for toll-free access first dial 310-0000)  
www.alberta.ca/family-court-assistance.aspx |

### Safety

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<td>This brochure has information about communicating with healthcare providers, verifying personal identification, cleaning your hands, knowing about your medicine and preventing falls during your stay in the birth centre.</td>
<td>Alberta Health Services</td>
<td><a href="http://aphp.dapusoft.com/PublicHtml/doc/104278_SafetyInformationforNewMothers-Brochure_1205.pdf">http://aphp.dapusoft.com/PublicHtml/doc/104278_SafetyInformationforNewMothers-Brochure_1205.pdf</a></td>
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<td>Information for New Mothers,</td>
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<td>their Families, and their</td>
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<tr>
<td>Friends</td>
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<tr>
<td>Child Safety</td>
<td>General safety information for when children are on the move, at home or at play.</td>
<td>Alberta Health Services</td>
<td><a href="http://www.albertahealthservices.ca/injprev/Page4838.aspx">www.albertahealthservices.ca/injprev/Page4838.aspx</a></td>
</tr>
<tr>
<td>standards</td>
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<td>Product Safety, Child Care</td>
<td></td>
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<td>Equipment and Children’s Furniture</td>
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<tr>
<td>Keep Kids Safe</td>
<td>This website shows you how to keep your kids as safe as possible in your car, mini-van or truck.</td>
<td>Transport Canada</td>
<td><a href="http://www.tc.gc.ca/eng/roadsafety/safedrivers-childsafety-car-time-stages-1083.htm">www.tc.gc.ca/eng/roadsafety/safedrivers-childsafety-car-time-stages-1083.htm</a></td>
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My notes
Feedback Survey—Healthy Parents, Healthy Children: Pregnancy and Birth

This resource has been developed to provide parents expecting a baby with information about their pregnancy, labour, and the first 6 weeks at home with their baby. This resource is updated regularly. We will use the feedback you provide in this survey to ensure that this resource meets the needs of pregnant women and their families. This survey is confidential and anonymous. Your responses will only be used to improve this resource. Thank you for taking the time to complete this survey.

1. This resource is available both in book and online format. Which format are you using?
   - Book
   - Online
   - Both

2. Where did you receive/hear about this resource? (Select all that apply)
   - Doctor’s/Midwife’s office
   - Prenatal class
   - Other, please specify: ________________________________________________

3. When did you receive or access this resource?
   - Before becoming pregnant
   - During my first trimester
   - During my second trimester
   - During my third trimester
   - After giving birth

4. “In my opinion, this resource…”
   - does not have enough detailed information
   - has the right amount of detailed information
   - has too much detailed information
5. Please indicate how much you agree or disagree with each of the following statements using the 5-point scale ranging from Strongly Disagree to Strongly Agree.

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<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tr>
<td>a. The language used in this resource is easy for me to understand</td>
<td>O</td>
<td>O</td>
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<td>b. There are pictures in this resource that show me what to do</td>
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<td>c. I like the pictures in this resource</td>
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<td>d. The pictures in this resource help me understand the content</td>
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<td>e. It is easy to look up information in this resource</td>
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<td>f. I have learned new information from reading this resource</td>
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<td>g. Reading this resource affected the way I cared for myself during pregnancy</td>
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<td>h. Reading this resource affected the way I cared for myself after my baby was born</td>
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<td>i. Reading this resource affected the way I cared for my newborn child</td>
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6. Which parts of this resource helped you the most?

7. Which parts of this resource helped you the least?
8. What suggestions, if any, do you have to improve the content or layout of this resource?

9. What are the first three digits of your postal code?

Please mail your completed survey to:
Healthy Parents, Healthy Children, Alberta Health Services
c/o Maureen Devolin
10101 Southport Road SW
Calgary, Alberta T2W 3N2
Pregnancy and Birth

Healthy Parents, Healthy Children: Pregnancy and Birth is filled with everything that expectant parents want and need to know about pregnancy and childbirth in Alberta. From the three trimesters of pregnancy to breastfeeding your baby, this book covers relevant, up-to-date information about how to have the healthiest pregnancy and baby possible.

A practical guide to pregnancy and becoming a parent, Healthy Parents, Healthy Children: Pregnancy and Birth is the reliable, go-to source if you’re asking yourself: Where do I go from here?

This book may also be found online at
www.healthyparentshealthychildren.ca

When you need help or have questions, you can contact:

Health Link Alberta (24-hour nurse advice or general health information), call toll-free in Alberta at 1-866-408-LINK (5465)

MyHealth.Alberta.ca (online health information), visit https://myhealth.alberta.ca

Alberta Health Services (health programs and services), visit www.albertahealthservices.ca

211Alberta (community, health, government and social services), phone 211, available in many places in Alberta