

HEALTHY PARENTS, HEALTHY CHILDREN

Pregnancy & Birth

2nd EDITION



Because they don't come with a manual



Alberta Health
Services

healthyparentshealthychildren.ca

This book belongs to: _____

Your baby's due date: _____

My important contact information

Health care provider

Name: _____

Phone: _____

Birth centre/hospital

Name: _____

Phone: _____

Community or public health centre

Name: _____

Phone: _____

Other: _____

Name: _____

Phone: _____

This book has lots of information to help you through your pregnancy and prepare you for your baby.

The content in this book reflects Alberta Health Services' (AHS) information at the time of printing. For more information and regular updates visit healthyparentshealthychildren.ca

Follow us on



/healthyparentshealthychildren



@AHS_HPHC

Copyright © (2013) Second Printing (2014) Third Printing (2018) Second Edition (2018) Reprint (2019) Alberta Health Services. This material is protected by Canadian and other international copyright laws. All rights reserved. These materials may not be copied, published, distributed or reproduced in any way in whole or in part without the express written permission of Alberta Health Services. These materials are intended for general information only and are provided on an 'as is', 'where is' basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. These materials are not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.

Table of Contents

INTRODUCTION	3
Important Contact Information	3
Important Websites	4
Your Book	5
Thank You!	8
AN OVERVIEW OF PREGNANCY	9
Becoming a Parent	11
Growing Together	16
The Developing Brain	19
STARTING OFF HEALTHY	21
Growing Together	23
Prenatal Care	24
Healthy Body and Mind	26
Being Safe	75
Planning Ahead	85
FIRST TRIMESTER: THE BEGINNING	89
Growing Together	91
Healthy Body and Mind	95
Prenatal Care	103
If Pregnancy Doesn't Go as Expected	108
SECOND TRIMESTER: THE MIDDLE	111
Growing Together	113
Healthy Body and Mind	117
Prenatal Care	123
Planning Ahead	126
If Pregnancy Doesn't Go as Expected	137

THIRD TRIMESTER: THE FINAL STRETCH	143
Growing Together	145
Healthy Body and Mind	148
Prenatal Care	154
Planning Ahead	156
If Pregnancy Doesn't Go as Expected	161
LABOUR & BIRTH: THE BIG EVENT	163
Knowing What to Expect	165
Three Stages of Labour	171
First Stage of Labour: Contractions, Thinning and Opening of the Cervix	172
Second Stage of Labour: Birth	190
Third Stage of Labour: Separation and Delivery of the Placenta	192
Pain Relief Options During Labour	193
Other Procedures During Labour and Birth	196
POSTPARTUM: THE FIRST 6 WEEKS	205
Congratulations Your Baby is Here!	207
At the Birth Centre	208
Your First Few Weeks at Home	224
Healthy Body and Mind	226
Healthy Relationships	253
BREASTFEEDING	273
Breastfeeding Your Baby	275
Breastfeeding Basics	279
The First Week and Beyond	286
Expressed Breastmilk	293
Healthy Body and Mind	303
Challenges and What to Do	307
THE EARLY YEARS	321
INDEX	323

Important Contact Information

No cost services available in many languages

Emergency Services

Ambulance, Fire and Police

911

Available 24/7

Health Link

Health advice from a registered nurse.

811

Available 24/7

Addiction Services Helpline

Help for problems with gambling, alcohol, tobacco and other drugs.

1-866-332-2322

Available 24/7

AlbertaQuits Helpline

Tobacco cessation counsellors can help you make a plan to quit, manage cravings and stay on track.

1-866-710-7848

albertaquits.ca

8am–8pm

Bullying Helpline

Advice or support on bullying.

1-888-456-2323

bullyfreealberta.ca

Available 24/7

Child Abuse Hotline

Hotline to report child neglect or abuse.

1-800-387-5437

Available 24/7

Family Violence Info Line

Provides information about family violence programs and services, as well as advice and support.

310-1818

Available 24/7

Income Support Contact Centre

Financial help for Albertans who don't have the resources to meet their basic needs (e.g., food, clothing, shelter).

1-866-644-5135

Available 24/7

Medication & Herbal Advice Line

Advice and information about medicine and herbal products from pharmacists and nurses.

1-800-332-1414

Available 24/7

Mental Health Helpline

Offers help for mental health concerns for Albertans.

1-877-303-2642

Available 24/7

Poison & Drug Information Service

Confidential advice about poisons, chemicals, medicine and herbal products.

1-800-332-1414

Available 24/7

Important Websites

ahs.ca

Alberta Health Services (AHS)

Canada's largest integrated health system, responsible for promoting wellness and providing health care across the province.

ahs.ca/options

Know Your Options

Get the care you need when you need it. The best place to start is with Health Link at **811** or your family doctor. There are other options depending on what you need.

covenanthealth.ca

Covenant Health

Catholic service provider within Alberta's healthcare system, with 17 facilities in 12 communities.

myhealth.alberta.ca

Your resources for non-emergency health information and tools.

alberta.ca

To find the Alberta Government services and information you need.

immunizealberta.ca

For information on Alberta's routine immunization schedule and the answers to frequently asked questions.

healthyparentshealthychildren.ca

Find information from *Healthy Parents, Healthy Children: Pregnancy and Birth* and *Healthy Parents, Healthy Children: The Early Years* online with many interactive features. Browse on a smart phone, tablet or computer.

readyornotalberta.ca

Whether you're ready for another baby or not, it's healthy to have a plan. This website has many interactive features in a user-friendly question and answer format. Browse on a smart phone, tablet or computer.

Your Book

Congratulations, you have a baby on the way! Now what happens? You can read this book to find out. This made-in-Alberta resource 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?"*.

There's a lot of information out there on pregnancy and birth. However, too much information can be confusing, especially when you hear different things from different sources. This book is based on today's knowledge, evidence and best practices. We asked expectant and new parents what they wanted to learn and we asked health experts from across Alberta to help write this book. We encourage you to balance the information you find here with your own knowledge, values, skills and instincts to help you have the healthiest pregnancy and baby possible.

“ **Use the book (*Pregnancy and Birth*) and Health Link (811). You basically have help at your fingertips 24 hours a day!** ”

~ Rachel, mom of a toddler

This book is a resource intended to guide you through the journey of pregnancy and birth. It will help prepare you for each trimester, labour and birth, and life after you have your baby. If you're a partner or support person of a pregnant woman, reading this pregnancy and birth book will help you understand and relate to what your pregnant partner is going

through and how you can best support them. There are also special sections for partners and support persons to prepare you for your role in pregnancy, labour and birth, and parenting.

Families are as unique as the people in them. Your family might include a mother and father, same-sex parents, adoptive parents, foster parents, grandparents, brothers, sisters, aunts, uncles or close friends living together or on their own. This book is for you and your family!



How to use this book

In this book, you'll find:

- **An Overview of Pregnancy** gives you a general look at pregnancy and the many changes you can expect.
- **Starting Off Healthy** tells you what you need to know so that you, your partner and your baby can be healthy during your pregnancy and later on. Health information related specifically to a trimester, labour and birth, postpartum or breastfeeding will be found in those chapters.
- **First Trimester, Second Trimester** and **Third Trimester** are separate chapters that tell you about the changes during each trimester and offer some practical tips for common discomforts.
- **Labour & 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 comforting strategies.
- **Postpartum: The First 6 Weeks** tells you about caring for yourself during the first six weeks and the first few days with your baby.
- **Breastfeeding** gives you information about how to breastfeed your baby and how to deal with common challenges.

We let you know throughout this book when we have additional information that is available on our website. When you see *Links*, *Videos*, *Tools* or *Printables*, simply visit healthyparentshealthychildren.ca/resources to learn more.

We refer to your baby as 'your baby', no matter how many weeks pregnant you are.

We refer to hospitals and midwifery run birth centres as 'birth centres'.

You'll also find:

- words that you may not know are **green** and have definitions at the bottom of the page
- ““ *Quotes from Alberta parents* ””
- text boxes that highlight:

Things to know



Helpful activities



If you're a partner



- text boxes that describe when to ask for help:



Call Health Link at **811** or
your health care provider
within 4–6 hours



Call **911** or go to the
Emergency Department
NOW

- QR codes you can scan with your smart phone to link directly to more information. In some devices a QR reader is built into your phone's camera.



1. Open a QR code reader on your smart phone.
2. Hold your device over a QR code so that it's clearly visible within your screen. You may need to cover other QR codes if there is more than one on the page.
3. If necessary, press the button to scan.

Healthy Parents, Healthy Children: The Early Years book

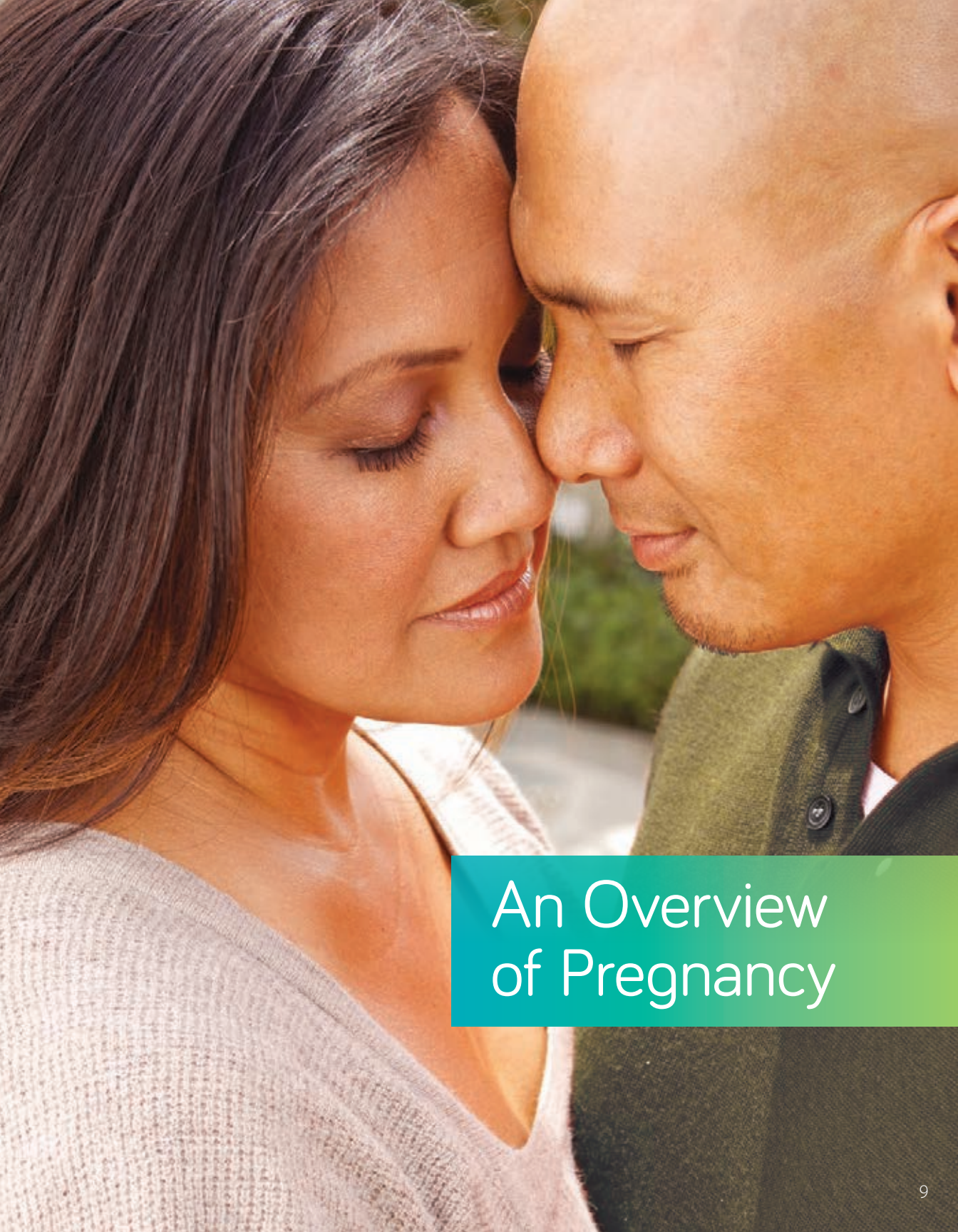
We've also written another book for you called *Healthy Parents, Healthy Children: The Early Years*. It picks up where this book leaves off. *The Early Years* will help guide you from the newborn stage up to your child's 6th birthday. If you did not receive both of these books as a set, you can get a copy from a community or public health centre. Information from both books is available at healthyparentshealthychildren.ca

Thank You!

We want to thank the many expectant and new parents who shared their ideas and experiences with us. We also want to thank the health care providers and experts from across Alberta for their dedication and valuable contributions to the content development and review of the *Healthy Parents, Healthy Children* resources.

We also wish to acknowledge these organizations from which we adapted content:

- Health Canada
- Government of Alberta
- Society of Obstetricians and Gynaecologists of Canada
- *Managing Mental Health Conditions During Pregnancy and Early Parenthood—A guide for women and their families* (Beyond Baby Blues, Australia)
- Palix Foundation
- 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)



An Overview of Pregnancy



An Overview of Pregnancy

Welcome to the next nine months and beyond! In this chapter, you'll learn about the three trimesters that make up nine months of pregnancy. We'll introduce you to some of the many changes you can expect during this parenting journey. Our goal is to help you have the healthiest pregnancy possible to get your baby off to the best start.

Becoming a Parent

"You're going to have a baby!" Everyone reacts differently when they hear these words. You may be very excited about the news and look forward to having a baby. You may not feel ready to become a parent, even if you're excited about the baby. This is a big change in your life. Becoming a parent is a big step.

Parenting is the art of raising a child. It starts in pregnancy, long before your baby is born. You can look to this book or visit healthyparentshealthychildren.ca to answer many of your questions about pregnancy, birth and the first few weeks. After your baby arrives, information from birth up to 6 years of age can be found in the book *Healthy Parents, Healthy Children: The Early Years* or online.



Attachment begins in pregnancy

Even before your baby is born, you start building an emotional connection with each other called **attachment**. Having a healthy attachment to a parent is essential for your baby to learn to trust and form healthy relationships with others. For the first few months of your pregnancy, you may not yet connect with your baby. The fact that you're going to have a baby may or may not seem real to you until you feel your baby move, see your baby on an **ultrasound**, or hold your baby in your arms.

During the second trimester, your baby will begin to hear and recognize voices. Talking to your baby helps make your attachment stronger. Singing to your baby and gently stroking your abdomen can also help you build attachment. Tell your baby how excited you are to meet them. Tell them what names you're thinking about, and what you're learning as you read this book.



In your second trimester, you'll feel your baby move. In your third trimester, others will be able to see and feel your baby moving too. As your baby's due date gets closer, you may feel even more connection with them. Many women have an urge to 'nest'. Nesting is an instinct to make your home safe and secure, as you get ready to welcome your baby home.

attachment: a two-way emotional connection between you and your baby

ultrasound: a scan done to check on the health and development of your baby and pregnancy

Here are some other suggestions to help you connect with your baby:

- Plan how and when you'll share the pregnancy news with friends and family.
- Read magazines and books, like this one, about pregnancy and parenting.
- Think about how you were raised, and what kind of parent you would like to be.
- Consider going to prenatal or parenting classes.
- Watch the parents around you—think about what you like about how they take care of their children.
- Talk with other parents.
- Talk with your partner about how you're both feeling and as these feelings change over time.

If you're a partner

You may or may not feel connected to your baby yet. You may not feel a connection until you feel your baby kick or move. This is common; be assured you can develop your connection to your baby in many ways, over time. Look for tips on how to connect throughout this book.



Ways to support a pregnant woman

As a partner, friend or family member, there are many ways you can support a pregnant woman:

- Read pregnancy, birth, breastfeeding and parenting books.
- Go to prenatal check-ups together and ask questions.
- Go to childbirth education and breastfeeding classes together.
- Learn about the birth centre together.
- Ask what supports she needs during pregnancy.
- Talk about ways you can help during labour and birth. Practice exercises, massage, positioning and relaxation with her.
- Make healthy lifestyle choices together.
- Keep a positive outlook.
- Help with tasks that she's no longer able to do.
- Talk positively about her changing body.

Parenting with others

As you begin to think about being a parent, you'll realize that this also involves many decisions—including who will be involved in raising your child. If you'll be parenting with a partner, talk about what each of you liked about your childhood, and how you were raised, and how you would like to parent.

Here are some things you may want to think about:

- your hopes and dreams for your child
- the kind of relationship you want to have with your child
- your expectations of yourself and your partner
- how you plan to handle conflict with your child and each other
- what you'll need for child care and what your options are

You may think of parenting strategies and traditions you want to continue 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 you learn new skills. Talk with your health care provider or call Health Link at **811** to find out about programs in your area.



If you're a partner

Learn about pregnancy and parenting. Talk about the kind of parent you want to be.

Parenting without a partner

If you do not have a partner, there are other people who can help give you the support you need. Think about those around you. Do you have a friend, parent or sibling who can share the joys and stresses 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 need now? In childbirth? After my baby is born?
- Who do I trust to help me, even when I'm tired or cranky?

Your life will change after having a baby and different things will be important to you. Now is a great time to think about how you can get the support you need during your pregnancy and parenthood.

If you're not in a relationship with your baby's other parent, or you're no longer married or living together, there may be additional parenting decisions to make. Some of the decisions may have to do with how much time each of you has with your child, as well as child support, schooling, health issues and cultural traditions.

You may be wondering about legal guardianship once your baby is born. A guardian has the rights and the responsibility to make decisions about a child's care and how the child is parented.



To learn more about legal guardianship and the rights and responsibilities legal guardians have, visit the [Links](https://healthyparentshealthychildren.ca/resources) section at healthyparentshealthychildren.ca/resources. If you need legal advice for your own situation, you can speak with a lawyer.

If you have other children

If you have other children, you can help them get ready to welcome the new baby. What and when you tell them depends on how old they are. Telling your children after the first trimester will give them time to get used to the idea of a new baby. After the first trimester, a **miscarriage** is also less likely and your pregnancy may begin to show. If you haven't been feeling well in the first trimester, you may want to tell your older children that you're pregnant right away so they do not worry that you're sick.

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



miscarriage: loss of a fetus before 20 weeks of pregnancy

Every child reacts differently to news that a new baby is coming. Some may be worried that you won't have time for them, although they might not be able to tell you that. You may see changes in your child's behaviour, like wanting to be carried, talking like a baby again, or suddenly having toileting accidents. All of these are normal changes in children, and with your love and support they'll last just a short time. Other children may be very excited for the baby to come home.

Some children may be curious and ask you *"Where do babies come from?"* or *"How did the baby get into your tummy?"* When talking about where babies come from, try to use words that your child understands, as well as use the correct names for body parts. For children around 3 years old, you can say that *"Babies grow in a special place inside a mom's body called a uterus."* A 6 year old may have more questions about how the baby grows or how it will come out. You could say something like *"A baby grows in the uterus and is born through the vagina."*

Once you've told your children, look for ways to help them feel included in getting ready for the baby. All children need to feel that they're wanted and part of the family.

Parenting is a skill you learn as you go. There are many people, programs and resources that can help you with this learning. You can find some of those throughout this book, at healthyparentshealthychildren.ca, by calling Health Link at **811** or talking with your health care provider. Welcome to parenthood!

“ Build your village, have people around. So many people don't have family or extended family built in so you kind of need to make your village. It might be friends, doctors, classes you take—build up people you can call or see who can reassure you. ”

~ Meena, mom of two children

Learn more about parenting

There is lots of information about parenting available in the *Healthy Parents, Healthy Children: The Early Years* book. You'll learn about:

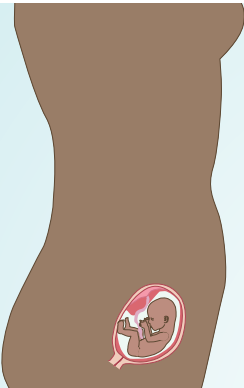
- how children develop and grow
- what to expect at different ages and stages
- what you can do to support your child's healthy growth and development
- how to cope with everyday challenges

You can also find this information at healthyparentshealthychildren.ca

Growing Together

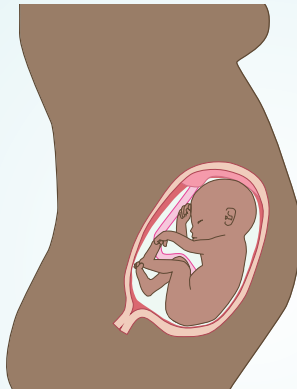
Pregnancy is about 40 weeks, or 9 months long. Health care providers start counting pregnancy weeks from the first day of your last menstrual period, not from the day of **conception**. This means that when your health care provider says you're 6 weeks pregnant, it's actually only about 4 weeks since you conceived.

Pregnancy is divided into 3 trimesters:



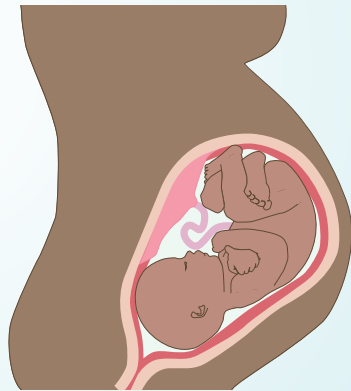
First trimester:

First day of your last menstrual period up to 13 weeks



Second trimester:

13 weeks up to 26 weeks



Third trimester:

26 weeks up to 40 weeks

conception: the process of becoming pregnant when an egg and sperm combine to create an embryo (fertilization), or implant into the wall of the uterus or both

Your body during pregnancy

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

Placenta: The organ that supplies your baby with oxygen, nutrients and hormones. It also removes your baby's waste. It's delivered after your baby is born.

Uterus: A muscular organ that holds your baby, the amniotic sac and the placenta. It's also called the womb.

Cervix: The opening at the bottom of the uterus and the top of the vagina.

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

Anus: Where **bowel movements** (stools) come out.

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 (baby): Your growing baby from 10 weeks of pregnancy to birth.

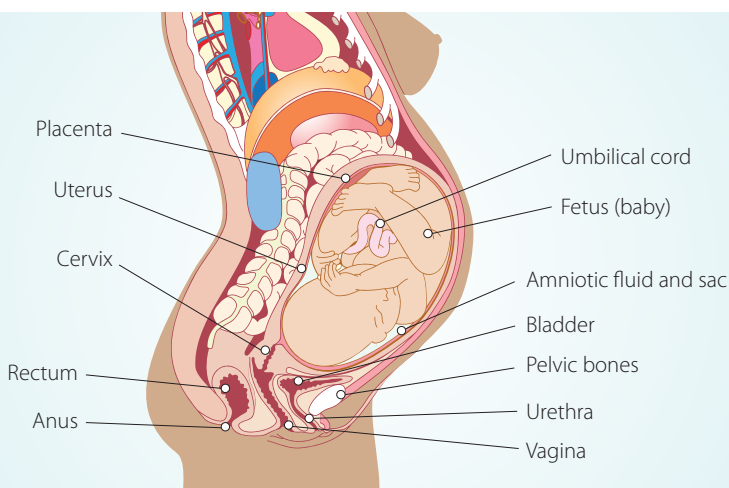
Amniotic fluid and sac (the bag of waters): The liquid that surrounds and cushions your baby. The sac is the membrane that surrounds the liquid.

Bladder: The sac that holds urine (pee).

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

Urethra: The tube attached to your bladder that your urine passes through when you urinate.

Vagina: The birth canal that connects the uterus to the outside world.



bowel movements: solid waste from the digestive tract.

When is my baby due?

Your health care provider can figure out when your baby is due with the help of an ultrasound or by using the first day of your last menstrual period.

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



To help find out your due date using a due date calculator, visit the **Tools** section at healthyparentshealthychildren.ca/resources

Twins, triplets and more

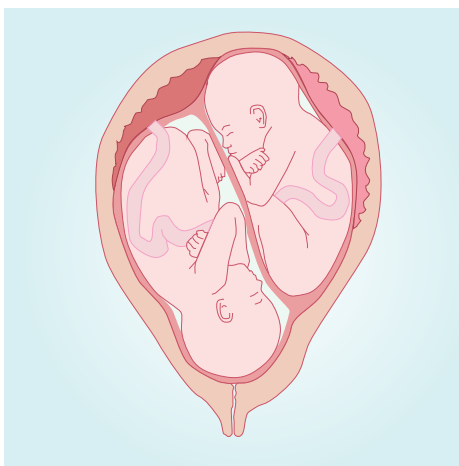
Your health care provider will talk with you about the care you'll need if you're pregnant with more than one baby. You'll have more ultrasounds to make sure your babies are growing as they should. You'll also be referred to an **obstetrician**. Your prenatal visits may all be with an obstetrician or with a combination of your current health care provider and an obstetrician.

Expecting more than one baby can be exciting and may bring challenges. You may be worried about the cost of supporting more than one child, deciding who will help look after the babies, where to find support and more. Visit ahs.ca/prenatal to find a list of prenatal classes available in your area. To learn more, call Health Link at **811**, talk with your health care provider or, visit the **Links** section at healthyparentshealthychildren.ca/resources



“*Learning from others helped me with my pregnancy worries—whether that was reading books, talking to other parents through the Twins, Triplets and More group, and attending the Alberta Health Services classes.*”

~ Liz, expectant mom of twins

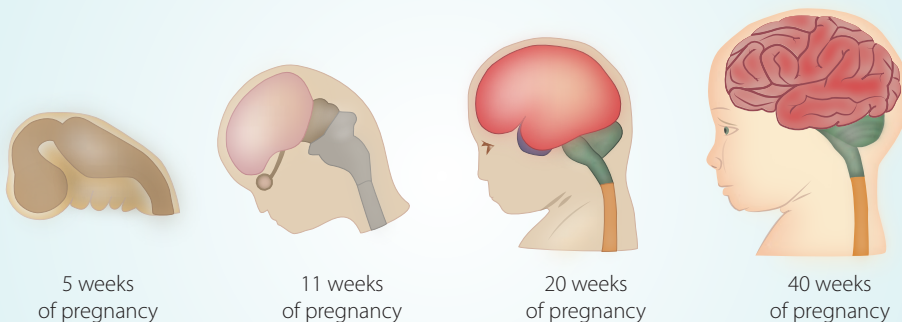


obstetricians: medical doctors who specialize in caring for pregnant women and help with the birth of babies

The Developing Brain

By understanding how the brain works, you can help your baby grow and develop. A brain needs a good base to support all future development, just like the house needs a strong foundation to support the walls and the roof. The most important time for brain development is during pregnancy and the early years. This is when the foundation is set for future learning, behaviour and health. This strong base in the early years gives your child the best start for life. Caring for yourself during pregnancy supports how your baby's brain forms and develops.

Your baby's brain starts to form very early in pregnancy—babies are learning even before they are born. At birth, your baby's brain is completely formed, but it's only about one quarter the size of an adult's brain. Even though your newborn's brain contains billions of **neurons**, only a small number of them are connected. The neurons must be connected (or 'wired') together for the many parts of their brain to communicate with each other, and for their brain to be able to communicate with other parts of the body.



Throughout pregnancy, your baby's quickly developing brain is very sensitive to harmful environments, such as too much stress due to abuse, violence, parental addiction or mental illness. Other things that can impact your baby's brain include certain illnesses, and being exposed to chemicals, alcohol, **tobacco, tobacco-like products**, some kinds of medicine, cannabis (marijuana, hashish, hash oil) and **other drugs**.

neurons: nerve cells in the brain and nervous system

tobacco: any product made from whole or parts of tobacco leaves. This can include cigarettes, cigarillos, cigars, pipe tobacco, snuff, chewing and dipping tobacco, and shisha or hookah. It does not include any regulated nicotine replacement therapy (NRT) products.

tobacco-like products: any product that mimics a tobacco product. This includes, but is not limited to, the following products that are vaped or smoked: cannabis (marijuana, hashish, hash oil), hookah, cigarillos, electronic cigarettes, vaping pens, tanks, and mods.

other drugs: drugs such as ecstasy, methamphetamines, cocaine, heroin and fentanyl



After birth, your baby's brain develops through relationships and **interactions** with you, other people and their environment. Simple connections form first that lead to more complex pathways. This is what makes it possible for your child to grow, think and learn. A natural process called synaptic pruning removes brain connections that are not used often, so their brain can work faster and better. Although the early years are the most important for laying the foundation, this wiring of their brain takes place in a predictable order and the process takes about 25–30 years. The brain keeps adapting for the rest of your child's life.

There's more information about caring for yourself during pregnancy in this book. More information about helping to build your baby's brain after they're born can be found in the book *Healthy Parents, Healthy Children: The Early Years* or visit healthyparentshealthychildren.ca

interactions: an action or communication that goes back and forth between two people

A photograph of a pregnant woman with dark, curly hair, wearing a dark green sweater, smiling and looking down at her belly. A man with dark hair, wearing a grey sweater, is standing next to her, also looking down at her belly. His hands are resting on her belly, and he is wearing a silver watch with a blue face. The background is a blurred outdoor setting with green foliage.

Starting Off Healthy



Starting Off Healthy

A healthy pregnancy starts with taking care of yourself. 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. This chapter will give you many ideas on how you and your partner can be healthy during this pregnancy and later on. The next chapters will provide more information about the trimesters, labour and birth, postpartum and breastfeeding.

Growing Together

You can enjoy your pregnancy more and give your baby the best start when you stay healthy. When you take care of yourself, you give your baby the best chance at being healthy too.

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

- See your health care provider for regular prenatal care.
- Gain a healthy amount of weight.
- Eat a variety of healthy foods.
- Take a multivitamin with **folic acid** in it every day.
- Be physically active.
- Practice healthy posture.
- Take care of your mouth and teeth and see your dentist regularly.
- Learn ways to handle stress and changing emotions.
- Prevent infections and injuries.
- Try to cut down and quit alcohol, tobacco, tobacco-like products, cannabis (marijuana, hashish, hash oil) and other drugs.
- Be aware and reduce household and workplace hazards.
- Focus on your relationships with your partner or support people.
- Get the support you need.



You may already be doing these things or you may want to think about making some lifestyle changes. Some of these changes may be easy while others might be harder to make. Think about how they may affect your life and relationships.

You can look to your partner, your health care providers and other people in your life to help you make changes or to maintain your healthy lifestyle. You can also call Health Link at **811** to find resources where you live.

folic acid: folic acid (folate) is a vitamin added to foods (fortification) or vitamin supplements. It's also naturally found in foods and helps to prevent neural tube defects.

Prenatal Care

Your health care team may include different health care providers. In this book, we refer to your health care provider as the person who provides most of your health care during your pregnancy and the first few weeks after your baby is born. Your health care providers may include:

- **family doctors:** medical doctors who specialize in caring for the whole family, including babies. They help with a wide range of health concerns.
- **nurse practitioners:** registered nurses with extra training who work as part of a family medicine team
- **obstetricians:** medical doctors who specialize in caring for pregnant women and help with the birth of babies
- **midwives:** registered midwives who specialize in caring for low-risk pregnant women, help with the birth, and offer care up to 6 weeks after your baby is born

There may also be other health care providers involved with your family's health.



If you're a partner

Whenever possible, go to prenatal checkups together—you can have your questions answered too. If you work or live out of town, ask your health care provider if you can take part in the checkup through speakerphone or video chat.

Finding a health care provider

Here are some questions to ask when choosing a health care provider for you and your family.

- Where will my baby be born? Your baby may be born in a hospital, in a birth centre, in your home or in a midwife-run birth centre depending upon if a family doctor, obstetrician or midwife is providing your care.
- Will the health care provider I choose be at the birth? If not, who will?

Living on a low income



If you're living on a low income and are concerned about making changes to your lifestyle or about having a healthy pregnancy talk with your health care provider or call Health Link at **811**. You may qualify for resources and programs in your area.

- What decisions will I have to make during pregnancy and labour, and how will they be made? Some tests and procedures will depend on your situation and your health care provider.
- What support will I have after my baby is born, like for breastfeeding?
- Are there any charges for services that Alberta Health Care does not cover?

If you do not have a health care provider, ask your friends and family if they know who may be taking new patients. You can also contact:

- Health Link at **811**
- College of Physicians & Surgeons of Alberta at **1-800-561-3899**
- Alberta Association of Midwives at **1-888-316-5457**

To find a health care provider online, visit the **Links** section at healthyparentshealthychildren.ca/resources



Prenatal checkups

Once your pregnancy is confirmed, you'll begin regular prenatal checkups. These visits are a good time to ask questions about your health, your baby's growth and development, and services in your area. If you have a lot of questions, ask the receptionist to schedule extra time for your appointment.

Bring a list of your questions and all of the medicine, **over-the-counter** medicine, supplements and herbal products that you take. Talk with your health care provider if you're using alcohol, tobacco, tobacco-like products, cannabis (marijuana, hashish, or hash oil) or other drugs.

Talk with your health care provider about any physical or mental health issues you have had. You can then both talk about how to manage them, which may include medicine and health treatments.

Your health care provider will let you know how often you'll need to come for prenatal visits. If there are concerns about your health or your baby's health, you may have more visits.



over-the-counter: medicine you buy without a prescription

Healthy Body and Mind

During your pregnancy, take care of yourself both physically and mentally. You'll go through many changes during your pregnancy and once your baby is born. Try to make time for yourself most days to do the things you like to do, even if it's just for a few minutes.



Living on a low income



If you're living on a low income, contact the Alberta Adult Health Benefit program. You may qualify for this benefit if you're pregnant or have ongoing prescription medicine needs. This benefit covers dental care, eyeglasses, ambulance services, diabetic supplies and prescription medicine. To see if you qualify, call them toll-free at **1-877-469-5437** or visit the **Links** section at healthyparentshealthychildren.ca/resources. You may also qualify for other resources and programs in your area. To learn more, call Health Link at **811** or talk with your health care provider.

“ I used the food bank and they referred me to the [pregnancy support program] and I haven't missed a day since I started going. ”

~ Mei, mom of two children

Healthy weight gain

Your body is changing to give your baby a healthy start. Gaining a healthy amount of weight helps your baby develop and grow and lowers your risk of complications during pregnancy and birth. Eating healthy foods and being physically active during pregnancy will help you have a healthy weight gain.

How much weight gain is healthy?

Your health care provider will track your weight gain as a part of your routine checkups. The recommended amount of weight gain during pregnancy depends on your pre-pregnancy **body mass index (BMI)**.

Calculate your BMI



$$\frac{\text{Pre-pregnancy weight (kg)}}{\text{Height (m}^2\text{)}} = \text{Your BMI}$$

body mass index (BMI): a measure that is used to screen for health risk based on your height and weight

You can find out your pre-pregnancy BMI by doing one of the following:

- dividing your pre-pregnancy weight in kilograms (kg) by your height in metres (m), divide the answer by your height in metres again
- asking your health care provider
- using the interactive pregnancy weight gain tracker. Visit the **Tools** section at healthyparentshealthychildren.ca/resources



Gaining weight within the recommended guidelines supports you and your baby's health. You do not need to gain much in the first trimester, only 0.5–2 kg (1.1–4.4 lbs). Most of your weight gain happens in your second and third trimesters. You may gain weight a little faster or a little slower each week.

How much weight gain is healthy for you and your baby?		
Pre-pregnancy BMI	Recommended total weight gain for pregnancy	Average weekly weight gain rate in second and third trimesters*
less than 18.5	12.5–18 kg (28–40 lbs)	0.5kg/week (1.0 lbs/week)
18.5–24.9	11.5–16 kg (25–35 lbs)	0.4 kg/week (1.0 lbs/week)
25.0–29.9	7–11.5 kg (15–25 lbs)	0.3 kg/week (0.6 lbs/week)
30 and over	5–9 kg (11–20 lbs)	0.2 kg/week (0.5 lbs/week)

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

Reprinted with permission from the National Academy of Sciences, courtesy of the National Academies Press, Washington, DC.

Talk with your health care provider about getting the support you need throughout your pregnancy if:

- the idea of how to manage healthy weight gain worries you
- you had a pre-pregnancy BMI of less than 18.5
- you had a pre-pregnancy BMI of more than 24.9

Remember, pregnancy is not the time to lose weight. Your health care provider can help you set weight gain goals that are right for you. A healthy weight gain is better for you and for your baby.

If you're pregnant with twins, triplets or more, see page 37.

Weight gain tracker



If you're interested in keeping track at home, you can track your weight gain using this chart. To use an online pregnancy weight gain tracker, visit the **Tools** section at healthyparentshealthychildren.ca/resources

Pre-pregnancy BMI:

Recommended total weight gain goal:

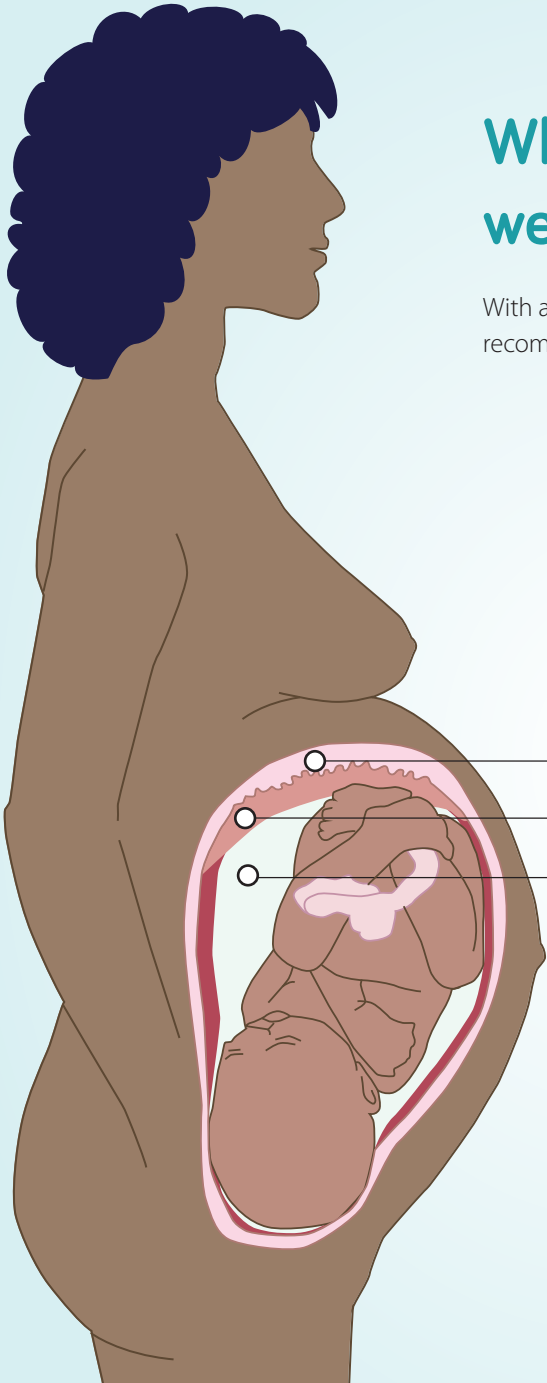
Pre-pregnancy weight:

Your pregnancy weight gain chart							
Number of weeks	Date	Your weight	Weight gain*	Number of weeks	Date	Your weight	Weight gain*
First appt.				_____ weeks			
_____ weeks				_____ weeks			
_____ weeks				_____ weeks			
_____ weeks				_____ weeks			
_____ weeks				_____ weeks			
_____ weeks				_____ weeks			
_____ weeks				_____ weeks			
_____ weeks				_____ weeks			
_____ weeks				_____ weeks			
_____ weeks				_____ weeks			
_____ weeks				_____ weeks			
_____ weeks				_____ weeks			
_____ weeks				_____ weeks			
_____ weeks				_____ weeks			

* To find your weight gain, subtract what you weigh now from how much you weighed before you became pregnant. For example, if you weighed 61.2 kg (135 lbs) before pregnancy, and weigh 63 kg (139 lbs) at 16 weeks, you've gained 1.8 kg (4 lbs).

Where does the weight go?

With a pre-pregnancy BMI of 18.5–24.9, the recommended weight gain is 11.5–16 kg (25–35 lbs)

- 
- Baby:** 2.7–3.6 kg (6–8 lbs)
 - Breasts:** 0.9–1.36 kg (2–3 lbs)
 - Blood:** 1.8 kg (4 lbs)
 - Body fluids:** 0.9–1.36 kg (2–3 lbs)
 - Protein and fat storage:** 2.27–3.6 kg (5–8 lbs)
 - Uterus:** 0.9–1.36 kg (2–3 lbs)
 - Placenta:** 0.9–1.36 kg (2–3 lbs)
 - Amniotic fluid:** 0.9–1.36 kg (2–3 lbs)

“Just remember that the food you’re eating right now is to help you grow a whole person. It’s developing their brain and their body and everything...so put into perspective what you’re eating and why it’s important.”

~ Wei, mom of a preschooler

The weight you gain matters

If you're gaining too much or too little weight, talk with your health care provider. Women who gain weight above the recommended range are more likely to have:

- more trouble giving birth
- a higher risk for **caesarean birth (c-section)**, high blood sugar (gestational diabetes) and high blood pressure during pregnancy
- babies who are born **preterm**
- babies who are born large for their age or who have a high birth weight of more than 4 kg (9 lbs)
- babies who will be above a healthy weight later in childhood
- more trouble losing the weight after pregnancy

Women who gain weight below the recommended range are more likely to have:

- babies who are born preterm
- babies who are born small for their age or who have a **low birth weight**

By gaining a healthy amount of weight during pregnancy, you can help give your baby a healthy start in the first few weeks of life and beyond.



Eating during pregnancy

The foods you eat before and during pregnancy help nourish you and your baby. Try to eat a variety of healthy foods and follow *Eating Well with Canada's Food Guide* (Canada's Food Guide).

Skipping meals makes it hard for you and your baby to get all of the nutrients you both need. Eating every 2–4 hours while you're awake gives you and your growing baby a steady supply of nutrients. It may also help you feel better if you're feeling sick to your stomach (nauseated).



Eating Well with Canada's Food Guide— First Nations, Inuit and Métis



The food guide is available
in Plains Cree and other
Indigenous languages.

To learn more, visit
the **Links** section at
[healthyparentshealthychildren.ca/
resources](https://healthyparentshealthychildren.ca/resources)



caesarean birth (c-section): when your baby is born with the help of an incision (cut) made into your abdomen and uterus

preterm: babies born before 37 weeks of pregnancy

low birth weight: babies born weighing less than 2.5 kg (5 lbs 8 oz)

To learn more about healthy eating, visit the *Printables* section at healthyparentshealthychildren.ca/resources



Recommended servings per day	Examples of 1 serving	Make each serving count
Vegetables and fruit		
14–18 years 7 servings	<ul style="list-style-type: none"> ■ fresh, frozen and canned vegetables 125 ml (½ cup) ■ fresh, frozen or canned fruit 125 ml (½ cup) 	<ul style="list-style-type: none"> ■ eat at least 1 dark green and 1 orange vegetable ■ choose vegetables and fruit prepared with little or no added fat, sugar or salt
19–50 years 7–8 servings	<ul style="list-style-type: none"> ■ leafy raw vegetables or salad 250 ml (1 cup) 	<ul style="list-style-type: none"> ■ no more than 125 ml (½ cup) of 100% juice
Grain products		
14–18 years 6 servings	<ul style="list-style-type: none"> ■ bread 1 slice (35 g) ■ rice or pasta 125 ml (½ cup) ■ bannock 6 cm x 6 cm x 2 cm (2 ½ inches x 2 ½ inches x ¾ inch) 	<ul style="list-style-type: none"> ■ choose whole grains at least half of the time ■ choose grains that are lower in fat, sugar or salt
19–50 years 6–7 servings	<ul style="list-style-type: none"> ■ pita or tortilla wrap ½ small (35 g) ■ hot cereal 175 ml (¾ cup) ■ cold flaked cereal 30 g, 250 ml (1 cup) 	
Milk and alternatives		
14–18 years 3–4 servings	<ul style="list-style-type: none"> ■ milk or fortified soy beverage 250 ml (1 cup) 	<ul style="list-style-type: none"> ■ drink skim, 1%, or 2% milk or fortified soy beverage
19–50 years 2 servings	<ul style="list-style-type: none"> ■ cheese 50 g (1 ½ oz) ■ yogurt or kefir 175 g (¾ cup) 	
Meat and alternatives		
14–18 years 2 servings	<ul style="list-style-type: none"> ■ cooked fish, shellfish, poultry, lean meat, wild meat 75 g (2 ½ oz) or 125 ml (½ cup) ■ 2 eggs 	<ul style="list-style-type: none"> ■ have meat alternatives such as beans, lentils and tofu more often ■ eat at least 2 servings of fish every week
19–50 years 2 servings	<ul style="list-style-type: none"> ■ cooked legumes, such as beans or lentils 175 ml (¾ cup) ■ tofu 175 ml (¾ cup) ■ peanut or nut butters 30 ml (2 Tbsp) ■ shelled nuts and seeds 60 ml (¼ cup) 	<ul style="list-style-type: none"> ■ choose lean meat and alternatives prepared with little or no added fat or salt

How much more food do I need to eat?

In the first trimester, you probably will not need any extra food servings beyond what you normally eat. In your second and third trimesters, you'll need a few more calories to support the growth of your baby. An extra snack of 2–3 food guide servings per day is often enough. Choose these extra servings from a variety of food groups. You'll need about 350 extra calories per day in the second trimester and about 450 extra calories per day in the third trimester. Here are some examples:



350 calories

Fruit parfait containing 175 g ($\frac{3}{4}$ cup) of yogurt, with 30 ml (2 Tbsp) of chopped walnuts and 125 ml ($\frac{1}{2}$ cup) of sliced banana



350 calories

One slice rye toast (35 g) with 2 large eggs mixed with 15 ml (1 Tbsp) mayonnaise and a medium orange



450 calories

A small whole grain pita 28 g (1 oz) with $\frac{1}{2}$ avocado, a medium tomato and 50 g (1 $\frac{1}{2}$ oz) of cheddar cheese



450 calories

Canned salmon 75 g (2 $\frac{1}{2}$ oz) with 15 ml (1 Tbsp) of mayonnaise on whole grain crackers 24 g (0.8 oz) and 250 ml (1 cup) of 2% milk and a medium pear

If you're carrying twins, triplets or more, see page 37.

“ I’m eating normally, but more healthy. ”

~ Jolene, expectant mom

Important vitamins and minerals

Multivitamins with folic acid

Healthy eating and taking a daily multivitamin with folic acid in it are important during pregnancy. If you're not already taking a multivitamin, start now.

Read the label and take the recommended daily dose of the multivitamin. More than the daily dose may give you too much of some vitamins and minerals. Check the label and make sure your multivitamin contains:

- 0.4 mg (400 mcg) folic acid
- 16–20 mg iron
- 400 IU vitamin D
- vitamin B12

Remember to take your multivitamin



Keep the bottle somewhere you can see it, like by your toothbrush or your car keys

Some common prenatal vitamins contain 1 mg (1000 mcg) folic acid and 27 mg iron. These doses are still considered safe during pregnancy.

A multivitamin that has 0.4 mg (400 mcg) of folic acid in it is enough for most women. Your health care provider may tell you to take higher levels of folic acid if:

- you had a baby with a neural tube defect
- you or your partner have a close relative with a neural tube defect
- you have diabetes
- you take anticonvulsant medicine
- you have a health condition such as Crohn's or Celiac disease, or you've had gastric bypass surgery



If taking your multivitamin makes you feel nauseated, try cutting your pill in half and taking part in the morning and part at night. You can get a pill cutter from most pharmacies.

To use an interactive tool about folic acid, visit the **Tools** section at healthyparentshealthychildren.ca/resources



Folic acid (folate)

Choose foods high in folate and take a multivitamin with folic acid in it. This will help prevent serious birth defects in the brain, skull or spine (neural tube defects). Foods high in folate include:

- fortified grains like ready-to-eat cereals, breads and pasta
- whole grains
- dark green vegetables like peas, spinach, brussels sprouts and broccoli
- beans and lentils
- citrus fruits like oranges



Iron

Your body needs more iron to make more blood, as you need an extra 2 kg (4 lbs) of blood during your pregnancy. Choose foods high in iron and take a multivitamin that has 16–20 mg of iron in it. Some women may need more iron than others.

Your body absorbs iron from meat, poultry, fish and shellfish better than iron from other foods. The best sources of iron are beef, pork, wild game, chicken, lamb, fish, sardines, shrimp, oysters and mussels. Other foods with iron are legumes, such as lentils, beans, and chickpeas, tofu, whole grains and fortified grains such as fortified cereals or breads.

Eat foods with iron at the same time as you eat foods with vitamin C. This helps your body absorb more iron. Foods high in vitamin C include oranges, strawberries, tomatoes, broccoli or bell peppers. You could eat bean chili with tomatoes or an orange with cereal and milk.



Iron supplements can sometimes make you **constipated**. Be sure to eat more fibre and drink more fluids to help prevent this (see page 36).

Low iron (anemia) during pregnancy is linked to lower weight gain, and preterm and low birth weight babies. A common sign of anemia is feeling tired. Since most women feel tired during pregnancy, blood tests can help your health care provider know if you're getting enough iron.

constipation: stools that are hard, dry, difficult or painful to pass

If you eat healthy foods and take a multivitamin that contains iron every day, you should get the amount of iron your body needs. Only take an extra iron supplement if your health care provider tells you to.

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. Drink at least 500 ml (2 cups) of milk or fortified soy beverage each day.

Foods high in calcium are:

- milk and yogurt
- beverages labelled as 'calcium fortified' such as soy or rice beverages

Other sources of calcium are:

- cheese
- canned salmon or sardines with bones
- tofu made with calcium



Vitamin D

Vitamin D helps to keep your bones strong. It also builds strong bones in your baby and helps your baby store vitamin D for use during their first few months after birth. While you're pregnant:

- Follow *Canada's Food Guide*.
- Drink at least 500 ml (2 cups) of cow's milk or fortified soy beverage every day.
- Eat at least 2 servings of fish per week.
- Take a multivitamin with 400 IU vitamin D in it every day.
- If you do not eat foods from Milk and Alternatives talk with your health care provider about how to get enough vitamin D.

Not all Milk and Alternatives are high in vitamin D. In Canada, milk and some yogurts have vitamin D added to them. Foods that are high in vitamin D include:

- cow's milk
- fortified soy beverages
- fish such as salmon, rainbow trout, herring, Atlantic mackerel and sardines
- vitamin D-fortified orange juice

Vitamin A

Vitamin A helps maintain normal vision, fights infections and supports your immune system. It's also important for your baby's growth, including the development of their heart, lungs, kidneys, eyes and bones.

If you're taking a multivitamin with vitamin A, do not take more vitamin A supplements. Too much vitamin A can cause birth defects. You'll get enough vitamin A from your food and multivitamin. Liver is very high in vitamin A. Do not eat more than 75 g (2½ oz) of cooked liver every 2 weeks.

Omega-3 fats

Omega-3 fats help your baby's eyes and brain develop properly. *Canada's Food Guide* recommends eating at least 2 servings of cooked fish and shellfish per week. Fish and shellfish that contain omega-3 fats are:

- anchovy, capelin, hake, herring, Atlantic mackerel, pollock (Boston bluefish), salmon (farmed and wild), smelt, rainbow trout, shrimp, clams, mussels and oysters

Small amounts of omega-3 fats are found in:

- vegetable oils like canola oil, flaxseed oil, walnut oil and soybean oil
- various nuts and seeds such as walnuts, soy nuts, almonds, hemp hearts and chia seeds
- eggs enriched with omega-3 fats

Flaxseed



You can eat ground flaxseed and flaxseed oil once in a while when you're pregnant—just not every day. Not enough is known about its safety in pregnancy.



Fluids and fibre

Fluids and fibre help prevent and manage constipation. Your body needs about 2½ L (10 cups) of fluid per day. While this seems like a lot, it includes all types of drinks, soups and the water in vegetables and fruits. You'll need more fluids when you're physically active and in hot weather. Here are some tips for choosing drinks:

- drink water throughout the day
- drink milk at meals
- limit fruit juice to 125 ml (½ cup) per day



Fibre can help you have regular bowel movements and lowers your risk of getting **hemorrhoids**. Sources of fibre include:

- vegetables and fruit with the skin left on
- whole grains, such as bread, cereals, rice and pasta
- legumes, such as beans, chickpeas, lentils and peas
- seeds and nuts

Twins, triplets and more

Early weight gain is important when pregnant with twins, triplets or more to lower the risk of preterm birth and to increase the chance for your babies to be born at a healthy weight. Your health care provider may recommend that you see a dietitian for nutrition counselling. A dietitian will be able to help you monitor your pregnancy weight gain and the calories you're eating throughout your pregnancy.

If you're pregnant with triplets or more, you'll need more food to support your growing babies. Talk with your health care provider about how much weight you need to gain and how much extra food you'll need. If you're pregnant with twins, try for the following weight gain:

Vitamins and minerals

Talk with your health care provider about how to meet your vitamin and mineral needs when pregnant with twins, triplets or more.

Healthy weight gain for a twin pregnancy	
Pre-pregnancy BMI	Total weight gain for a twin pregnancy
18.5–24.9	17–25 kg (37–54 lbs)
25.0–29.9	14–23 kg (31–50 lbs)
30 and over	11–19 kg (25–42 lbs)

Reprinted with permission from the National Academy of Sciences, courtesy of the National Academies Press, Washington, D.C.

Healthy eating

If you do not already follow *Canada's Food Guide* at home, you may want to make a change as a family. Set small goals together that work for you.

“I've had a nutritionist help me increase my calcium, vitamin D and iron for developing two babies. She also helped me with how much I needed to eat.”

~ Amanda, pregnant with twins

hemorrhoids: swollen veins in the anus and lower rectum

Washing your hands

Washing your hands often is the best way to stop spreading germs and to stay healthy. Most germs that make people sick can be passed on to others by people touching each other or by touching things that a sick person has touched like handles and doorknobs.

Everyone should follow these steps when washing their hands:

1. Use warm running water and plain soap—you do not need to use anti-bacterial soap.
2. Rub the insides and backs of both hands and between fingers until there are a lot of soap bubbles. Continue for about 20 seconds or long enough to sing the 'Happy Birthday' song twice.
3. Rinse hands under warm running water.
4. Dry hands with a clean towel.

Food safety

Food may carry germs that can make you sick. Your ability to fight off infections is decreased when you're pregnant. Food poisoning can also affect your unborn baby. Handling, preparing and storing food properly can reduce the chance of getting sick from food poisoning.

Keeping food safe

Here are some tips to keep your food safe:

- Wash your hands with warm water and plain soap before handling any food.
- Wash your hands again after handling food such as raw meat, poultry and fish.
- Wash and sanitize any surface that's in contact with raw meat, poultry or fish. To sanitize, you can use a solution of 2 ml (½ tsp) of household bleach in 1 L (4 cups) of water. After sanitizing, change your dishcloth and wash your hands.
- Wash vegetables and fruits under cold, running water.
- 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 °C (40 °F) or below.
- Check the temperature of your deep freezer or chest freezer to make sure it's at least -18 °C (0 °F).



To learn more about food safety and safe food handling at home, visit the **Links** section at healthyparentshealthychildren.ca/resources

Food poisoning

Food poisoning (food-borne illness) is caused by eating foods that have harmful organisms or metals in them like mercury. These harmful organisms can include bacteria, parasites and viruses.

Cause	What it can do
Campylobacter jejuni	
<ul style="list-style-type: none"> Bacteria sometimes found in uncooked meats, poultry, raw milk or raw dairy products, raw vegetables, shellfish and untreated drinking water. <i>Campylobacter jejuni</i> can cause an infection called campylobacteriosis. 	<ul style="list-style-type: none"> Makes you very sick with symptoms such as diarrhea, cramping, stomach pain and fever.
E. coli (Escherichia coli)	
<ul style="list-style-type: none"> Bacteria sometimes found in certain foods, especially undercooked ground beef. 	<ul style="list-style-type: none"> Makes you very sick with symptoms such as vomiting and bloody diarrhea. Can cause kidney failure.
Giardiasis	
<ul style="list-style-type: none"> A protozoa found in surface water or in food contaminated with surface water. Common in children, especially in children in diapers. 	<ul style="list-style-type: none"> Makes you sick with symptoms such as diarrhea, stomach cramps and bloating.
Listeria	
<ul style="list-style-type: none"> Bacteria sometimes found in soil, water, and the stool of humans and animals. <i>Listeria</i> can cause an infection called listeriosis. Has been found in uncooked meats, uncooked or unwashed vegetables, unpasteurized milk and soft cheeses, and ready to eat foods such as hot dogs, pâtés and deli meats. Pregnant women are about 20 times more likely to get listeriosis than other healthy adults if they eat contaminated food. 	<ul style="list-style-type: none"> Makes you very sick with symptoms such as fever, tiredness and muscle aches. You can pass the infection to your baby. It may cause a miscarriage, stillbirth or your baby may be born very sick.

(continued on following page)

unpasteurized: not put through a heat process to destroy harmful bacteria

stillbirth: death of a baby in utero after 20 weeks of pregnancy that happens before or during birth

(continued from previous page)

Cause	What it can do
Salmonella	
<ul style="list-style-type: none">■ Bacteria sometimes found in foods such as sprouts, raw chicken or unwashed vegetables or fruit.	<ul style="list-style-type: none">■ Makes you very sick with symptoms such as stomach cramps and diarrhea.
Toxoplasma	
<ul style="list-style-type: none">■ A parasite, sometimes found in foods such as raw or undercooked meat, that causes an infection called toxoplasmosis. For more information, see page 80.	<ul style="list-style-type: none">■ People who are infected may not feel sick. Most people do not show any signs of being sick.■ If you do feel sick, you may have symptoms such as fever, tiredness and muscle aches.■ Even with no symptoms, you can pass the infection to your baby. It may cause a stillbirth or your baby may be born very sick.
Mercury	
<ul style="list-style-type: none">■ A metal found naturally in the environment.■ You can be exposed to it in many ways, such as eating certain types of fish.■ For more information about mercury, see page 42.	<ul style="list-style-type: none">■ Can affect how your baby's brain develops.

Foods to avoid and safer alternatives

You can reduce your chances of getting food-borne illness by not eating certain foods while pregnant. Here are some common foods and fluids to avoid and some safer alternatives.

Vegetables and fruit	
Avoid these foods	Safer alternatives
Sprouts such as alfalfa, radish and mung bean Why? They may be contaminated with E. coli or Salmonella, even after cooked.	<ul style="list-style-type: none"> Washed lettuce, cucumbers, spinach or other vegetables.
Unwashed vegetables and fruits Why? They may be contaminated with E. coli, Salmonella or Toxoplasma.	<ul style="list-style-type: none"> Washed vegetables and fruits.
Unpasteurized juices and ciders Found at farmers' markets, roadside stands, juice bars or the produce section of some grocery stores. Why? They may be contaminated with E. coli or Salmonella.	<ul style="list-style-type: none"> Choose pasteurized juices and ciders—check the label for the word 'pasteurized'. Most juices sold in Canada are pasteurized, such as those found on grocery store shelves and bottled types that have tops that pop up when opened. Home-squeezed juices are safe if the vegetables and fruits are washed in cold, running water.

Milk and cheese	
Avoid these foods	Safer alternatives
Raw (unpasteurized) milk Milk that comes right from an animal and is not pasteurized. It's illegal to sell or give away. Why? May be contaminated with Campylobacter, Salmonella, E. coli, Listeria or Toxoplasma.	<ul style="list-style-type: none"> Choose pasteurized milk. All milk sold in grocery stores is pasteurized.
Unpasteurized and pasteurized soft, semi-soft, blue-veined cheeses such as havarti, brie, camembert, and Mexican-style cheeses (e.g., queso fresco, queso blanco). Why? They may be contaminated with Campylobacter and Listeria.	<ul style="list-style-type: none"> Hard cheeses made with pasteurized milk such as romano, parmesan, cheddar, swiss or colby. Soft, semi-soft or blue-veined cheeses only if they are made with pasteurized milk and cooked well. Cottage cheese, cream cheese and processed cheese made from pasteurized milk.

pasteurized: put through a heat process that destroys harmful bacteria

Meat and eggs

Avoid these foods	Safer alternatives
<p>Raw or undercooked meat, poultry and fish such as sushi</p> <p>Why? They may cause many types of food-borne illnesses.</p>	<ul style="list-style-type: none"> ■ Cook meat, poultry and fish to a safe internal temperature using a probe thermometer: <ul style="list-style-type: none"> □ ground beef 71 °C (160 °F) □ wild game (deer, elk, small game) 74 °C (165 °F) □ poultry 74 °C (165 °F) □ fish 70 °C (158 °F)
<p>Fresh or frozen tuna, canned white (Albacore) tuna, shark, swordfish, escolar, marlin and orange roughy.</p> <p>Some lake fish caught in Alberta.</p> <p>Why? They may be high in mercury.</p> <p>To learn more about fish caught in Alberta, call Alberta Environment and Sustainable Resource Development toll-free at 1-877-944-0313 or, visit the <i>Links</i> and <i>Printables</i> section at healthyparentshealthychildren.ca/resources</p>	<ul style="list-style-type: none"> ■ Anchovy, capelin, hake, herring, Atlantic mackerel, pollock (Boston bluefish), salmon (farmed and wild), smelt, rainbow trout, shrimp, clam, mussel and oyster. ■ Canned 'light' tuna.
<p>Unheated, pre-packaged cold cuts, deli meat, hot dogs or wieners</p> <p>Why? They may be contaminated with Listeria.</p>	<ul style="list-style-type: none"> ■ Dried and salted deli meats such as salami and pepperoni. ■ Heat deli meats, deli sandwiches and hot dogs to steaming hot—at least 74 °C (165 °F).
<p>Refrigerated meat spreads, such as pâté, liverwurst or smoked and imitation fish and shellfish that are sold refrigerated</p> <p>Why? They may be contaminated with Listeria.</p>	<ul style="list-style-type: none"> ■ Pâtés and meat spreads sold in cans or those that do not need to be refrigerated until after they're opened. ■ Heat refrigerated meat spreads or smoked fish or shellfish until steaming hot—to at least 74 °C (165 °F).
<p>Raw or undercooked (soft) eggs, including foods or sauces that contain raw or undercooked eggs, such as some salad dressings, cookie dough or homemade eggnog.</p> <p>Ungraded eggs</p> <p>Why? They may be contaminated with Salmonella.</p>	<ul style="list-style-type: none"> ■ Cook egg dishes thoroughly to a safe internal temperature or the yolk is firm. ■ Eggs from the grocery store that are graded.



probe thermometer: a thermometer that has a metal stem to check internal temperature of foods

Other questions or concerns

Caffeine

Small amounts of caffeine during pregnancy and breastfeeding are fine for most people. Try to limit your caffeine intake to 300 mg per day or less.

Caffeine is found in:

- coffee—about 150 mg of caffeine per 250 ml (1 cup)
- green and black tea—about 30–50 mg of caffeine per 250 ml (1 cup)
- cola and some other carbonated beverages—about 23–40 mg of caffeine per 250 ml (1 cup)
- chocolate—about 3–50 mg of caffeine in 1 chocolate bar

Energy drinks



Energy drinks have a lot of caffeine in them and should be avoided during pregnancy and when breastfeeding.

Water

Public water supplies are safe to drink. If you use water from a private source like a well, dugout or creek, have it tested for bacteria, fluoride, nitrates and other chemicals before you use it. Routine water testing may not include a test for lead or other metals, which could be of concern. If you have questions, contact an environmental public health inspector. For more information and to find an office near you, visit the [Links](https://www.healthyparentshealthychildren.ca/resources) section at [healthyparentshealthychildren.ca/resources](https://www.healthyparentshealthychildren.ca/resources)



Herbs and herbal tea

Many herbal teas and herbs are not safe during pregnancy. If you drink herbal teas, choose orange peel, ginger, peppermint leaf or rose hip. You can drink up to 750 ml (3 cups) a day. To learn more, call the Medication & Herbal Advice Line toll-free at **1-800-332-1414**.

Plant-based drinks

These may be lower in protein and may not be fortified with calcium and vitamin D. If you drink plant-based drinks, like soy, hemp, coconut, rice or almond milk instead of cow's milk, choose one that's fortified. Talk to your health care provider if you choose these drinks.

Alternative sweeteners

Aspartame, sucralose, acesulfame K, stevia and saccharin, are safe in small amounts during pregnancy and breastfeeding. Do not use cyclamate, found in tabletop sweeteners such as Sweet'n Low® and Sugar Twin®.

Restricted diet

If you do not eat certain foods or food groups, you may be missing important nutrients you and your baby need. Talk with your health care provider if you do not eat certain foods or food groups.

Allergies

During your pregnancy continue to avoid foods that you're allergic to. You do not need to stop eating any other foods during your pregnancy to prevent your baby from developing allergies.

Trouble digesting milk-based foods (lactose intolerance)

You can buy lactose-reduced milk or fortified soy beverages in most grocery stores. You can also buy lactase enzyme tablets, drops or chewables. If you have any questions, talk with your health care provider.

Being physically active

Regular physical activity is safe and healthy during pregnancy, unless you're having complications and your health care provider has told you to change your activity level. Whether you were physically active before you became pregnant or not, being active throughout pregnancy can have many health benefits. Try to get at least 150 minutes of moderate-intensity physical activity each week. Being active at least 3 days a week or every day if possible, and doing a variety of aerobic and strength training activities, provides the most health benefits.

Moderate-intensity physical activity gets your heart rate up. You should be able to talk but not sing during activities of this level of intensity. There are many ways to be active while you're pregnant, like walking, dancing, swimming, paddling, stationary cycling, moderate strength training, gardening and doing other low-impact household chores. Adding yoga or gentle stretching can also help.

To find out what level of physical activity is right for you this pregnancy, fill out the first 2 sections of the *PARmed-X for Pregnancy* (Physical Activity Readiness Medical Examination) questionnaire. Take it to your next appointment and talk with your health care provider. To find the questionnaire, visit the *Printables* section at healthyparentshealthychildren.ca/resources



“*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

Benefits to staying physically active

Being active has many benefits during pregnancy and also helps you during labour and birth. When you're not active for a long time, you may feel more discomfort as your muscles tighten and your blood circulation and energy drops. Being active can:

- make you stronger and more flexible
- help you with some of the discomforts of pregnancy, like swelling, leg cramps, shortness of breath, backaches, varicose veins and constipation
- give you more energy
- help you reduce and cope with stress
- help with digestion
- improve your mood and self-confidence
- help you sleep
- get your heart pumping and improve blood flow to all areas of the body
- support healthy weight gain
- lower your risk of developing gestational diabetes or help you manage your blood sugar

If you're a partner

Have fun and stay active together. Doing physical activity with your partner is a great way to feel more connected.

Staying motivated

You may feel more motivated to stay active if you choose activities you enjoy and that fit into your schedule. Here are some tips to help you stay motivated:

- **Listen to music or an audiobook.** Remember to stay alert if you're using headphones outdoors.
- **Join a class.** Many fitness and community centres offer prenatal classes. Ask the fitness facility if they have membership assistance programs like fee reductions or on-site child care, if needed.
- **Try something new.** Think about hiking, swimming, snowshoeing, dancing or prenatal yoga.
- **Track your progress.** Write down what you did, how long you did it for and how you felt afterward.

Pregnancy is a very physical experience. As you move through your pregnancy, your body will go through many changes that may affect your energy level and your ability to be physically active.



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.

Time to be active



Evenings can be a great time to walk with your partner, family, friends or neighbours. If it's dark, remember to wear bright, reflective clothing or lights.

Stay cool:

- Try not to get overheated during physical activity.
- During the summer, try to get your physical activity in the early morning or in the evening, when it's cooler outside.

Be comfortable:

- Wear a good-fitting and supportive bra to protect your back and breasts.
- Wear loose clothing that will breathe and keep you from getting too hot.
- Wear comfortable, well-fitting shoes with low heels, that suit the activity you're doing.
- Carry a water bottle with you and drink fluid before, during and after the activity.
- Wear a hat and sunglasses for protection from the sun when you're outdoors.

When you walk:

- Warm up with a 5–10 minute slow walk.
- Gently increase your pace for 5–10 minutes.
- Slow your pace for a 5–10 minute cool down at the end. Use good posture. Keep your head up and your shoulders back and down.
- Breathe deeply and have fun!



If you're not already physically active

- **Start small.** If you weren't active before, try to walk for 15 minutes at least 3 times per week.
- **Slowly increase your activity level.** Start at a lower intensity and work up to moderate-intensity level. This means that you can still have a conversation during the activity.
- **Slowly increase how long you do an activity for.** For example, if you started with a 15-minute stationary cycle, slowly work up to cycling for 30 minutes.

Low- to no-impact physical activities

Low- to no-impact activities are easier on the body, especially the joints. During a low-impact activity, the whole body is supported. Usually, at least one foot is in contact with the ground or equipment at all times. Swimming is also considered a no-impact activity, as the body is supported by water. Try:

- walking. Start small and build up. Try walking to, or from, your next errand. You can walk throughout your pregnancy—even while you're in labour.
- swimming, water aerobics, stationary cycling or low-impact exercise classes
- yoga, Pilates or resistance training. Some of these activities will need to be adapted to make sure they are safe for you and your baby during pregnancy.



Safety tips

Some activities may put you or your baby at a greater risk of getting hurt. These activities include:

- ice hockey, outdoor cycling, downhill skiing or snowboarding, horseback riding, gymnastics, Olympic lifting, ice skating, roller blading, climbing and scuba diving
- heavy lifting or standing for more than 4 hours, especially in the third trimester
- high-impact activities like running and jumping. These can put more stress on your joints and ligaments, which may be weaker because of pregnancy.

Talk with your health care provider about changing from higher-risk to lower-impact activities that are safer for you and your baby during your pregnancy.

During pregnancy, some people may have a separation of their abdominal muscles, called diastasis recti. If this happens, you may want to see a physiotherapist and stop abdominal exercises such as sit ups as this may make the separation worse.

Call Health Link at **811** or talk with your health care provider if you have any other concerns with physical activity.

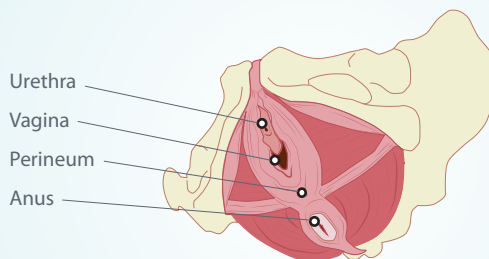
Pelvic floor

The **pelvic floor** is made up of muscles and ligaments. Your pelvic floor:

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

Pregnancy and birth are the most common causes of weak pelvic floor muscles. Weak pelvic floor muscles may lead to **stress incontinence**. Pelvic floor muscle exercises can help.

The 3 openings that pass through the pelvic floor are the urethra, vagina and anus. The area between the vagina and anus is called the perineum.



You can feel your pelvic floor muscles by:

- stopping or slowing the flow of urine while you empty your bladder. This is just a test to find where the muscles are and should not be done as an ongoing exercise when you're emptying your bladder. These muscles are towards the front of the pelvic floor.
- inserting two clean fingers into your vagina and feeling your muscles squeeze around your fingers. These muscles are in the centre area of the pelvic floor.
- tightening the muscles around your anus as if stopping the passing of gas. These muscles are towards the back of the pelvic floor.

pelvic floor: the 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.

stress incontinence: the involuntary loss of urine that can happen when you do things like cough, sneeze, laugh, lift and exercise

Pelvic floor muscle exercises

Doing pelvic floor exercises will help to strengthen the muscles of the pelvic floor. Practice using these muscles at the same time, or tighten those at the front, centre or back separately. Start doing these exercises in a position that is easy for you to feel your pelvic floor muscles.

As you tighten (contract) the pelvic floor muscles, avoid tightening your legs, buttocks or abdomen. Try not to push down or hold your breath. Focus on the full relaxation of the muscles after you tighten it. Pelvic floor muscles need to be able to contract and relax.

Techniques to exercise your pelvic floor:

- **Slow and sustained.** Squeeze then slowly pull up and in. Work up to holding for 10 seconds at a time. Repeat up to 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 throughout your life. This will help the pelvic floor muscles stay strong. It can take 6–8 weeks to notice stronger pelvic floor muscles. If you're not sure you're using the right muscles, or have any concerns, talk with your health care provider.

Healthy posture and back

Healthy posture will help your body stay strong as it changes throughout your pregnancy, make you less short of breath, and help with digestion. It may also help relieve some of the normal aches and pains that come with pregnancy.

As your baby grows, your body needs to adjust to carrying more weight in the front. Poor posture may cause:

- an aching lower back
- rounded shoulders
- nerve pain in the legs and buttocks

Check your posture by watching yourself in windows and mirrors or asking someone to check for you.

Standing

Stand straight. Imagine that there's a string attached to the top of your head and someone's pulling up on it. Keep your knees slightly bent when standing—locking your knees can put more pressure on your lower back. To improve your posture while standing:

- Wear shoes with low heels.
- Keep your chin level, not tucked or raised.
- Relax your shoulders, keeping them down and back.
- Keep your back in a slight 'S' curve, with a slightly curved lower back.
- Tuck in your buttocks.
- Relax your knees.
- Keep your feet supporting your weight evenly, side to side and front to back.

Standing for more than 3 hours without a break can affect the blood flow to your baby. Here are some things you can do if you need to stand for a long time:

- Use proper posture when standing.
- 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 switch to the other.
- Take short breaks from standing every 2 hours.
- Wear comfortable shoes with low heels.
- Change your position as often as you can.
- Talk with your employer to see if your work can be changed to sitting or to take walking breaks as needed.



Sitting

Sit up straight. Imagine that there's a string attached to the top of your head and someone's pulling up on it. To improve your posture while sitting:

- Sit on your sit bones and keep your spine straight and tall.
- Rest your feet flat on the floor—keep your legs uncrossed.
- Wear shoes with low heels.



Sitting for more than 4 hours without a break can reduce blood flow and increase the swelling in your legs and feet. If you need to sit for a long time:

- Keep your legs uncrossed.
- Take short breaks to stretch or walk whenever possible.
- Use a stool at your desk so you can change the position of your feet.
- 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 and then the other.
- Use proper posture while sitting.
- Use a hard, straight-backed chair during the later stages of pregnancy—it may be more comfortable and may be easier to get out of rather than a low, padded chair.

Lifting

While lifting objects:

- Make sure your feet are on a solid surface.
- Keep your back straight and your feet apart.
- Bend your knees and keep your head up while squatting down—do not bend forward from the waist to pick things up.
- Hold objects close to you with your arms bent. Use your leg muscles to push yourself back up—keep your back straight and your head up.
- Do not lift heavy objects above waist level.
- If changing direction, turn your whole body, do not just turn your upper body.



Reproduced with permission from Healthy Spines (2017)

Caring for your teeth and mouth

Good mouth care habits are an important part of a healthy pregnancy. For good oral health:

- Brush your teeth with fluoride toothpaste twice a day, especially before bedtime.
- Floss once a day.
- If you use tobacco or tobacco-like products, try to cut down and quit.
- Limit foods with sugar and starch to mealtimes whenever you can.
- Drink water throughout the day.
- Try not to sip on sweetened drinks like specialty coffees, sugar-sweetened drinks and flavored water. Carbonated beverages like diet pop also have acid in them that can be harmful to your teeth if sipped on all day.



Common conditions that affect the mouth during pregnancy are:

- **pregnancy gingivitis:** a gum disease that causes your gums to become red, swollen, tender to touch and bleed easily. It can increase your risk of tooth decay, especially if you do not brush your teeth and gums often. Changes in hormone levels during pregnancy make gums more sensitive to **plaque** and bacteria. Tobacco or tobacco-like products can also cause pregnancy gingivitis. Sometimes you can get a more serious form of pregnancy gingivitis known as periodontal disease. If this happens, you may need to visit your dental office more often during your pregnancy.
- **tooth decay:** bacteria in your mouth make acids from the sugars and starches you eat. The acids attack the surface of the teeth for about 20 minutes after eating. Eating and drinking foods that have sugar and starch in them throughout the day—even natural sugar—increases the number of times the teeth are exposed to these acids. This can increase your risk of developing tooth decay and is why you need to keep brushing and flossing.

It's safe to have dental care when you're pregnant. Tell your dentist or dental hygienist that you're pregnant. They will work with you to create a dental care plan to help you prevent pregnancy gingivitis and tooth decay, and to deal with any other dental concerns. They may also suggest using products to fight bacteria and strengthen teeth. If you haven't been to a dentist or dental hygienist in the last year, or if you see changes in your mouth, make an appointment during your first trimester.

plaque: a clear, sticky substance found on the tooth surface made by bacteria in the mouth. These bacteria produce acids that can damage the teeth and gums.

Mental health

Pregnancy is a time of change both physically and mentally. During pregnancy, changes in your hormone levels and physical changes to your body could affect your mental health. Even if this is a planned pregnancy, you or your partner might have mixed feelings. You may have times when you feel a lot of joy and excitement about meeting your baby, and times when you may also feel sad and worried.

There can be many reasons for mental health changes for you and your partner like:

- changes in relationships with your partner, family and friends
- role changes in becoming a new parent
- leaving work for maternity leave/parental leave
- changes in lifestyle—including more financial pressures
- feeling tired
- not getting enough sleep



If you're a partner

Pregnancy is a time of change for you too! You may feel excited, happy, sad or worried. Talk about how you're feeling with your partner, family or friends.

“ I didn't talk about my worries and fears, and it's important to talk. It's a confusing and exciting time, and talking about it may lessen your fears and help you to cope with anxieties and fears. Talk to someone about them. ”

~ Fatima, mom of a toddler

Healthy relationships

By taking care of yourself and taking care of your relationships you, your partner, and any other support people are creating 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.

You've likely had many different kinds of relationships throughout your life. There are relationships with family, friends, and co-workers as well as sexual or intimate relationships. Healthy relationships can offer support and comfort and improve overall health and well-being. Having a healthy relationship with your partner and others will help you feel supported throughout your pregnancy.

Healthy sexuality

Healthy sexuality is part of a healthy relationship. Sexuality is the way people experience and express themselves as sexual beings. You may go through changes during pregnancy that can affect your emotions and sexuality. You may be concerned about:

- feeling tired, having nausea or sore breasts
- changing levels of sexual desire, like feeling more or less desire. This can be related to your energy and hormone changes, especially 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.

People show their sexual desire 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 health care provider recommends you should not for medical reasons. Your baby is protected by the abdomen, the walls of the uterus and is cushioned by amniotic fluid.

It's normal to have **Braxton-Hicks contractions** during sexual activity, especially during orgasm or when the nipples are stimulated.

Braxton-Hicks contractions: your uterus slowly tightens and then slowly releases—this is not labour, it's your body getting ready for labour

Safer sex

Practice safer sex, even when you're pregnant. Safer sex is about protection from **STIs (Sexually Transmitted Infections)**. You can pass an STI such as chlamydia, gonorrhea, hepatitis B, syphilis, **genital warts**, **HPV (Human Papilloma Virus)** or **HIV (Human Immunodeficiency Virus)** to your baby during pregnancy and birth. STIs during pregnancy may also cause miscarriage, premature birth, low birth weight and stillbirth. You'll be offered routine testing for STIs. Practicing safer sex will reduce your chance of getting an STI.

You're practicing safer sex when neither you nor your partner are having a sexual relationship with anyone else, you've both been tested for STIs and the tests show that neither of you have an STI.

STIs can be spread by people who do not know they're infected. Use a condom every time during vaginal, anal and oral sex until you're sure that neither you nor your partner have an STI. The only certain way to prevent an STI is to have no sexual contact (abstinence), including vaginal, anal or oral sex.



To learn more about safer sex call Health Link at **811**, your health care provider, or to use an interactive tool about STIs, visit the **Tools** section at healthyparentshealthychildren.ca/resources

Understanding your relationship

When you think about your relationship with your partner or others, it might be helpful to think about what makes a relationship healthy, unhealthy or abusive. Sometimes stress, family changes or the responsibilities of having children can lead to conflict—and conflict can sometimes lead to family violence.

Family violence happens when someone uses abusive behaviour to control or harm a family member or someone they have a close relationship with. For some families, abusive behaviour may have started before the pregnancy. Often, it begins or gets worse during pregnancy or after birth.

If you're not sure if your relationship is healthy, you can use the examples in the 'Is my relationship healthy?' table, on the next page, as a guide. However, it's also important to trust your instincts. If something doesn't feel right in your relationship—and you feel safe to do so—think about making changes now. It's normal for adults to disagree—but abuse is never acceptable.

STI (Sexually Transmitted Infection): an infection passed on by sexual contact

genitals: sexual organs outside of the body which include the testicles, penis and vulva (labia, clitoris and vaginal opening)

HPV (Human Papilloma Virus): the virus that can cause genital warts. A few strains can lead to cancer.

HIV (Human Immunodeficiency Virus): the virus that causes AIDS

Is my relationship healthy?			
	Healthy	Unhealthy	Abusive
Sharing feelings	<ul style="list-style-type: none"> You feel safe, comfortable and strong enough to tell each other how you really feel. 	<ul style="list-style-type: none"> One person feels uncomfortable telling the other how they really feel. 	<ul style="list-style-type: none"> One person feels afraid to tell the other how they really feel. They're scared of being rejected, abandoned, getting 'put down' or being threatened.
Communicating	<ul style="list-style-type: none"> You listen to and respect each other's point of view. You make decisions together. 	<ul style="list-style-type: none"> One person ignores the other and doesn't respect their opinions. 	<ul style="list-style-type: none"> One person treats the other with disrespect. One person ignores the other's ideas and feelings or makes fun of them.
Disagreements	<ul style="list-style-type: none"> You have equal say in the relationship. You show respect to each other even when you have disagreements. You work things out together, so you both get what you need. 	<ul style="list-style-type: none"> Disagreements often turn into fights that include yelling, criticism or harsh words. 	<ul style="list-style-type: none"> One person is afraid to disagree because they do not want the other to get angry or violent. The disagreement is used as an excuse for abuse. One person controls the money and prevents the other from spending money they've earned, accessing bank accounts or being part of financial decisions.
Intimacy and sex	<ul style="list-style-type: none"> You're honest about how you feel about being physical and having sex. Neither of you feels pressured to do anything you do not want to do. 	<ul style="list-style-type: none"> One person is embarrassed to say how they feel or what they need. One person may go along with things that they may not be comfortable with. 	<ul style="list-style-type: none"> One person ignores the other's needs and wants. One person may be pushed into doing things that make them feel uncomfortable, afraid or ashamed.

(continued on following page)

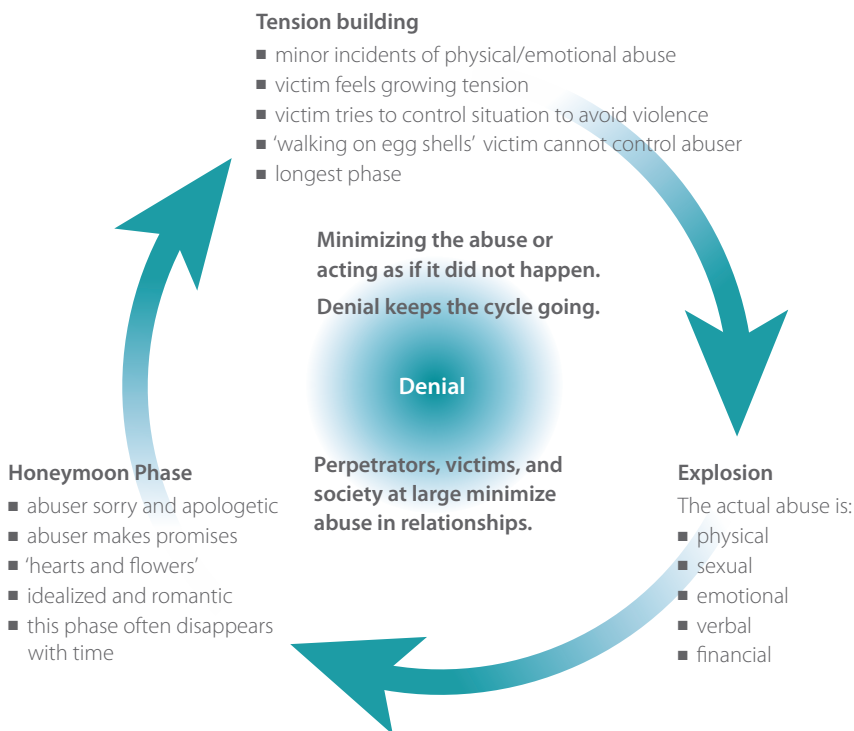
(continued from previous page)

Is my relationship healthy?			
	Healthy	Unhealthy	Abusive
Time alone	<ul style="list-style-type: none">■ You can spend time alone and think of this as a healthy part of the relationship.	<ul style="list-style-type: none">■ One person thinks there may be something wrong if the other wants to do things without them.■ One person tries to keep the other to themselves.	<ul style="list-style-type: none">■ One person doesn't let the other spend time doing things on their own because it's seen as a threat to the relationship.■ One person may monitor the other person's activities and isolate them from family and friends.
Verbal	<ul style="list-style-type: none">■ You value the differences between each other and work to be non-judgmental.■ You both try hard not to talk harshly to or about each other.	<ul style="list-style-type: none">■ There have been a few times when harsh words are used, and one partner felt at risk of harm.■ There's no clear pattern of abuse.	<ul style="list-style-type: none">■ There's a pattern of increasing or ongoing verbal or psychological abuse. This may include damaging belongings, name calling, and threats to hurt or kill you, a family member or pet.
Violence	<ul style="list-style-type: none">■ There's no physical violence or threat of violence in the relationship.■ Neither partner feels at risk of being hurt or harmed.■ Both partners behave in ways that keep the other safe (safer sex practices, financially responsible).	<ul style="list-style-type: none">■ There have been a few times when one person felt at risk of harm.■ There's no clear pattern of abuse or violence.	<ul style="list-style-type: none">■ There's an increasing or ongoing pattern of pushing, slapping, shaking, choking, punching or forced sexual contact.

What is abuse?

Abuse is any behaviour used to control another person's actions. Abuse can happen to anyone, whether you've experienced abuse in the past or not. If you grew up with abuse, this behaviour may seem normal to you. However, abuse puts the person being abused and their baby's health at risk. If the violence or threat of violence has happened once, it's very likely to happen again. It often gets worse over time, happens more and more often and is more intense. It often develops into a cycle of abuse. Not all abuse fits this cycle. Often, as time goes on, the 'honeymoon phase' disappears. If the image on this page seems familiar to you, there is help available.

Cycle of Abuse



It's okay for adults to disagree, but nobody deserves to be abused or to see abuse. Many people who are abused stay in a relationship to keep their home and family together. However, children who see abuse are harmed by it. No one has the right to abuse another person whether they are an adult or a child.



There are programs for families and partners who have experienced abuse and for those who abuse. There's help for everyone in the family.

If you're experiencing abuse, talk with someone like a friend, family member, health care provider or other support person. There are many ways you and your family can get help:



- If you're in danger, call the police at **911**.
- If you're hurt or have health concerns, go to your health care provider, urgent care centre or emergency department. Tell them how you got hurt.
- Call Health Link at **811** for your local emergency shelter—24/7, when it's safe for you to do so.



- Call the Family Violence Info Line toll-free at **310-1818**, available 24/7 in more than 170 languages. You can also call this number to get information to help you understand abuse, make a safety plan, access financial supports, and find information about a place to stay, if you need one.



Visit the *Links* section at healthyparentshealthychildren.ca/resources to learn more about abuse, staying safe and getting support:



- to find a lawyer from the Law Society of Alberta Lawyer Referral Service who will answer your questions in confidence—the first consult is often at no cost to you
- from Legal Aid Alberta, call them toll-free at **1-866-845-3425** to find a lawyer to represent you
- if you're new to Canada and want to find out your rights, contact your local Citizenship and Immigration Canada Office

Feeling stressed

Everyone has some amount of stress. Too much stress may affect your health or your baby's developing brain. When you're stressed, your baby's environment is under stress too, which can impact their development. Learning ways to cope with stress will help you during your pregnancy and support a healthy environment for your developing baby. It will also build coping skills for the everyday stresses of parenting.

Some suggestions to help you cope with stress and changing emotions:

- Take time every day to relax, rest and get enough sleep—nap if you need to.
- Be realistic about what you expect of yourself.
- Talk about your thoughts and feelings with someone you trust, such as your partner, family, friends or health care provider.
- Eat healthy foods and eat at regular times.
- Drink plenty of fluids.
- Go for walks outside—fresh air can help you feel refreshed.
- Ask for help from others.
- Accept offers of support such as child care or meals.
- Spend time with a friend.
- Connect with your community.
- Join a prenatal group.
- Connect with your spiritual self—talk with your spiritual advisor.
- Do one special thing for yourself each day.

Make time for you

Try to make time for yourself every day, even if it's just for a few minutes. Write out a list of the things that help you relax—maybe a short walk with a friend, a bath, an afternoon nap or reading a book. You might want to try meditating, listening to music or going to a relaxation class.

It may also help if you're in contact with other people who are pregnant, as they may understand what you're going through. Prenatal classes, exercise classes, online communities and similar social activities are good places to meet others who are pregnant—you can build on that support by joining parenting programs after your baby is born.

“ One big thing was not being afraid to ask my husband for help getting things done. I found asking my husband for a lot of help was really good. ”

~ Linda, expectant mom of twins

If you have stress that is not going away, there are supports that can help. You'll find information about online and in-person classes at your community or public health centre, or at your community and recreation centre. You can also ask friends, family, your health care provider or call Health Link at **811**.

Breathing techniques to help you with stress relief

- Try breathing to the word 'relax'. It has two syllables— 're' and 'lax'. As you breathe in say 're' to yourself. As you breathe out say 'laaax' to yourself. As you're breathing in and out, keep your mind focused on the word 'relax' and let go of any muscle or emotional tension you feel in your body. Focus on the out-breath 'laaax' and your in-breath will happen naturally.
- Try counted breathing. As you breathe in, count slowly to 3 or 4 or whatever number is comfortable for you. As you breathe out, count to 3 or 4 again. You may find it's more comfortable to breathe in for a shorter count and out for a longer count (e.g., in for 3 and out for 4), especially as you get further along in your pregnancy.
- Try breathing in through your nose and out through your mouth. Keep your mouth very soft as you sigh the breath out. You may find it helpful to make a sound on the breath out (e.g., 'oooooh' or 'aaaaah').

For some expectant parents, physical, social and emotional changes may lead to mental illness. While some people may be at higher risk, mental illnesses can happen to anyone. Mental illness is just like any other health or medical condition, and there are many ways to successfully treat it. If you're concerned about you, or your partner's mental health, talk to your health care provider. The sooner you get help, the better you or your partner will feel.

If you're a partner

You need to take care of yourself too. Try to:

- eat well, get enough sleep and stay active
- find support from family, friends and others in the community

You may go through many of the same symptoms, behaviours and feelings as your pregnant partner. You may also feel:

- overwhelmed and afraid that you can't meet your partner's increased emotional needs
- left out or ignored
- a bit distant from the pregnancy

To find health services in your area, visit the **Links** section at healthyparentshealthychildren.ca/resources





Be patient with yourself and others and keep your expectations realistic. Try to maintain healthy, open and honest communication. Remember, the best way to take care of your baby is for you and your partner to take care of yourselves.

Things you can do together



Here are some things you can both do to cope with stress and changing emotions:

- Make some time for yourselves.
- Take a break for an afternoon or an evening to relieve the pressure.
- Go to ultrasound appointments and prenatal visits together.
- Share the household tasks.
- Go to prenatal classes and talk with other expectant parents. They're probably feeling many of the same things you are.

Depression and anxiety

While it's normal to feel many emotions in pregnancy, including feelings of excitement and joy, you may also:

- feel sad
- cry for no clear reason
- be impatient and irritable, sometimes for no clear reason
- feel restless and anxious
- have difficulties concentrating
- feel guilty or overwhelmed
- feel tired or have trouble sleeping
- have mood swings (e.g., joy to sadness, laughing to crying)

These are common feelings that may be caused by hormone changes during pregnancy. If these feelings last for more than 2 weeks, are upsetting, or make it hard for you to do your everyday activities, you may be depressed or have anxiety.

You may be worried about talking to your partner or someone about these feelings. You may think that this is not how you're supposed to feel, or it's not what you expected. You're not alone. Talking about these feelings and getting help when you first notice the symptoms of depression or anxiety is important. Asking for help doesn't mean you're weak, or that you will not be a good parent. The earlier you ask for help, the sooner you can get the support you need and start feeling better. It's also possible for both you and your partner to have symptoms of depression during pregnancy.



Talk with your health care provider



If you or your partner have ever had depression, anxiety or other mental health concerns before or have these symptoms now, talk with your health care provider.

Being pregnant can be an adjustment. There is a lot of focus on taking care of your baby. Taking care of yourself, both mentally and physically, is one of the most important ways to take care of your baby. Practicing these self-care tips may help improve your mental health during pregnancy:

- **Nutrition:** Eating regularly and following *Canada's Food Guide* supports mental well-being.
- **Physical activity:** Being active supports mental well-being and may help to reduce stress.
- **Sleep:** Getting enough sleep can help you solve problems, manage your feelings and cope better with change.
- **Time for self:** Practicing simple relaxation techniques such as deep breathing may help to reduce stress (see page 62).
- **Support:** Be kind to yourself—it's okay to accept and ask for help. Talk about how you're feeling with someone who can listen without judging and who can offer you support.

Symptoms of depression

Behaviours

- not coping with things that you used to be able to handle
- starting things and not finishing them
- avoiding places, people, family and friends
- using alcohol or drugs to make you feel better
- not doing things you used to enjoy
- having trouble concentrating or making decisions

Thoughts

- *"I'm a failure."*
- *"It's my fault."*
- *"Nothing good ever happens to me."*
- *"I'm worthless."*
- *"Life's not worth living."*
- *"People would be better off without me."*
- *"I wish I were dead."*

Feelings

- overwhelmed or hopeless
- useless or not good enough
- irritable, restless or agitated
- frustrated or miserable
- unhappy or sad
- empty or numb
- frequent mood changes

Physical symptoms

- tired all the time, sluggish or lethargic
- trouble sleeping—either too much or too little
- sick, run down or no energy
- headaches or muscle pains
- upset stomach
- changes in appetite—eating more or less

“ I would talk to people and a couple of times I called the Distress Line—they have people to listen to you. ”

~ Ashley, mom of two children

Symptoms of anxiety

Behaviours

- having trouble sleeping
- avoiding people, places or responsibilities
- using alcohol and drugs to make you feel better
- starting things and not finishing them
- pacing, fidgeting, or being restless
- re-checking things often such as if the house is locked

Thoughts

- feeling scattered or having trouble concentrating
- thinking about the worst
- easily distracted
- having problems remembering things

Feelings

- tense, stressed or uptight
- panicky, unsettled or irritable
- things do not seem real or they feel strange
- feeling that something bad is going to happen

Physical symptoms

- tight or painful chest, feeling like your heart is pounding
- dizziness, sweating or shaking
- nausea or upset stomach
- body aches or tense muscles

Depression and anxiety may happen during your pregnancy or after your baby's birth. For information on postpartum depression, see page 247.



Call Health Link at **811** or your health care provider if you're concerned that you or your partner may have symptoms of depression or anxiety.

Alcohol



Drinking alcohol can harm your baby. It's safest not to drink alcohol while you're pregnant or thinking about becoming pregnant. Alcohol affects every woman and baby differently.

Alcohol passes through the mom's placenta and to the growing baby. A baby's liver is not as developed as an adult's, so it cannot break down the alcohol as fast. This means that a baby's developing organs are exposed to the effects of alcohol for a longer period of time.

Drinking alcohol can affect your baby at any stage during pregnancy. Once your baby's developing brain or other organs are damaged, they can't be fixed. Drinking during pregnancy can increase the risk of:

- low birth weight
- preterm birth
- miscarriage
- stillbirth
- withdrawal symptoms for your baby at birth such as being shaky and irritable, having no appetite, sleeping poorly, diarrhea, vomiting, breathing problems, seizures or problems with sucking during feeding
- fetal alcohol spectrum disorder (FASD)

Babies with FASD have permanent brain damage of different degrees, physical impairments and behavioural challenges. They can have some or all of these problems:

- disrupted brain development—which can affect how their brain develops and how they learn and remember
- birth defects such as face and head deformities as well as heart, kidney, bone and muscle defects
- hyperactivity
- slowed body growth
- trouble understanding the consequences of their actions



If you're a partner

You can support a pregnant woman by not drinking alcohol during the pregnancy and having nonalcoholic options available at parties or celebrations.

FASD has lifelong impacts on your baby. There's no cure. Some effects of drinking alcohol during pregnancy may not be seen until your baby is older, when they have problems in school, with learning or behaviour. Being exposed to alcohol before birth, especially through **binge drinking**, is linked to things like mental illness or anxiety in early adulthood, even in adults who haven't been diagnosed with FASD.

If you drink alcohol, it's never too late to make healthy changes. If you're in a relationship, make healthy changes together and support each other. Ask for help if you have concerns about your alcohol use or your partner's alcohol use:

- Make a plan to cut down and quit.
- Talk with your health care provider.
- Call the Alberta Health Services Addiction Helpline toll-free 24/7 at **1-866-332-2322**.

Tobacco and tobacco-like products

During pregnancy, the harmful chemicals in tobacco and in second- and third-hand smoke can pass through the placenta to your baby. These harmful chemicals can cause a higher risk of miscarriage, preterm labour or other problems during pregnancy. They can also affect your baby's growth and development before birth and lead to things like low birth weight, cleft lip, cleft palate and heart defects. Babies and children are more likely to have health problems, such as respiratory illnesses, ear infections, behavioural concerns and learning disabilities like attention deficit hyperactivity disorder (ADHD). These chemicals also greatly increase your baby's risk of **sudden infant death syndrome (SIDS)**.

The best way to protect your unborn baby from being exposed to the harmful effects of **nicotine** and other chemicals is to keep your home, vehicle and workplace tobacco-free.

Stress and quitting tobacco ★

Stress caused by quitting tobacco can be managed and will not hurt your unborn baby. Ask your health care provider for help.

binge drinking: drinking a large amount of alcohol over a short period of time with the intention of becoming intoxicated

sudden infant death syndrome (SIDS): a sudden and unexplained death of a seemingly healthy infant under 1 year of age during sleep

nicotine: a chemical found in tobacco or tobacco-like products that is colourless and toxic

Tobacco and tobacco-like products can affect your health and your baby's health and brain development:

- **Tobacco smoke** has about 7,000 different chemicals in it. Of these chemicals, at least 172 are toxic (poisonous). About 70 of them cause cancers like lung and breast cancer as well as other illnesses such as heart and lung disease.
- **Smokeless tobacco** (moist snuff, dip or chew) and tobacco that's used up the nose (dry snuff or snus) has more than 4,000 chemicals in it. Of these chemicals, more than 30 cause cancer, including mouth and throat cancers. Snuff products have more nicotine in them than cigarettes. The average cigarette has 8.4 mg of nicotine while the average moist dip product has 14.5 mg of nicotine.
- **Electronic cigarettes** (e-cigarettes) are battery-powered vapourizers that use liquid vapour to deliver mist into the body (vaping). The mist is often a mixture of chemicals and sometimes contains nicotine. E-cigarettes contain at least 10 chemicals that are linked to cancer and birth defects. E-cigarettes could put you at risk of nicotine addiction and are not recommended as an aid to quitting tobacco.

Second-hand smoke and vapour

Second-hand smoke is the smoke that's exhaled or that comes from the burning end of a tobacco product like a cigarette. It's a serious health concern for females and children during their reproductive years. Being exposed to second-hand smoke puts you at risk for breast cancer, asthma and heart disease. For babies, being exposed to smoke from tobacco before and after birth is also a major risk factor for SIDS and other health problems such as respiratory illnesses and ear infections in childhood.

Second-hand vapour is the mist produced by e-cigarettes. The mist that comes from an e-cigarette or vaping device has a mixture of chemicals that are toxic to you and your family. Although the toxins are lower than with tobacco smoke, there are at least 10 chemicals that cause cancer, birth defects and harm to you and your partner's **reproductive system**.

While most workplaces in Alberta have to be smoke-free, you may still notice second-hand smoke at your workplace. You may want to speak with your employer about making your workplace 100% smoke-free.



If you're a partner

Keep your home and vehicle smoke-free. If you're using tobacco, try to cut down and quit. If you're not ready to quit, smoke or vape outside to support the health of your pregnant partner and baby.

reproductive system: all the parts of the male and female body that allow you to reproduce or have babies

Third-hand smoke

Third-hand smoke is the residue and gases that are left behind after a cigarette has been used. They build up over time in vehicles and on surfaces such as upholstery, clothing, draperies and carpets. Research is still needed to understand the impact of vaping related to third-hand exposure.

Benefits of quitting

Quitting tobacco as soon as you can during pregnancy is healthier for you and your baby. Quitting will improve the health of your heart and lungs, which will be working extra hard during pregnancy. It will also improve your overall health right away and over time, reducing your risk of cancer and other tobacco-related diseases.

If you quit smoking during pregnancy, your baby has a better chance of being born at a healthy weight. A smaller baby does not mean an easier labour and birth. Smaller babies are more likely to have health issues and may have to stay in the hospital longer. If you do not think you can stop using tobacco all at once, try cutting down on the amount you use in a day. Feel good about doing the best that you can.

If you quit using tobacco and are not exposed to smoke in pregnancy, this will increase the amount of nutrients and oxygen your baby gets during pregnancy. This will decrease your:

- risk of miscarriage
- risk of preterm birth
- risk of having a baby with a low birth weight
- baby's risk of SIDS
- baby's risk of birth defects like cleft lip and heart defects
- baby's risk of childhood and learning problems

Your lifestyle is important



Pregnancy is an important period of growth and development for your baby. Your lifestyle can affect your baby's physical and brain development. What you do matters. When you do what you can to be healthy, you give your baby the best chance for lifelong health.

It's just as important to be tobacco-free after your baby is born. Quitting and staying tobacco-free can reduce your child's risk of respiratory illnesses such as chest colds, asthma and ear infections.

Quitting tobacco

Quitting tobacco can be very challenging. Many people have to try many times, and you may find that is also true for you. Each time you try, you'll learn new things that will help you for the next time. This may include learning what your triggers are. Just keep trying!

Quitting may take some time. Believe you can do it! If you do not think you can stop tobacco all at once, start by cutting back the amount you use every day.

When you're getting ready to quit, think about having your teeth cleaned to remove the stains and products of using tobacco. This will help your gums heal—it may even help motivate you to stay tobacco-free.

During pregnancy, counselling is the recommended treatment for quitting tobacco. For some women, the physical and emotional side-effects of quitting can be too hard to face with counselling alone. If you need other products such as nicotine replacement therapy (NRT) or other medicine, talk with your health care provider or pharmacist to be sure using medicine is the safest, least harmful choice for you and your baby.

If anyone in your family uses tobacco or tobacco-like products, try to cut down and quit together. If they are not ready to quit, ask them not to smoke or vape around you and to smoke or vape outside. If they will not go outside, leave the room when they smoke or vape. Talk with your health care provider for support to work towards clean air in your home and vehicle. Try to work together to support one another to make healthy changes together.

It may help you stay tobacco-free if you:

- Think about why it's important for you and your family's health.
- Remember what you do not like about using tobacco.
- Know who you can count on for support.
- Try to limit your time with people or places that make you want to use tobacco.
- Find healthier ways of coping with stress.
- Think about the financial benefits of not smoking.

To learn more about how to quit and stay tobacco-free, the benefits of quitting, and how to keep your home and vehicle smoke-free, visit albertaquits.ca

Benefits of quitting



Quitting tobacco improves your health right away and reduces your risk of cancer over time. It also reduces your chances of getting other disease caused by tobacco use.

If you want help to quit and stay tobacco-free:

- Talk with your health care provider.
- Call the AlbertaQuits helpline toll-free at **1-866-710-QUIT (7848)** to talk with trained counsellors.
- Find a support person.
- Go to a tobacco cessation group, like QuitCore, in your area.



Medicine, supplements and herbal products

Talk with your health care provider about any medicine, vitamin and mineral supplements or herbal products that you're taking, or planning to take. These products can affect your health and the health of your baby as they can pass through the placenta to your developing baby. Some medicine, supplements and herbal products can cause birth defects.

Never assume it's safe



Talk with your health care provider before taking any medicine, vitamin and mineral supplements or herbal products. Never take a prescription medicine that is not yours.

Bring a list of all the medicine, supplements, or herbal products that you're taking when you visit your health care provider. Ask your health care provider if you still need all of the items on your list. Your health care provider can discuss with you the safety of the products you're taking and provide recommendations. Take medicine as prescribed. If your health care provider recommends any non-prescription medicine, take only what you need in the smallest amount possible. To learn more about how to create a Medlist, visit the [Links](https://www.healthyparentshealthychildren.ca/resources) section at [healthyparentshealthychildren.ca/resources](https://www.healthyparentshealthychildren.ca/resources)



Prescription and over-the-counter medicine

Prescription and over-the-counter medicine, like pain relievers and antacids, can also affect your baby's health if you take them while you're pregnant. As soon as you think you might be pregnant, talk with your health care provider about any prescription and over-the-counter medicine you take, or plan to take, and ask about possible side-effects. They can tell you whether it's safe to keep taking the medicine or may suggest a safer one.

Some prescription medicines that cause birth defects are:

- Accutane® (acne medicine)
- Warfarin and Coumadin® (blood thinners)
- Valproic Acid (seizure medicine)

To protect your baby:

- Tell all your health care providers that you're pregnant.
- Do not take any over-the-counter medicine until you talk with your health care provider or pharmacist.
- Read the label and follow the directions carefully.
- Pay attention to your body when you take any medicine and talk with your health care provider if you have any side-effects.

Before you stop



Talk with your health care provider before stopping any prescription medicine.

There are many ways to help with common pregnancy discomforts such as headaches, backaches, constipation, diarrhea, **heartburn**, nausea and vomiting (see page 96).

Sometimes the benefit of taking a prescription medicine outweighs the risks to the developing baby. For example, if you're taking a prescription medicine for high blood pressure, epilepsy or depression, your health care provider will talk with you about why it's important to continue taking this prescription medicine during your pregnancy—or change to another one.

Herbal products and other natural remedies

Herbal products and other natural remedies are chemicals that can act like medicine in your body. Some can interact with each other and produce harmful effects when taken together. Talk with your health care provider or pharmacist before you take any herbal products, traditional medicine or natural remedies. Some may not be safe to take while you're pregnant.

Herbal and natural remedies are readily available at stores and even farmer's markets. If you choose to use them, buy them from a regulated Canadian producer.



To learn more, call the Medication & Herbal Advice Line toll-free at **1-800-332-1414**, or visit *Links* at healthyparentshealthychildren.ca/resources

Cannabis

Pregnant women should not use cannabis (marijuana, hashish, hash oil). You and your baby's health can be affected by using any type of cannabis. The dried flowers, leaves, stems and seeds of cannabis are called marijuana, weed, pot and other names. Hashish and hash oil also come from the cannabis plant. The cannabis plant contains more than 400 chemicals. Tetrahydrocannabinol (THC) is the main active chemical in the cannabis plant that gives people who use it a 'high'. THC affects areas of the brain that control memory, concentration, and coordination. Cannabidiol (CBD) is an active chemical in the cannabis plant that's used for medicinal purposes. The levels of THC and CBD vary depending on the plant strain used. Some forms of cannabis can have very high levels of THC. Using cannabis may also cause other side-effects. It can:

- impair your short-term memory
- increase anxiety or paranoid thoughts
- cause you to make poor decisions
- increase your heart rate
- affect your coordination

heartburn: a burning sensation in the chest, caused by reflux

During pregnancy, the placenta and umbilical cord connect you and your baby. The chemicals in cannabis can pass through the placenta to your developing baby and may affect their health and development.

Developing babies exposed to cannabis are at higher risk for low birth weight. After they're born they might not be able to self-soothe and may have problems with sleep. There may also be long-term effects such as:

- abnormal brain development
- slower growth
- learning disabilities and behaviour concerns

Until more is known about the short- and long-term effects of cannabis on babies and children, it's safest to avoid using cannabis while pregnant. Talk with your health care provider for information on cutting down and quitting if you're using cannabis. If you use cannabis for medical reasons, talk with your health care provider about finding a safer alternative while pregnant.



To learn more about cannabis, visit the *Links* section at healthyparentshealthychildren.ca/resources

Other drugs

Pregnant women should not use other drugs. Just as with cannabis, drugs can pass through the placenta to your developing baby and may affect their health and development. Developing babies who've been exposed to other drugs such as fentanyl, ecstasy, methamphetamines, cocaine, and heroin are at risk for problems like:

- birth defects
- the placenta separating from the uterus before birth
- preterm birth
- low birth weight

After these babies are born, there can also be long-term effects for them such as:

- abnormal brain development
- slower growth
- learning disabilities and behaviour concerns

These drugs can also affect how you think and make decisions, putting both you and your baby at risk. There may also be an increased risk for overdose and unsafe situations that can lead to physical injury and harm.

To learn more about cannabis and other drugs, and cutting back and quitting, call the Addiction Helpline available 24/7 toll-free at **1-866-332-2322**, or visit the *Links* section at healthyparentshealthychildren.ca/resources



Being Safe

Infectious diseases

Infectious diseases can put both you and your baby at risk. They can be spread from one person to another directly or indirectly from the environment. If you work with children or in a health care setting, you're more likely to be exposed to childhood illnesses and other infectious diseases.

You can lower your risk of infectious disease by:

- keeping your **immunizations** up-to-date
- washing your hands carefully and often
- making sure your food is fully cooked and refrigerated
- taking precautions before you travel to help prevent illness or disease (see page 77)
- asking friends and family not to visit if they are not feeling well
- seeing your health care provider if you think you've been in contact with someone who has an infectious disease such as chicken pox, shingles, German measles, fifth disease (parvovirus or slapped cheek disease), cytomegalovirus or tuberculosis

Immunization

During pregnancy, some vaccines are routinely recommended. For example, the influenza **vaccine** is recommended when you're pregnant. Other immunizations may be recommended depending on your health and the level of risk to you and your baby.

Immunizations protect against diseases



Being immunized is much safer than getting the disease it prevents.

immunization: the process by which a person is given a vaccine that will tell their body to develop antibodies to protect against a disease

vaccine: a small amount of a weakened live or killed virus or bacteria given to you during an immunization. It makes your immune system develop antibodies to protect you against a certain disease.

Live vaccines such as measles, mumps and rubella (MMR) and varicella (chicken pox) are not routinely given during pregnancy. It's recommended that you receive these vaccines after you have your baby. If other vaccines are needed, your health care provider will discuss the risks and benefits to you and your baby.

Some vaccines protect for life, while others need to be repeated (boosted) after a certain time. If you or your family haven't had all of your immunizations, or haven't had your immunizations on schedule, talk with your health care provider about catching up.



To learn more about immunizations, visit the *Links* section at healthyparentshealthychildren.ca/resources

Influenza immunization

Immunization with the influenza vaccine will protect you and your baby while you're pregnant. You can get immunized any time during your pregnancy. The protection you get from the vaccine may transfer across the placenta and stay with your baby for a short time after birth. If your partner and other family members get immunized, this also helps to protect your baby after birth.

Being immunized against influenza 'flu' is recommended for all pregnant women and their families because pregnant women are at higher risk of developing complications from influenza. If you become infected with influenza while pregnant, you have a higher risk of hospitalization, premature birth, and many other complications. Immunization protects both mothers and their babies against influenza.



To learn more about influenza immunizations, visit the *Links* section at healthyparentshealthychildren.ca/resources



If you're a partner

Keep your immunizations up-to-date. Vaccine-preventable diseases still exist. Some of these diseases are happening more often now because some people are choosing not to get themselves and their children immunized.

Rubeola (red measles), mumps and pertussis (whooping cough) are a few examples of vaccine-preventable diseases making a comeback. Many of these diseases have no treatment or cure and could lead to a life-long disability and even death.

Travel

Travelling while pregnant takes some planning. Help lower your stress and make your trip more enjoyable by planning ahead.

Take a pass on pre-tanning



Indoor tanning is not recommended for anyone, before travel or any other time, as it can cause skin cancer and other effects. Protect your skin with sunscreen when you are outdoors—both at home and when you travel.

If you're planning on travelling out of the country, know the risks that can affect you and your baby. Other countries may have different standards of safety, sanitation and healthcare than what we have in Canada. There may not be safe food or clean water. Look for travel advisories related to personal safety or mosquito-borne infections like malaria, Zika virus or yellow fever. You may need to delay your travel or take steps to protect yourself.

Here are some things to think about to protect yourself before, during and after your trip:

- Make sure your insurance provider knows you're pregnant. Many insurance plans do not cover pregnant women who travel, or their baby, if they give birth while away.
- Check the medical care and facilities that are available where you're going.
- Make an appointment with your health care provider far in advance of your trip so that:
 - if you take prescription medicine, you can make sure you have the supply that you need
 - you have the medicine you need to prevent malaria, gastrointestinal and other illnesses
 - you receive any immunizations needed against hepatitis, typhoid and other illnesses
- Take any other actions or precautions you need to help prevent illness or disease, like protection from mosquito bites.

When travelling on longer trips or by air:

- Drink lots of fluids.
- Try not to sit for too long—take breaks and do leg exercises every hour to prevent **blood clots** in your legs.
- Check with the airline for their rules about flying during pregnancy.



blood clot: blood that has changed from a liquid to a gel-like clump

Mosquito-borne infections

When pregnant, avoid travelling to areas where there are travel advisories for mosquito-borne infections, like malaria and Zika viruses. Malaria and Zika viruses can be spread to people by mosquito bites. If you do need to travel to these areas, protect yourself from mosquito bites by using netting, wearing long sleeves and pants, using insect repellent on exposed skin and thinking about where you'll stay ahead of time.

Pregnant women are more likely to be bitten by mosquitoes. This is because their body temperature is a bit higher and they tend to get up at night to use the bathroom—leaving the safety of the bed net.

Malaria

Malaria is very dangerous in pregnancy. It increases the risk of death for the mom and increases the risk of miscarriage and stillbirth. Some medicines to prevent malaria are not safe for pregnant women to take.

Zika

There is no vaccine to prevent Zika virus or medicine to treat the Zika virus infection. The Zika virus can be:

- spread from an infected pregnant woman to the unborn baby
- passed from an infected male partner to a woman during sex

An infection with the Zika virus during pregnancy can affect the brain and nervous system of a developing baby. This can result in things such as:

- a brain that is not fully developed
- hearing loss
- eyes that do not develop normally
- arms or legs that do not develop normally

If your male partner has travelled to an area with a Zika virus advisory, for the rest of your pregnancy:

- use condoms correctly and consistently, or
- avoid having sex

This will ensure that the Zika virus is out of their body and not transmitted to you and your baby.



If you're a partner

If your partner is pregnant and you have travelled to an area with mosquito-spread Zika virus, for the rest of the pregnancy you should:

- use condoms correctly and consistently, or
- avoid having sex

Talk with your health care provider if:

- you became pregnant within two months of travelling to a Zika risk area
- you're pregnant and had unprotected sexual contact with someone who's been diagnosed with Zika virus infection



Help lower your stress and make your trip more enjoyable by planning ahead—contact a travel clinic, your health care provider or call Health Link at **811** before you travel.

To learn more about travelling during pregnancy or to find travel health services, visit the *Links* section at healthyparentshealthychildren.ca/resources



Safe driving

The best way to protect you and your unborn baby is to wear a seat belt throughout your pregnancy. If worn properly, a seat belt will not harm your baby.

- Wear the lap belt low and snug, under your baby and your abdomen. 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 and fit snug. Never tuck the shoulder belt under your arm.
- In cold weather, do not fasten the seat belt over several layers of clothing, as this may cause the lap belt to 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.

Driving



If possible, try not to be the driver during the third trimester.



Not just cars



If you drive a motorcycle, ATV, snowmobile, lawnmower, farm or construction equipment, talk to your health care provider about using these while pregnant.

If you're in a motor vehicle collision and an ambulance is called, you'll be transported to the hospital for assessment, either to the emergency department or to the labour and birth unit. If an ambulance is not called, call your health care provider for advice.

Hot tubs, saunas and hot baths

A hot tub, sauna or hot bath can cause you and your baby to get too hot, which could affect your baby's development. The hot tub, sauna or bath should not be so hot that you're uncomfortable. You can prevent you and your baby from getting too hot by:

- lowering the temperature to 38.9 °C (102 °F) or below
- limiting how long you sit in the bath, hot tub or sauna. Stay in a sauna for no more than 15 minutes and in a hot tub for no more than 10 minutes.
- keeping the water level below your shoulders in the hot tub
- making sure someone is with you in case you feel dizzy or faint

Pets and animals

Some pets and animals can carry infectious diseases like Toxoplasma. You can reduce your risk of getting sick by:

- washing your hands well after touching or handling any pet or animal, especially before you eat
- not feeding raw meat to your pet
- wearing gloves when you garden so that you do not touch pet or animal stool—and washing your hands well after gardening
- having someone else scoop the cat litter box every day—make sure they wash their hands well afterward
- having someone else clean the litter box regularly using boiling water to help decrease the germs



If you're a partner

Help protect against toxoplasmosis by emptying and regularly cleaning the litter box. It's best if your pregnant partner does not take on this task while pregnant.

Working while pregnant

Working during a healthy pregnancy is usually safe. However, some jobs may have some risks and unhealthy demands. If you work long hours, take time to stretch if you've been sitting and time to rest if you've been standing. Try to take a short break every 2 hours while you work. Ask your supervisor if you can take extra breaks.

If you have a physically demanding job, take special care to protect yourself and your baby. Here are some things to think about if your job is physically demanding:

- heavy lifting—if possible, do not lift more than 23 kg (50 lbs)
- repetitive lifting—if possible do not do a lot of lifting of anything more than 11 kg (24 lbs) once you're 24 weeks pregnant and beyond
- try not to crouch or bend

If you do a lot of lifting (see page 52), bending or climbing at work, talk with your health care provider about safe limits.



Work camps



If you work in a remote area like a work camp, talk to your employer about services and other supports that might be available to you.

Shift work

Some studies suggest that women who work rotating shifts and long hours may be at a higher risk for preterm labour, having a low birth weight baby, or miscarriage. The risk goes up if shift work and long hours are combined with other things like standing too long or working in a very noisy place.

If you need to do shift work, ask your supervisor if your shifts can be rotated forward—moving from morning shifts to afternoons to nights. This is less tiring than rotating backward—moving from nights to afternoons to mornings. You can also ask if it's possible to work only day shifts while you're pregnant.

High noise levels

Noise levels over 90 decibels, like lawnmowers and some machinery, may be linked to babies born with low birth weights—especially when combined with other things like standing too long. If your workplace is noisy, talk with your health care provider, supervisor, or your human resources representative.

Pregnancy discrimination at work

Pregnancy discrimination is when you're 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 work opportunities like contracts, trips or conferences because you're pregnant. You also have the right to return to your former position, or one that's equal to it, after maternity or parental leave. If you have concerns about your workplace, there are many ways to get help:

- Talk with your supervisor and human resources representative about your concern.
- Offer some possible solutions and ask for other ideas.
- Be flexible and work with your employer to find a solution.
- If needed, get a note from your health care provider to make changes to your work environment or duties.

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

- Edmonton **780-427-7661**
- Calgary **403-297-6571**
- outside of Edmonton and Calgary call the Alberta toll-free number at **310-0000**, then call the number for the Edmonton or Calgary office
- TTY services if you're deaf or hard of hearing, call them toll-free within Alberta at **1-800-232-7215**

Other people who may be able to help you are:

- your Occupational Health and Safety representative
- Alberta Occupational Health and Safety, call them toll-free at **1-866-415-8690** or, visit the *Links* section at healthyparentshealthychildren.ca/resources



Chemicals and hazardous substances

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

- Find out about the chemicals or substances you may be exposed to.
- Wear the recommended protective clothing, like gloves and masks.
- Work in a well-ventilated area.
- Follow the recommended guidelines in your workplace.
- Stay away from any chemicals that you do not need to be exposed to.
- Ask your supervisor if you can do alternative work while you're pregnant that doesn't expose you to dangerous chemicals.
- Check the WHMIS (Workplace Hazardous Materials Information System) data sheets at your workplace and talk with your Occupational Health and Safety representative.

Read the labels on your household cleaners and follow the instructions for using, storing and disposing of them. If the label says to use the cleaner in a well-ventilated area, make sure to open the window while you use the cleaner.

Do not use pesticides, lead-based paints, or paint removers 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 lead-based paints, varnishes and paint removers are drying. It's okay to use latex paint if you clean up afterwards with water—not with paint remover.

Avoid being exposed to radiation while pregnant. Alberta's safety regulations are very high and protect pregnant women who work in areas where radiation is used. Follow all workplace radiation guidelines. Do not touch anyone who's being treated with radioactive isotopes. Do not hold people or animals when they're having an x-ray.

If you're not sure a product is safe or to learn more about poison and drug information, call the Poison and Drug Information Service (PADIS) toll-free at **1-800-332-1414**.

On the farm and in the garden



Read the label on any fertilizers, pesticides, herbicides, chemicals or other products you may be using.

Lead

Lead is a chemical found naturally in the environment. For pregnant women and young children, lead should be avoided because it can cause serious health problems.

Here are some simple things you can do to prevent being exposed to lead:

- Run the tap before using water that hasn't been run for a few hours—especially if you live in an older home.
- Use cold tap water for drinking and cooking—it has less lead than hot tap water.
- Older homes may have lead-based paint, so make sure to follow the proper procedures when doing renovations.
- Dust, vacuum and wet-mop your house regularly to help keep down the levels of dust that may contain lead.
- If family members work or do hobbies with lead, such as stained glass, make sure they shower and change their clothes when they're done. This will help reduce the amount of lead on their body.
- Do not store food or liquids in food containers like crystal glass or glazed and ceramic dishes as they may have lead in them.

Lead



Be careful when buying jewellery and toys made in countries outside of Canada or the United States—they may have lead in them. Check all manufacturers' labels for lead. If you're not sure about the lead content, do not buy or use it.



To learn more about reducing your exposure to lead, visit the *Links* section at healthyparentshealthychildren.ca/resources

Planning Ahead

Feeding your baby

Deciding how you'll feed your baby is a personal choice that depends on many things including your beliefs. It also depends on support from your partner, family, friends, and health care providers. Your feeding decision may also change depending on your needs and your baby's needs at different stages.



Learn about your options and ask questions. You may decide to breastfeed or feed your baby **infant formula**, or both. Talk about it with your partner, support person and health care provider. Whatever your questions or feeding decision, there is information and support available now and after your baby is born. Attending prenatal classes or a breastfeeding support group while you're pregnant will give you more information and will help to answer your questions.

There are many things to consider when deciding to breastfeed, formula feed or both. Even if you're not planning on **exclusively breastfeeding** your baby, you may choose to breastfeed or hand express **colostrum** so your baby can receive its protective benefits. Colostrum has antibodies, and gives your baby protection against infections and diseases.

For more information about breastfeeding, see page 273. Information on formula feeding can be found in the book *Healthy Parents, Healthy Children: The Early Years* or visit healthyparentshealthychildren.ca

Choosing how to feed your baby is your decision. If you decide not to breastfeed, feeding with infant formula can also provide good nutrition for your baby.

What is recommended? ★

Breastfeeding your baby exclusively for the first 6 months with continued breastfeeding up to 2 years of age and beyond is recommended.

Vitamin D for all babies ★

All babies whether they are exclusively breastfed, partially breastfed or given infant formula need 400 IU of a liquid vitamin D supplement every day.

Vitamin D helps your baby's body absorb calcium and develop healthy bones. It also prevents **rickets**.

exclusively breastfeeding: no other liquids or solid foods except breastmilk, vitamins, vaccines, and medicine are given

colostrum: a high-calorie, thick, yellow breastmilk that's produced during the first few days after birth

infant formula: in this resource, infant formula refers to commercial, store-bought infant formula that is bought in Canada

rickets: a disorder caused by a lack of vitamin D, calcium or phosphorus, which can lead to softening and weakening of the bones

These questions may help you think about options for feeding your baby



What types of things are you wondering about when it comes to feeding your baby? Write down any questions about feeding your baby that you would like to ask your health care provider. The answers can help you make an informed decision.

What is important to you about feeding your baby? Discuss this with your health care provider so they can understand how to best support you.

How do you feel about breastfeeding? Only you know your own thoughts and feelings about breastfeeding. This is an important part of making this decision.

Is there anything about home, work, school or your community that could affect your decision? Your health care provider can help you create a realistic plan for feeding your baby.

Do you know someone who can support you in your feeding goals and decisions? Whatever you decide, your health care provider can help, but it's also good to think about family members and friends who can support you as well. Breastfeeding can take time and practice for both you and your baby to learn.

How would you like to feed your baby? With information and support that meets their needs, most women who want to breastfeed are able to do so. However you decide to feed your baby, your health care provider can support you in your feeding decision

Copyrighted material adapted with permission from Healthwise, Incorporated.



To learn more about deciding how to feed your baby, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Labour support

The first trimester is a good time to start planning ahead for labour, birth and beyond. You may be thinking about who'll help you during labour.

Your labour support person should be someone you trust, who knows you well, will go to prenatal classes with you, and will comfort and support you during labour. While it's often your partner who takes on this role, you can choose anyone, such as a friend, parent, sibling, aunt, cousin or grandparent. More than one person can be with you during labour. This works well if your partner feels comfortable sharing the job with someone else.

Ask your health care provider and birth centre how many people can be with you. Many birthing rooms can only hold two support people. If you do not have a labour support person, talk with your health care provider and childbirth educator about labour support.



Prenatal and parenting programs

Prenatal classes (childbirth classes) are for parents, or a parent and their support person. The classes will provide you with lots of tips to help you cope during pregnancy, labour and birth. Prenatal classes can help you feel more confident by knowing what to expect. At prenatal classes, you and your labour support person will learn:

- what happens to your body and your baby during labour and birth
- techniques and comfort strategies that may help you during labour and birth
- choices you have during labour and birth
- how your support person can help during labour, birth, and after your baby is born
- how to breastfeed and look after your newborn baby

“With prenatal classes you get to talk about pregnancy with others so it's easier to stay calm and relaxed...there are others in this boat with me.”

~ Lily, expectant mom



Parenting programs are classes that help you learn more about your child's stages of development, ways to help your child grow and develop in a healthy way, and how to cope when there are issues. Parenting programs are for everyone, and the more you know the more confident you'll feel. Your learning continues after your baby is born.

Working around your schedule ★

Many prenatal classes are offered on weeknights and weekends.



Visit ahs.ca/prenatal to find a list of prenatal classes available in your area. There may also be specific classes for teenage parents, parents having more than one baby, and parents who are more comfortable learning in their first language. Be sure to register early, as classes fill up quickly. To learn more, visit the *Links* section at healthyparentshealthychildren.ca/resources

Thinking about child care

Although it might seem early, you may want to start thinking about what child care will look like following maternity or parental leave. It can take time to find something that works for you.



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. Think about what you're anxious about and find out what you can do about it. If you're worried about cost, it might help to find out now what financial supports are available to you. The most important thing to look for is quality of care. Knowing your child is safe and well cared for will reduce your anxiety when you're apart. Give yourself lots of time to learn what your options are.

To learn more about child care, visit the *Links* section at healthyparentshealthychildren.ca/resources



A young man and woman are shown in profile, looking out a large window. The man is in the foreground, wearing a light blue and white striped button-down shirt. The woman is behind him, wearing a light-colored sleeveless top. They are both looking out the window with soft expressions. The window shows a blurred view of greenery outside.

First Trimester: The Beginning



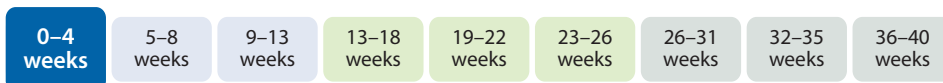
First Trimester: The Beginning

The first trimester begins with many changes—some you may notice, some you may not. During this time, the tiny embryo settles into your uterus. Some parts of your body may start to feel tender. Your body provides a safe, warm place, for your baby to grow. You may have mixed feelings—excited one moment and worried the next. In this chapter, you'll learn how and why your body is changing and many ways to help you through the first trimester.

Growing Together

You and your baby will go through many changes during the first trimester—from the first day of your last menstrual period to 13 weeks. Some of the changes pregnancy brings are pleasant. However, you may have some changes that aren't as pleasant, like nausea and feeling tired. For helpful tips to deal with any uncomfortable changes you may have, see page 96.

← First Trimester →



Changes in you

You may:

- feel tenderness in your breasts, or you may not notice any changes at all
- know that your menstrual period is late

Changes in your baby

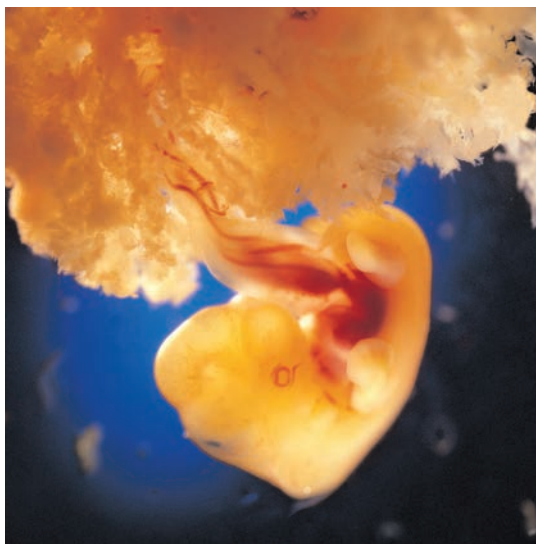
Your baby is called an embryo and is:

- about 0.6 cm (¼ inch) long, or about the size of a grain of rice
- attaching (implanting) to the wall of your uterus
- starting to form the early structures of their brain

Your baby's changing environment



The placenta, amniotic sac and amniotic fluid begin to form.



©Lennart Nilsson/SCANPIX

← First Trimester →

0–4 weeks	5–8 weeks	9–13 weeks	13–18 weeks	19–22 weeks	23–26 weeks	26–31 weeks	32–35 weeks	36–40 weeks
-----------	------------------	------------	-------------	-------------	-------------	-------------	-------------	-------------

Changes in you

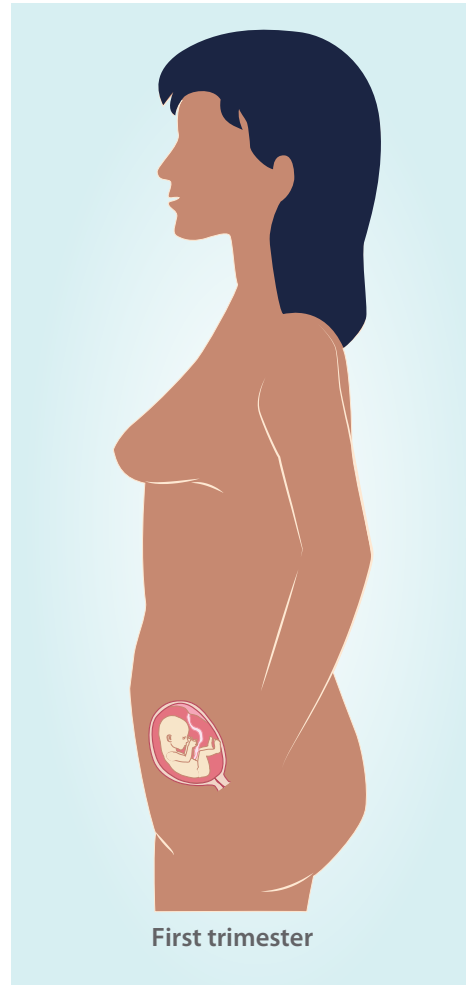
You may:

- have missed your menstrual period
- feel tired
- feel sick to your stomach or vomit
- not feel like eating
- feel strong emotions

Changes in your baby

Your baby's:

- size is about 2.5 cm (1 inch) long and they weigh less than a grape
- heart starts beating
- head and brain are taking shape
- internal organs are forming
- teeth begin to develop
- arm and leg buds are beginning to show
- spine starts to show and bones begin growing
- spinal cord starts to develop nerve connections that will allow your baby to move their limbs, hiccup, stretch and yawn



← First Trimester →



Changes in you

You may:

- be able to feel the top of your uterus, just above your pubic bone—it's about the size of an orange
- notice changes to your skin and hair. Skin problems may clear up or you may develop a rash.
- feel sick at any time of the day, not just first thing in the morning
- not feel like eating and you may vomit
- crave certain foods
- crave other things, like chalk or dirt (pica)—talk with your health care provider if this happens
- have constipation
- have a yellow or white discharge from your vagina—this is normal
- have slight bleeding from your vagina. This is more common in women who've already had a baby.
- have gums that may look redder than usual. They may be swollen, tender to touch and bleed easily.
- feel tired
- have emotions that quickly change from happy one moment, to crying the next (mood swings)



Call Health Link at **811** or talk with your health care provider if you have bleeding from your vagina that will not stop or is getting worse.

Changes in your baby

Your baby is now called a fetus and is able to suck their thumb and make breathing motions. Your baby's:

- length is about 7.6 cm (3 inches) long and they weigh about as much as a tube of lipstick
- eyes, ears and nose have formed
- mouth has formed with lips, tongue and tooth buds
- hands, fingers, knees, ankles and toes have formed
- sex organs have formed
- legs are kicking—you can't feel the kicks yet though
- basic brain cells are forming and developing very quickly, becoming more organized and starting to connect to each other

Your baby's heartbeat ★

You may be able to hear your baby's heartbeat at around 12 weeks through a **fetal doppler**.



©Lennart Nilsson/SCANPIX

fetal doppler: a device used 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 to take good care of yourself both physically and emotionally. Your body is going through many changes. Although you may not look very different, you'll likely feel different.

You don't need to gain much weight in the first trimester, only about 0.5–2.0 kg (1.1–4.4 lbs). Now's a good time to start setting weight gain goals for the rest of your pregnancy (see page 26).



Eat healthy foods from the four food groups in *Canada's Food Guide*. In the first trimester you will not need any extra calories above what you normally ate before you were pregnant. If you're not already taking a daily multivitamin, start now and take it for the rest of your pregnancy. Make sure your multivitamin has:

- 0.4 mg (400 mcg) folic acid
- 16–20 mg iron
- 2.6 mcg vitamin B12
- 400 IU vitamin D

Talk with your health care provider about starting or continuing your physical activity. You may need to make adjustments as your pregnancy progresses. Listen to your body and try not to overdo it (see page 44).



Take care of your mouth and teeth and continue to see your dentist regularly or schedule an extra appointment if you have concerns. If you vomit, have heartburn or **reflux**, wait at least 30 minutes to brush your teeth. Stomach acids can damage the tooth surfaces even more if you brush your teeth sooner. 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.

reflux: where stomach contents back up into the esophagus

Feeling uncomfortable?

You'll notice lots of changes during the first trimester. While these changes can sometimes be uncomfortable, they're normal and common. Here are the reasons why and some ideas to help you manage any of these discomforts.

Nausea or vomiting	
Why?	
<p>This is also called morning sickness. It may be caused by changes in hormone levels, more pressure in your abdomen, or being tired. It can happen any time, day or night. Not all women have morning sickness. The symptoms can range from mild to severe (hyperemesis gravidarum). It usually begins between 4–9 weeks of pregnancy and stops around 12–16 weeks.</p>	
What you can do about it	
<ul style="list-style-type: none">■ Get as much rest as you can—rest often and before you become too tired.■ Get up slowly and move slowly.■ Take your multivitamin with food or before bedtime.■ Eat several small meals rather than a few large ones.■ Stay away from foods you know make you feel sick.■ Choose foods that are lower in fat and higher in protein like beans, lentils, fish, poultry and lean meats.■ If cooking smells are a problem, let others cook. Leave the room while food is being prepared, open windows and use the stove fan.■ Try not to lie down right away after eating. Wait at least 1 hour unless you have your head raised.■ Eat a snack at bedtime to help settle your stomach.	<ul style="list-style-type: none">■ Leave food like dry crackers, toast or plain cookies at your bedside when you go to sleep, so you have them ready for you in the morning the next day.■ If you find you're swallowing a lot of saliva, try to spit it out instead.■ Try ginger to help settle your stomach.■ Drink fluids between meals and in small amounts throughout the day. Try colder fluids—sometimes ice chips help.■ Limit or stop caffeine.■ Try acupressure wristbands.■ If you gag when you brush your teeth, try using toothpaste that doesn't foam (sodium lauryl sulfate-free toothpaste) or a toothbrush with a smaller head to brush your back teeth.■ Try brushing your teeth with just water on the brush and use a fluoride mouth rinse.■ Talk with your health care provider before taking any medicine, including over-the-counter or herbal remedies.

acupressure: an alternative medicine practice that applies pressure to certain parts of the body



If you're a partner

You can help by:

- packing dry crackers, toast or plain cookies for her lunch or leaving at her bedside
- cooking dinners
- letting your pregnant partner rest as much as she needs to
- offering her cold fluids



Call Health Link at **811** or your health care provider if you can't keep fluids down.

Tired	
Why?	
Feeling tired happens most in the first trimester because of changes in your hormone levels.	
What you can do about it	
<ul style="list-style-type: none"> ▪ Rest often and before you become too tired. ▪ Take short breaks with your feet up. ▪ Eat a healthy diet. 	<ul style="list-style-type: none"> ▪ Eat smaller meals more often to keep your energy at a constant level. ▪ Be physically active. ▪ Limit or stop caffeine.

“ Staying active helped me a lot with the extreme tiredness. Also getting a good night's sleep helped me start each day fresh. ”

~ Kim, expectant mom

Headaches

Why?

Changes in hormone levels may cause you to have more headaches or they may be worse than normal.

An increase in blood and fluid in your body.

May also be due to being tired and stressed.

What you can do about it

- Get enough sleep. Take naps if you need to.
- Try relaxation exercises or massage.
- Put an ice pack on your forehead or the back of your neck—don't use heat.
- Be physically active.
- Check your posture. Keep your chin level, shoulders relaxed, abdominal muscles firm and knees soft.
- Talk with your health care provider before taking any medicine, including over-the-counter and herbal products.

Dizzy and lightheaded

Why?

Your body makes more blood during pregnancy. The blood flow also slows down. Sudden changes in position can make you dizzy.

What you can do about it

- Always get up and change positions slowly.
- Eat and drink at least every 3–4 hours.
- Sit or lie down to rest.

Tender, puffy gums (pregnancy gingivitis)

Why?

Changes in hormone levels make your gums more sensitive and irritated by bacteria (plaque).

What you can do about it

- Brush your teeth twice a day with fluoride toothpaste, especially before bedtime. Floss every day.
- Use a soft toothbrush with just enough pressure to massage and clean along your gums and teeth to remove all the plaque.
- If you use tobacco or tobacco-like products, try to cut down and quit.
- Have your gums checked by a dentist or dental hygienist. Professional cleaning or products may be recommended.

Cravings

Why?

The reason some women have food cravings is unknown.

What you can do about it

- Follow *Canada's Food Guide* and think about how foods can fit into a healthy diet.
- Limit foods and beverages high in fat, sugar, salt and calories.
- Try a healthier choice, like fruit with yogurt instead of ice cream or a glass of water instead of a sugary drink.
- If you crave dirt or other non-food items, talk with your health care provider.

Passing urine more often than usual

Why?

This can be from changes in your body's hormones and **metabolism**.
As the uterus grows, it puts more pressure on your bladder.

What you can do about it

- Try not to drink as much coffee, tea or carbonated drinks because they are **diuretics**.
- When you go to the bathroom, lean forward to completely empty your bladder.
- Go to the bathroom as soon as you have the urge to pass urine—don't hold it.



Call Health Link at **811** or your health care provider if it burns when you pass urine.

metabolism: how your body uses energy for basic functions to maintain life

diuretics: substances that increase the production of urine

Constipation

Why?

Changes in hormones slow down your bowel activity.

The iron in your multivitamin may cause constipation.

What you can do about it

- Drink plenty of fluids like water throughout the day to quench your thirst. Your urine should be light yellow or clear.
- Be physically active every day, unless your health care provider tells you not to.
- Choose foods with lots of fibre (see page 36).
- Try not to strain during bowel movements. Proper positioning on the toilet can help. Keep your back straight. Put a small step stool under your feet to raise your knees higher than your hips. Keep your feet flat on the stool.
- Talk with your health care provider before using fibre supplements and medicine for constipation or if constipation is a problem for you.

Hemorrhoids

Why?

Pressure on the blood vessels in your rectum can slow blood flow and cause swelling in the veins—this can cause burning, itching and some bleeding.

What you can do about it

- Try to prevent constipation using the suggestions in the constipation section.
- Don't strain during bowel movements.
- Do pelvic floor muscle exercises every day.
- Don't sit or stand for too long. Take time to stretch if you've been sitting and time to rest if you've been standing.
- Try lying on your side instead of sitting.
- Use ice packs, cold packs and hemorrhoid cream.
- If the hemorrhoids bleed or hurt, talk with your health care provider.

Mental health

Your mental health is just as important as your physical health and both contribute to your overall health. Finding out that you're pregnant may bring about many different emotions that can affect your mental health. Here are some tips to help you along the way:

- Set reasonable expectations for 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 health care provider or the other health care professionals at their office.
- Talk with other expectant parents. They're probably going through many of the same feelings as you. 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 expectant parents.
- Talk with your partner, friends and family who will listen and support you.

Changing emotions, including stress, anxiety and depression, can happen anytime in pregnancy (see page 54).

“ *Be positive and don't get stressed: relax, breathe deep and dance!* ”

~ Leta, expectant mom

Healthy sexuality

You may find that your level of sexual desire comes and goes as your body changes. Share how you're feeling with your partner and talk about what works and doesn't work.

Sexual intercourse is usually safe during pregnancy. **Contractions** from orgasm are not the same as labour contractions.



contractions: rhythmic tightening and relaxing of the muscle of the uterus

Prenatal Care

Your first prenatal checkup should be around 6–10 weeks or after you’ve missed your first period. Your health care provider will talk about your general health, your health history including any previous pregnancies, may do a complete physical checkup and order some tests.

Prenatal checkups

Your checkup may include:

- a pelvic exam to check your cervix and the size and position of your uterus
- checking your blood pressure
- a breast exam
- checking your weight and height and talking about healthy weight gain during pregnancy
- a Pap test to check for cancer of the cervix or abnormal cells that could lead to cancer. This test is only done if your Pap test is due.
- routine blood and urine tests



If you're a partner

You can build attachment with your baby and support your partner by going to appointments like prenatal checkups and ultrasounds together.



Routine tests

Your health care provider will want to do some routine tests after your first appointment. Routine tests are recommended for all pregnant women. The most common routine tests during the first trimester are blood tests, urine tests and an ultrasound.

Depending on your risk factors, they may also talk with you about prenatal **genetic screening**, screening for infections, and checking to see if you're **immune** to certain diseases.

Your health care provider will talk with you more about these tests and answer your questions.

genetic screening: checks the DNA of your cells. It can find changes in your genes, or it can check the number, order, and structure of your chromosomes.

immune: protected against disease

Hemoglobin

This blood test checks your blood to make sure it has enough healthy red blood cells to carry oxygen for you and your baby. Hemoglobin is found in red blood cells. It carries oxygen to the cells of your body and your baby's body. When pregnant, your body makes more red blood cells and more blood. Sometimes the increase in red blood cells doesn't keep up with the increase in the amount of blood. You may need more iron to increase your red blood cells.

Blood type and antibodies

This blood test identifies your blood type and your Rh factor. There are 4 blood types: O, A, B and AB. Everyone's blood also has an Rh factor. You'll be either Rh positive or Rh negative. This may affect your care, your baby's health and later pregnancies, so it's important to know this information early in your pregnancy. If you're Rh negative, you'll be given an injection of **Rh immune globulin** in case your baby is Rh positive:

- at 28–32 weeks and after the birth of your baby, to prevent Rh problems in later pregnancies
- if you have any bleeding or if you have an abdominal injury during your pregnancy, to prevent possible health problems in later pregnancies

To learn more about Rh immune globulin, visit the **Links** section at healthyparentshealthychildren.ca/resources



Rubella titre

This blood test checks if you're immune to German measles (rubella). If you're not, your health care provider will talk with you about how to prevent getting rubella during your pregnancy. Your provider will recommend you get immunized against rubella after your baby is born. Getting rubella when you're pregnant may cause eye, ear and heart damage to your baby.

Varicella titre

This blood test checks if you're immune to the chicken pox virus. If you're not, your health care provider will talk with you about how to prevent getting chicken pox during your pregnancy. Your health care provider will recommend you get immunized against chicken pox 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. If you get chicken pox just before birth, your baby may be born with a possible life-threatening infection.

Rh immune globulin: a blood product given when there's a chance that an Rh negative woman has formed Rh antibodies

Hepatitis B antigen

This blood test checks if you've been infected with the hepatitis B virus. Many people with hepatitis B don't know they have it. This infection can be passed on to your baby during pregnancy or at birth. There are new treatments for hepatitis B that can lower the chance of the infection being passed on to your baby. If your health care provider knows you're hepatitis B positive, you may be treated during pregnancy and your baby can be given antibodies right after birth and start on an immunization series. This will likely prevent your baby from getting hepatitis B.

Syphilis screening

This blood test checks if you've been in contact with syphilis, an STI. If untreated, syphilis can cause late-term miscarriage, birth defects and stillbirth. If you test positive, which means you've had or been exposed to syphilis, you can pass the bacteria on to your baby through the placenta. Babies can also be exposed by contact with an active genital lesion or open sore during birth. If you test positive, you'll be treated with medicine to prevent the infection being passed to your baby. Syphilis can damage your baby's bones, teeth, vision, and hearing as well as affect their brain development. It can also cause anemia and lung infections.

HIV screening

This blood test checks if you have HIV antibodies in your blood. This virus may lead to AIDS. If there are HIV antibodies, it means that you're HIV positive—but it doesn't mean you have AIDS. HIV can be passed to your unborn baby through the placenta. It can also pass to your baby at birth. Knowing if you're HIV positive ahead of your baby's birth gives your health care provider more time to prevent the virus from passing to your baby and to start your treatment earlier.

Gonorrhea screening

This test checks if you've been exposed to gonorrhea. Most tests use a sample of urine or a swab from the cervix, urethra, rectum or throat. If untreated, gonorrhea can cause early delivery or rupture of the membranes. If you have a vaginal delivery, the infection can pass to your baby during birth and cause serious eye, blood, and joint infections. If you test positive, you'll be treated with medicine to treat the infection and prevent it from being passed to your baby. Your partner also needs to be tested and treated.

Chlamydia screening

This test checks if you've been exposed to chlamydia. Most tests use a sample of urine or a swab from the cervix, urethra or rectum. If untreated, chlamydia can cause miscarriage,

preterm birth, or rupture of membranes. The infection can also be passed to your baby during birth, causing serious eye and lung infections, or infections of the nose and throat. If you test positive, you'll be treated with medicine to treat the infection and prevent it from being passed to your baby. Your partner also needs to be tested and treated.

Urine tests

During these tests, your urine will be checked for bacteria and blood cells. Your urine is tested for bacteria, whether you have symptoms or not. It's important to catch and treat a urinary tract infection (UTI) when you're pregnant—you can have an infection even if you don't have any symptoms. If you have symptoms of a UTI, your urine will be tested for bacteria as well as white blood cells. If either shows up, the urine sample will be sent to the lab for more testing. The test will show if you have a UTI and which antibiotic will be best to treat the infection while you're pregnant.

Ultrasound

An ultrasound is sometimes done in the first trimester if you're not sure how many weeks pregnant you are (early dating ultrasound). It may also be done if the size of your uterus doesn't match how many weeks pregnant you think you are. Your health care provider will talk with you about other ultrasounds you may need during your pregnancy.

Most ultrasounds are abdominal ultrasounds. Before the ultrasound, you'll need to drink enough water to make your bladder full. This helps raise the uterus closer to the surface of the abdomen. You'll lie on a bed in a dimly lit room. Gel is spread over your abdomen before the ultrasound technician moves a small handheld device over your abdomen. The ultrasound takes 20–45 minutes. A health care provider will discuss the results with you, at your next prenatal clinic visit, or at the ultrasound clinic.

Other tests

All pregnant women will be offered a prenatal screening test for the most common chromosome differences. Diagnostic tests may be recommended to show if their baby has a chromosome or birth defect. Sometimes genetic abnormalities or birth defects may be serious enough that the baby could have severe disabilities or even die.

Prenatal genetic screening

Prenatal genetic screening is offered to show the chance that your baby has a chromosome or birth defect. Genetic screening tests don't diagnose how your baby is growing and developing. They only tell your health care provider if more testing needs to be done to make a diagnosis. Your health care provider will give you more information to help you decide whether or not to have more prenatal genetic testing done.

The benefit of having these tests is that you'll be given your screening results earlier in your pregnancy. This gives you time to think about the results and whether you want more testing, if it's recommended.

- **Maternal blood test** is done between 9–13 weeks plus 6 days of pregnancy. It measures 2 substances that are released from the placenta and found in your blood. Changes to the levels of these substances may mean there's an increased likelihood that your baby has Down syndrome, trisomy 13 or trisomy 18. This blood test is done with the nuchal translucency ultrasound (NT) as part of the first trimester screen. No results are available with this blood test alone.
- **NT ultrasound** is scheduled between 11–13 weeks plus 6 days of pregnancy. It measures the thickness of the layer of fluid at the back of your baby's neck. This measurement and the results of the maternal blood test are combined with your age to estimate your likelihood of having a baby with Down syndrome, trisomy 13 or trisomy 18. This is called a first trimester screen. It's also possible to find certain major birth defects. The NT ultrasound may also be completed without the maternal blood test.
- **Non-invasive prenatal testing (NIPT)** is a maternal blood test to screen for an increased likelihood for Down syndrome, trisomy 13 or trisomy 18. This test can be done any time after 10 weeks gestation. The cost of this test is not covered by Alberta Health Care.

Prenatal test used to make a diagnosis

- **Chorionic villus sampling (CVS)** is a diagnostic test done between 11–14 weeks of pregnancy after screening tests show a higher likelihood of a genetic or chromosomal disorder. An ultrasound is used to pass a small plastic tube (catheter) through the cervix or a needle through the abdomen into the uterus to the **chorionic villi**. A sample of cells is removed for testing. There is a risk of miscarriage of 1/100 after the procedure.

To learn more about prenatal screening tests, visit the **Links** section at healthyparentshealthychildren.ca/resources



chorionic villi: tiny finger-shaped projections found in the placenta. The genetic material in chorionic villus cells is usually the same genetic make-up as the developing baby.

If Pregnancy Doesn't Go as Expected

Sometimes pregnancy doesn't go as expected, which can be disappointing, make you angry or scared. Here is some information that can help you understand what is going on.

Miscarriage

A miscarriage is the loss of a baby before 20 weeks of pregnancy. A miscarriage may happen suddenly, or 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 and cramping 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 trimester. Sometimes miscarriages can happen without you even knowing you're pregnant, and may just seem like a late or a heavy period. After the first trimester, the risk of miscarriage drops to about 3%.

Go to the emergency department **NOW** if you have any of the following:



- you're soaking one thick menstrual pad or more in 1 hour, for 2 hours in a row
- you feel weak or dizzy
- you're feeling abdominal pain that is new or is becoming stronger or sharper or you have pain on one side

Possible causes

Most of the time, no one knows why a miscarriage happens. Some possible reasons are:

- a problem or abnormality with the baby
- being pregnant with more than one baby
- problems with your cervix or uterus
- hormonal problems
- infections, such as listeriosis
- your age or health problems
- tobacco use, alcohol consumption or drug use by you or your partner before and during pregnancy
- domestic violence
- abdominal trauma
- STIs, like chlamydia, gonorrhea, or syphilis
- chemicals, like lead

Miscarriages are not caused by:

- too little or too much physical activity
- eating junk food
- not wanting to be pregnant
- having sexual intercourse

After a miscarriage, call Health Link at **811** or your health care provider if you have any of the following:



- cramping or pain in your abdomen
- bleeding from your vagina that will not stop or is getting worse
- passing blood clots larger than 2 cm (¾ inch)
- discharge that smells bad
- a temperature of 38° C (100.4° F) or higher

What to expect

Once a miscarriage begins, it can't be stopped. It can take several days or weeks.

If you have Rh negative blood, you'll be given Rh immune globulin. If you haven't had your blood type checked, you'll need a blood test to find out if you're Rh negative.

While many miscarriages don't need to be treated, medicine may be given to you by your health care provider to make contractions happen, or a procedure called dilation and curettage (D and C) may be needed to clean out your uterus.

After a miscarriage

When a pregnancy ends in a miscarriage, it can be a very emotional time for everyone. Feelings of fear, anxiety, anger and grief are normal. Talk with family and friends for the support you and your partner will need. 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. If you feel very sad or depressed and need emotional support, a counsellor or your health care provider can help you work through the loss of your pregnancy.



If you're a partner

You may feel helpless at this time. You can provide emotional support and help communicate with health care providers. It's also important that you get emotional support for yourself.



To learn more about miscarriages or to find support call Health Link at **811**, talk with your health care provider or visit the *Links* section at healthyparentshealthychildren.ca/resources

If you've had a miscarriage, you may want to talk with your health care provider before getting pregnant again. Most health care providers suggest that you wait until you've had at least one normal menstrual period before you try to get pregnant again. Ask about birth control options if you're not planning another pregnancy right away. For more information about birth control options, see page 257.



Second Trimester: The Middle



Second Trimester: The Middle

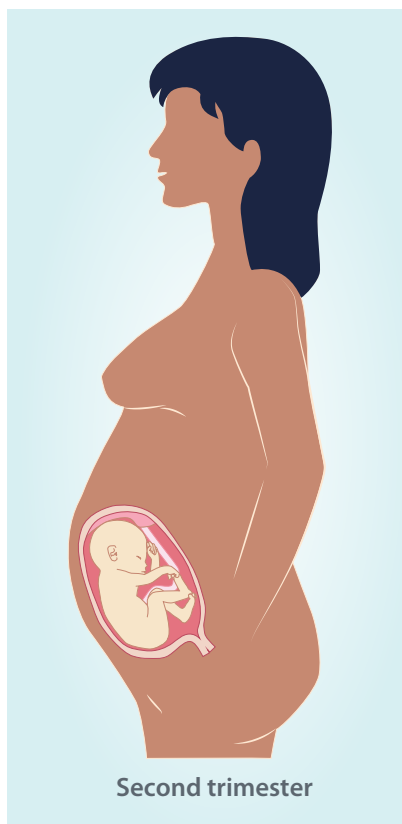
The start of your 13th week marks the beginning of the second trimester of your pregnancy. You may even have a 'baby bump' now. One of the most exciting changes in this trimester is that you'll start to feel your baby move. You may also find the discomforts of early pregnancy lessen and your energy returns. In this chapter, you'll learn about the changes in the second trimester.

Growing Together

The second trimester goes from 13 to 26 weeks of pregnancy. Whether you have other children or this is your first pregnancy, the second trimester is exciting because you'll begin to feel your baby move for the first time. This 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 18–20 weeks. If this is not your first baby, you may feel the movements earlier—around 16 weeks.

“*The second trimester was great, my nausea was finally over, then I felt my baby move for the first time—I instantly fell in love.*”

~ Olga, mom of two children

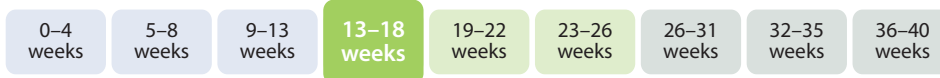


You may feel Braxton-Hicks contractions near the end of your second trimester and may even be able to see your uterus contracting. These contractions are normal and aren't

labour contractions. They help your uterus get ready for labour and birth. Braxton-Hicks contractions usually do not hurt and may feel like a tightening of your abdomen or a mild menstrual cramp. 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. They will not get stronger, longer, or closer together and will stop after a few hours. You'll continue to have them right up to when your labour starts.



← Second Trimester →



Changes in you

You may:

- feel your baby move for the first time (quickening)
- start to feel less tired
- have constipation
- have your nausea and vomiting end or begin to go away
- notice that your breasts begin to prepare for breastfeeding by making colostrum at around 16–18 weeks

Your uterus



Your uterus is now the size of a large grapefruit.

- notice that your breasts are less tender
- notice that your nipples are darker
- have a dark line down the centre of your abdomen (linea nigra). This usually starts to fade after your baby is born.
- notice darker skin around your eyes and nose, which will also fade after birth

Changes in your baby

Your baby is able to roll over in your uterus.
Your baby's:

- weight is about 90 g (3 oz) and they're about 12.5 cm (5 inches) long. Curled up, they're about the size of a tennis ball.
- inner ears have formed—they can hear you
- body is covered with fine, downy hair (lanugo)
- hair and eyebrows begin to grow
- fingernails and toenails have developed
- taste buds have formed

Your baby can hear you



This is a big milestone—your baby can now hear your voice! Take some time each day to talk, read or sing to your baby.



©Lennart Nilsson/SCANPIX

← Second Trimester →

0–4
weeks

5–8
weeks

9–13
weeks

13–18
weeks

19–22
weeks

23–26
weeks

26–31
weeks

32–35
weeks

36–40
weeks

Changes in you

You may:

- have more energy
- notice your breasts getting bigger and leaking colostrum
- sweat more
- have cramping in your leg muscles
- have backaches
- have heartburn, indigestion or constipation

Your uterus ★

The top of your uterus is about as high as your belly button.

- feel a slight pain or a dull ache in your lower abdomen or groin when you move suddenly or sneeze
- have vaginal discharge which is normal. Itching or burning is not normal—have this checked by your health care provider

Changes in your baby

Your baby:

- will grow up to 18 cm (7 inches) during these 4 weeks. By the end of 22 weeks they're about 25 cm (10 inches) long—about the distance from your elbow to your wrist.
- weighs about 250 g (9 oz)
- is covered with a white, cream like protective coating (vernix) that helps keep heat in and moisturize their skin. It also helps your baby pass through your birth canal.
- will kick, twist and turn. They may be most active when you're sitting still.
- can grasp and suck

Your baby's brain ★

Your baby's brain cells are making more connections with each other every day.

By 20 weeks, your baby's brain and nervous system are developed enough to react to sound and light.



©Lennart Nilsson/SCANPIX

← Second Trimester →



Changes in you

You may:

- find your breasts get bigger
- be looking more pregnant now
- start to get stretch marks
- have cramps in your feet and legs
- have veins that swell (varicose veins)
- have an itchy abdomen
- feel your uterus squeeze and tighten (Braxton-Hicks contractions)
- have gums that look redder than usual, are swollen and may bleed easily
- have gained about half of the weight you'll gain in your pregnancy

Changes in your baby

Your baby:

- is now about 32 cm (13 inches) long—about the distance from your elbow to your fingertips
- weighs around 1 kg (2 lbs), or as much as a small melon
- has a developed brain stem, which controls their heart rate, breathing, blood pressure and other vital functions
- moves around. You can feel the movement when they're high up in your abdomen or low down in your pelvis
- has finger and toe prints
- has lungs that aren't yet fully developed
- is developing a pattern of sleep and activity
- can hiccup
- can open and close their eyelids

Healthy Body and Mind

In the second trimester, you'll see your body changing in shape and size. You may begin to feel less tired and have more energy. Keep taking care of yourself both physically and emotionally, it's good for both you and your baby.

You'll start to gain more weight now to support the growth and development of your baby. Track your weight gain and talk with your health care provider about your weight gain goals.



You'll also need to eat more food than during the first trimester—only about 350 extra calories a day. Choose an extra 2–3 servings each day from *Canada's Food Guide*. Keep taking your multivitamin with folic acid in it every day.

Physical activity



All pregnancies are different. Listen to your body as it changes from month to month. Do what feels comfortable for you.

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 gone away. If you weren't active before you became pregnant, be sure to talk with your health care provider about your activity. Being active during pregnancy has many benefits and can improve the way you feel.

If you need dental treatment, your dentist may prefer to do it in your second trimester. Talk with your dentist about the risks and benefits of the treatment. Keep brushing twice a day with a fluoride toothpaste and floss every day.

You can find more information about taking care of yourself during pregnancy in the *Starting Off Healthy* chapter beginning on page 21.

Feeling uncomfortable?

You'll notice different changes during the second trimester. While these changes can sometimes be uncomfortable, they're normal and common. Here are the reasons why and some ideas to help you manage any of these discomforts.

Skin conditions
Why?
<p>Your pregnancy causes many changes in your skin. These changes may include acne, darker skin in some areas of your face and body, a dark line down the centre of your abdomen and stretch marks—red streaks or marks on your abdomen, thighs or breasts.</p> <p>Some rashes may be due to hormonal changes. New rashes, like red, sometimes itchy bumps or blisters, can also develop. Allergies and viruses can also cause rashes.</p>
What you can do about it
<ul style="list-style-type: none">■ Oils and creams will not prevent stretch marks, but you may like to use these products on your skin anyway.■ If you develop a skin condition during your pregnancy, ask your health care provider about possible causes and treatments.■ Stretch marks will fade to white lines after birth.■ If you have a dark line down the centre of your abdomen, it will usually start to fade after your baby is born.

Groin pain
Why?
<p>Your ligaments can stretch with sudden movements like sneezing, coughing, standing up or turning over.</p>
What you can do about it
<ul style="list-style-type: none">■ Try not to make sudden movements.■ Support your abdomen with your arms when you sneeze or cough.

Backache

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, your abdominal organs are pushed upwards.

As your breasts become bigger and heavier, you may find you slouch more.

What you can do about it

- Use good posture (see page 50).
- Wear comfortable, low-heeled shoes.
- Wear a bra that fits well.
- Try using a warm water bottle or ice pack on your back.
- Ask your partner or support person to give you a back rub.
- Do stretching exercises.
- If the pain doesn't get better or go away, talk with your health care provider.

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 can do about it

- Wear cotton underwear.
- Use non-scented panty liners.
- Avoid douching (using water to clean inside your vagina). It's not necessary and can lead to infections.



Call Health Link at **811** or your health care provider if the discharge from your vagina:

- is like water, or
- itches, burns or smells bad

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.

What you can do about it

- Try not to stand for too long.
- Do calf-stretching exercises.
- Try not to point your toes.
- To relieve spasms, gently push your foot against a firm surface, or have your partner or support person gently push against your foot.
- Rest—put your feet up several times during the day.

Varicose veins

Why?

Blood flow in your legs is slower because of the extra weight and blood your body has made. 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 someone in your family had them, you might too.

What you can do about it

- Do not stand or sit in one position for too long.
- Wear full length support stockings.
- Try not to cross your legs or feet.
- Do not wear knee-high stockings, as they may cause the blood in your lower legs to pool.
- Put your feet up several times a day.

Call Health Link at **811** or your health care provider if:



- one foot, ankle or calf becomes more swollen than the other
- you have a red, painful and hot lump in your lower leg—do not massage it
- one of your lower legs are throbbing, tender or ache

Call **911 NOW** if you have any of the following:



- trouble breathing
- painful breathing
- chest pain

Lying down and getting up

If you're feeling uncomfortable when lying down, try lying on your side and:

- bend your legs and put a pillow between your knees and ankles
- put a pillow under your abdomen and behind your back

To get up from lying down on a bed or couch:

1. Roll onto your side.
2. Bend and swing your legs over the edge.
3. Use your hands to push yourself to a sitting position.
4. Use your leg muscles to stand.

To get up off the floor:

1. Get onto your hands and knees.
2. Put one foot on the floor and keep the other knee on the floor.
3. Use your leg muscles to stand.

Mental health

During this trimester, your baby may feel more real to you—you may find yourself saying, “*I’m having a baby*” rather than “*I’m pregnant*.” You can feel your baby move and you may focus your attention inward to your baby and your own thoughts and feelings. Your second trimester may bring about other feelings as well. You may:

- enjoy how you look, or feel less attractive
- be more sensitive with stronger emotions
- have fewer mood swings
- have more vivid dreams than before you were pregnant



Call Health Link at **811** or your health care provider if you or your partner feels depressed or anxious (see page 63).



If you're a partner

It's common in this trimester to daydream about your role as a parent. You may feel all kinds of emotions:

- a sense of pride and excitement about becoming a parent
- worry about the health of your partner or your unborn baby
- worry about finances
- uncertainty about the future and having more responsibility
- more protective of your partner
- left out as your partner focuses on herself and the baby
- stress in your relationship

Ask questions and talk to each other about how you're both feeling. Look for ways you can cope with stress and changing emotions together.

Things you can both do

Here are some things you can both do to cope with stress and changing emotions:

- take a walk together
- go to ultrasound appointments together. This is a great time to meet your new baby.
- go to prenatal visits together
- learn about pregnancy and parenting
- make time to talk and share your feelings
- find support from family, friends and others in the community
- get plenty of sleep, eat well and be active together

Healthy sexuality

Your sexual desire may change as your body changes. During pregnancy, there's more blood flow to your pelvic area, which may increase pleasure during sexual activity.

Important to know



If your health care provider tells you not to have sex, that means anything that involves orgasm or sexual arousal, not just vaginal intercourse.

You may feel uncomfortable in some positions. You may need to experiment to find positions that are comfortable and pleasurable, like lying sideways. Some women may also find it more comfortable to be upright or sitting on top during sexual intercourse.

Prenatal Care

Prenatal checkups

Checkups are a good time to ask about healthy eating, physical activity, your mental health, feeding your baby and any other questions you may have about your pregnancy.

To check your health and your baby's growth and development, your health care provider will usually:

- Check your weight gain.
- Check your blood pressure.
- Check your hands and feet for swelling.
- Measure your **fundal height** and listen to your baby's heartbeat.
- Ask you about your baby's movements.
- Order other routine tests and explain them to you.



fundal height: a measurement taken from the top of a pregnant woman's pubic bone (symphysis pubis) to the top of her uterus (fundus)

Routine tests

Your health care provider will want to do some routine tests during the second trimester. They will talk with you, your partner, or a support person about these tests and answer your questions.

Ultrasound

An ultrasound will be offered between 19–20 weeks. The ultrasound checks:

- how many weeks pregnant you are, if you're not sure when your last menstrual period was and did not have an earlier dating ultrasound
- if your baby is a good size for their age
- your baby's heart rate and movements
- how your baby's internal organs, arms and legs are growing
- the amount of amniotic fluid surrounding your baby
- where your placenta is located
- whether you have one baby, twins, or more

While an ultrasound can help identify some health issues early, it can't identify all issues that might happen. Ultrasounds are safe for both you and your baby.

Sometimes you may need to go back for another ultrasound if the technician couldn't see everything they needed to. More ultrasounds may also be needed for medical reasons.



Diabetic testing or glucose tolerance test

This blood test will be done between 24–28 weeks to screen for diabetes caused by pregnancy (gestational diabetes). The hormones that are made 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 and cause high levels of sugar in the blood. About 3–10% of pregnant women will develop gestational diabetes.

For this test, 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 tested again later in pregnancy.

Other tests

Sometimes prenatal screening tests (genetic testing) are offered to check your health or your baby's health. Your health care provider will talk with you and your partner about these tests and answer your questions. If there are any concerns about your pregnancy, you may be referred for genetic counselling, which may include prenatal testing options.

Maternal serum prenatal screen

Maternal serum prenatal screen (MSPS or quad screen) is a prenatal genetic blood test that you take when you're 15–20 weeks pregnant to screen for some chromosome differences and birth defects. MSPS tests your blood for placental factors to estimate the likelihood of your baby being born with Down syndrome or trisomy 18. It can also screen for two birth defects—one in your baby's neural tube and the other in their abdominal wall.

Genetic screening



While genetic screening can relieve concerns for some parents, for others, it can bring more worries. Talk with your partner and your health care provider if you have questions.

MSPS is not needed if you have already had a first trimester screen (see page 106).

Amniocentesis

Amniocentesis is a test sometimes done if a screening test or ultrasound shows a higher likelihood of a genetic or chromosomal difference. There is a risk of miscarriage after the procedure. 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.

Twins, triplets and more

If you're expecting twins, triplets or more, you'll often find out early in the second trimester. If your health care provider thinks you're expecting more than one baby, an ultrasound will be done 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.
- Talk with your health care provider about healthy weight gain recommendations for your pregnancy (see page 37).

- You may experience more of the physical changes that happen during pregnancy. For more information, see page 114.
- You may need extra rest to help your body cope with the work of carrying more than one baby.
- You'll probably see your health care provider more often and be referred to an obstetrician. You may then only see an obstetrician, or care will be shared between your health care provider and an obstetrician.
- You'll probably have extra ultrasounds to check the growth of your babies.
- Look for prenatal classes in your area for parents expecting more than one baby.

“*What really has helped a lot is that we found a prenatal class specifically for multiples. You get into a group and you ask your questions and you bounce ideas back and forth.*”

~ Linda, expectant mom of twins

Planning Ahead

The second trimester is a good time to start getting your home and yourself ready for your baby's arrival. You may have more energy now than you did in the first trimester.



Prenatal classes

Now is the time to book your prenatal class!

Visit ahs.ca/prenatal to find a list of the classes available in your area.

“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.”

~ Ahanu, dad of a baby

Your birth wishes

It's a good idea to think ahead and talk about the kind of birth experience you want with your labour support person. This will also help you work together with your health care providers.

Think about the things you want and do not want to be a part of your baby's birth and first few hours. You may want to write these down for yourself, and also talk about them with your health care provider. If you do not want to write your birth wishes down, you can talk with the health care providers at your birth centre when you're admitted.

By talking with your health care provider at your prenatal appointments, you can make sure that your wishes fit with the birth centre's policies and make sure that what you're hoping for is possible. When you go to the birth centre, take your birth wishes with you. Show them to the health care providers so you can talk about them together.

Keep in mind that every birth is different and the birth of your baby may not turn out exactly as you'd hoped. Try to be flexible in case things change. Sometimes plans change for medical reasons or sometimes you may change your mind and want something else—remember that the goal is a safe birth for both you and your baby. Your health care providers will discuss any changes in plans for medical reasons with you as they happen.

For information to help you make your birth wishes see the *Labour & Birth: The Big Event* chapter on page 163 and *Breastfeeding* chapter on page 273.



Things to think about for your birth wishes

Who will be your labour support person?

Who else do you want to have with you during labour or as a backup?

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 immediately after your baby is born?

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 support person like a few minutes alone right after the birth, if possible?

Storing your baby's cord blood

Some parents may choose to store blood from their baby's umbilical cord. The cord blood is full of cells called **stem cells**. These cells have an important role in helping the immune system fight disease. Stem cells can help children who have weak immune systems and can also be used to treat certain diseases, like leukemia or other health conditions.

Talk with your health care provider at the beginning of your second trimester if you want to collect and store cord blood, as birth centres do not routinely collect cord blood for storage. There is likely a cost involved if you want to store your cord blood.

To learn more about cord blood, visit the **Links** section at healthyparentshealthychildren.ca/resources



Circumcision

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

To learn more about circumcision, talk with your health care provider, or visit the **Links** section at healthyparentshealthychildren.ca/resources



Maternity and parental leave

If you're employed, check your company's policy on maternity and parental leave. To learn more about employment standards in Alberta call toll-free at **1-877-427-3731**, or visit the **Links** section at healthyparentshealthychildren.ca/resources



To learn more about the federal employment insurance maternity and parental benefits call toll-free at **1-800-206-7218**, for TTY call **1-800-529-3742**, or visit the **Links** section at healthyparentshealthychildren.ca/resources



stem cells: young, immature cells in cord blood that can copy themselves to replace or rebuild blood and immune system cells

foreskin: a fold of skin that covers and protects the rounded tip of the penis

Baby supplies

Babies do not need many supplies. They grow quickly and move through developmental stages quickly, so think about buying only a few things at first, then buy more as you need them.

Here are some things to think about before buying supplies:

- Do you know anyone who just had a baby? Would they give, lend or sell you supplies?
- If you use second-hand items, like cribs or toys, sanitize them with a solution of 2 ml (½ tsp) of household bleach in 1 L (4 cups) of water before using them. For stuffed toys, add them to your laundry.
- If you buy new or use second-hand clothes or bedding, wash them before using.
- Watch for sales. Baby items go on sale at least once a season. You may not want to buy too many clothes too far ahead—babies grow at different rates and it can be hard to predict the clothing sizes you'll need for each season of the year.



Baby walkers are not safe ★

Do not use baby walkers—they're not safe and have been banned in Canada since 2004.

Older equipment may not meet today's safety regulations. To learn more about safety information and recalls on second-hand supplies, visit the [Links](https://healthyparentshealthychildren.ca/resources) section at healthyparentshealthychildren.ca/resources

Clothing

When buying clothing, look for clothes:

- that you can machine wash and dry
- that are easy to put on and take off—front openings are better than back openings
- without buttons, drawstrings, ties or other decorative items sewn on—they are not safe as they can cause choking
- that are nylon or polyester—they do not catch fire as easily as cotton and cotton-blend fabrics. If you choose cotton and cotton-blend, make sure the sleepwear fits well, as loose clothing is more likely to catch fire.

Baby clothes ★

Do not put clothes on your baby that are too big—they can ride up around your baby's neck and can choke or smother your baby.

Cloth and disposable diapers

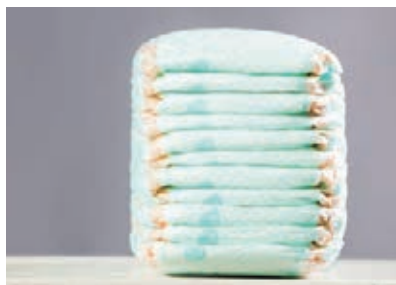
You'll need to decide if you want to use cloth or disposable diapers—each has its pros and cons. You may even decide to use both. When deciding which kind of diapers to use, think about the cost, convenience and what works for your family. Your newborn will use at least 10 diapers a day.

Cloth diapers

- come in many styles
- are fastened with pins, Velcro® or snaps
- are reusable—need to be washed in very hot water or on a sanitation cycle
- may be rented from a diaper service, made or bought
- may need to be covered with plastic pants (diaper covers)

Disposable diapers

- come in many styles
- may be fastened by sticky tabs
- are not reusable and may not be biodegradable
- need to be bought
- do not need plastic pants to cover the diaper



Bathing and body care supplies

Here are some basic bathing and body care supplies you'll need:

- mild, unscented soap and shampoo
- soft brush
- towels and washcloths
- emery board—not nail clippers
- plastic baby bathtub

Cribs, cradles and bassinets

Babies spend a lot of time sleeping and the safest place for them to sleep is on their back on a firm, flat, uncluttered surface. This will reduce their risk of SIDS, as well as prevent them from being trapped or smothered. It's safest to have your newborn in your room with you in their own crib, cradle or bassinet. A safe crib, cradle or bassinet has no plastic mattress covers, heavy blankets, quilts, sheepskins, bumper pads, toys, stuffed animals or pillows in it.



The crib, cradle or bassinet must meet Canadian safety regulations. If you're borrowing or buying a used crib, cradle or bassinet, make sure it comes with the manufacturer's instructions or that they are available online. Instructions should include the model, date of manufacture, assembly instructions and warnings.

Do use a crib, cradle or bassinet if it has:	Do not use a crib, cradle or bassinet if it:
<ul style="list-style-type: none">■ a mattress with the right thickness<ul style="list-style-type: none">□ a crib mattress that's firm and not thicker than 15 cm (6 inches). Some crib mattresses have a soft side and a firm side—make sure the firm side of the mattress is facing up.□ a cradle or bassinet mattress that's firm and not thicker than 3.8 cm (1 ½ inches)■ posts that are not higher than 1.5 mm (1/16 inches)■ a tight-fitting mattress with a gap less than 3 cm (1 3/16 inches) between the sides and the mattress. Push the mattress firmly against the sides to test this.■ spacing between the bars that is 6 cm (2 3/8 in) or less	<ul style="list-style-type: none">■ has any missing, loose, worn, broken or damaged parts■ is older than 10 years■ has any fabric on the sides of the bassinet or cradle that doesn't attach securely to the frame■ has any decorative cut-outs, corner posts or large spaces between the bars that are higher than 1.5 mm (1/16 inches)■ spacing between the bars that is more than 6 cm (2 3/8 inches)

Playpens

Playpens are for supervised play, and not meant for unsupervised sleep. They do not have the same safety standards as cribs, cradles or bassinets. Information on playpens can be found in the book, *Healthy Parents, Healthy Children: The Early Years* or visit healthyparentshealthychildren.ca

Standards and recalls

To learn more about crib, cradle, bassinet and playpen standards and recalls, visit the **Links** section at healthyparentshealthychildren.ca/resources



Car seats

You'll need a car seat to bring your baby home from the birth centre. If your baby will be travelling in a car, van or truck, they must be in a car seat—it's the law. It's also the only safe way for your baby to travel in a vehicle. You can buy the car seat early and practice putting it in your car.

Your child is safest in a rear-facing car seat until they're at least 2 years old or reach the maximum weight or height limit of the rear-facing seat recommended by the manufacturer. Some car seats are designed for rear-facing use up to 18 kg (40 lbs) or more. Rear-facing car seats that have higher weight and height limits are preferred, and will keep your child safer.



Winter clothing and car seats

Dress your child so they are snug in the harness. Use thin, warm layers like fleece or a light snowsuit. You can add a blanket over top of the harness.



Buying a new car seat from a Canadian store is the safest choice for your baby. If you buy or borrow a used car seat make sure:

- it's not past its expiry date
- it comes with instructions and has a sticker with the model number and date of manufacture
- you know the history of the seat. Do not buy or use a car seat if it was in a motor vehicle collision.
- it's in good condition with no worn, loose or broken parts



Register your new car seat with the manufacturer after buying it. If you have an older car seat, contact the manufacturer to check for recalls or replace lost instructions. Car seats made prior to January 1, 2012 should not be used because they may not meet today's safety standards. To learn more about car seats and recalls, call Transport Canada toll-free at **1-800-333-0510**. To learn more about buying car seats and recalls, visit the *Links* section at healthyparentshealthychildren.ca/resources



Use the *Rear-facing Car Seat YES Test* to help you properly install the car seat in your vehicle and buckle up your baby safely every time (see page 222).

Other supplies

There are a few other supplies you may find handy:

- breastfeeding bras—buy them a month or less before your baby's due date to make sure they fit
- cotton breast pads
- laundry hamper
- diaper pail with lid
- digital thermometer—for use under the arm. An ear thermometer is only for children over 2 years of age.
- cloth baby carrier, sling or a stroller that meets today's safety standards

For information on baby and child carriers, see page 241.

For information on strollers, visit the [Links](https://www.healthyparentshealthychildren.ca/resources) section at [healthyparentshealthychildren.ca/resources](https://www.healthyparentshealthychildren.ca/resources)



Breast pumps



You do not need to buy or rent a breast pump before you've had your baby. You may find that expressing your milk by hand works well for you. If you need a breast pump after your baby is born, talk to your health care provider.

Buying bras for breastfeeding



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

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

How many of each item do you need for your baby?



- ☐ 3–8 snap-front undershirts
- ☐ 3–8 sleepers
- ☐ 2 sweaters
- ☐ 3–8 bibs
- ☐ 1 toque and sunhat for outdoors, depending on the season
- ☐ 6 receiving blankets
- ☐ 1 pair booties or socks
- ☐ 1 one-piece snowsuit with legs for the winter months
- ☐ 2–4 fitted crib sheets
- ☐ 3–4 lightweight blankets that can be tucked firmly under all 3 sides of the mattress

“ *You have so many questions when you’re pregnant and it’s so nice to talk to other women. My best support came from my baby group. It just was so nice to have people to talk to who were feeling the same things I was feeling and the same pains and wasn’t sick of listening to me talk about the topics that were crucial to me at that point. You need someone in your life who understands you in this important time.* **”**

~ Trish, expectant mom

If Pregnancy Doesn't Go as Expected

Sometimes pregnancy doesn't go as expected which can be disappointing or scary. Here's some information that can help you understand what is going on.

Gestational diabetes

Gestational diabetes is diabetes that only happens during pregnancy. It can cause a baby to grow larger and faster. This may cause challenges during delivery. Your baby may also have low blood sugar at birth. Your health care provider will check the level of sugar in your blood later in the second trimester to find out if you have gestational diabetes. Some health care providers may also check the level of sugar in your urine at prenatal appointments.

You'll receive additional support and care to learn how to manage the gestational diabetes if you have it. You can usually manage it with changes in your diet and physical activity level. You may also need to take medicine and test your blood sugar levels. Often you'll be loaned a monitor to measure your blood sugars. If you are, remember to bring this monitor to the birth centre when you have your baby. Keep your gums healthy because gum disease can make diabetes harder to manage.

High blood pressure

High blood pressure during pregnancy can cause serious problems, like **pre-eclampsia**. Your health care provider may check your blood pressure at every prenatal visit.

Call Health Link at **811** or your health care provider **NOW** if you have any of the following:



- a headache that will not go away
- a sudden weight gain
- sudden swelling of your hands and face
- problems with your vision
- a very bad pain under your rib cage
- sudden, unexplained nausea or vomiting

pre-eclampsia: high blood pressure and protein in the urine after 20 weeks of pregnancy

Preterm labour

Preterm (premature) labour is labour that starts between 20–37 weeks of pregnancy. About 7–9% of babies are born preterm. Preterm babies need extra care because they are born before their bodies are ready for life outside the uterus. If you go into preterm labour, your health care provider may try to stop the labour to give your baby a chance to develop more before birth.

Usually, the earlier your baby is born, the greater the likelihood that there will be challenges. Premature babies are more likely to have breathing, vision and feeding issues. They also get infections more easily.

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:

- Go to all of your prenatal appointments.
- Eat healthy foods, drink lots of fluids, be active and get lots of rest.
- Use coping strategies to reduce your stress.
- Cut down and quit alcohol, tobacco and tobacco-like products, cannabis and other drugs.
- Practice safer sex to reduce your chance of getting an STI (see page 56).
- Prevent injuries and call your health care provider if you have been injured or fallen, or if you were in a motor vehicle collision and you weren't taken to the hospital by an ambulance.
- Talk with your health care provider about your working conditions.

Signs of preterm labour

Know the signs of preterm labour and to trust your instincts. If you think something's wrong, call your health care provider or go to your birth centre—it can make a big difference to your baby's health. Getting medical care may reduce the chance of preterm birth.

Call Health Link at **811** or your health care provider if you notice any signs that could be preterm labour:



- contractions that may or may not hurt
- fluid gushing or leaking from the vagina
- abdominal cramps, that may feel like menstrual cramps or gas pains
- a change in or more vaginal discharge
- diarrhea
- discharge that smells bad or that is not white or clear
- a change in lower back pain
- pressure in the pelvis or lower abdomen
- spotting or bleeding from the vagina
- a full or heavy feeling in the vagina

If you're in preterm labour, your contractions will be monitored at the birth centre and your baby will be assessed. Your treatment may include bed rest, fluids and medicine to help your baby's lungs mature. Medicine may be given to try to stop your labour. If your contractions stop, you may be sent home.

“ Our baby boy was born very early...he needed to be in the incubator... Nurses encouraged us to begin skin-to-skin with both of us. I feel this made a world of difference to our baby and to us in helping with healthy growth and attachment...even in our connection now, years later. ”

~ Carlie, mom of a preschooler

If your baby is born preterm

There are many reasons why babies are born preterm. If this happens, your baby may be moved to a neonatal intensive care unit (NICU) which could be in another hospital. Your baby will need supports as they are not ready for life outside your uterus. They may need help with breathing and staying warm. Special equipment like monitors and feeding tubes will be used to help care for them while they adjust to the outside world.



Reproduced with permission from Gantefoer, H. (2010).

You'll be encouraged to touch, talk and cuddle your baby **skin-to-skin** when your baby is ready. Being skin-to-skin helps to keep your baby warm and build attachment. If you're planning to breastfeed, your health care providers will help you to pump or express your breastmilk to feed your baby until they're ready to breastfeed. If your baby is in the NICU, health care providers will want you to take part in your baby's care.

Having a premature baby can cause a lot of different emotions. The health care providers will give you the information and the support you need. You can ask any questions you have and talk with them about your concerns.

If you're a partner

Holding your baby skin-to-skin will help keep your baby warm and build attachment too!

Ask lots of questions and talk to each other about how you're feeling and how best to support each other.

skin-to-skin: cuddling your baby bare chest to bare chest, with your baby's back covered with a blanket

Miscarriage and stillbirth

A miscarriage can happen in the second trimester when you're less than 20 weeks pregnant. They are much less common than in the first trimester. For more information about miscarriage, see page 108.

Stillbirth is the death of a baby after 20 weeks of pregnancy that happens before birth. This can happen during pregnancy or labour. The death of a baby is not something any parent expects—it shatters hopes and dreams. Losing a baby may be overwhelming and the grief can be deep for parents and their families.

Some people are surprised to learn that they will have to deliver their baby. Your health care provider will provide information on the options available.



If you're a partner

Feelings of fear, anxiety, anger and grief are normal. You may also feel helpless at this time. You can provide emotional support and help communicate with health care providers. It's also important that you get emotional support for yourself.

After a stillbirth

Each family has unique wishes and requests for the care of their baby after a loss. Your health care team will work with you to support your wishes. You'll be asked if you want to see and hold your baby. This is part of grieving and can help you make memories with your baby. You can bathe and dress your baby or take pictures. You'll also be asked to name your baby and to register your baby as a stillbirth.

You'll be offered an **autopsy** and other tests to see if the cause of your baby's death can be found. An autopsy is the best way to find out the cause of death. If the cause of death can be found by autopsy, it may help answer the question "*Will it happen again?*" Some parents may find comfort in learning as much as possible about the death of their baby. The results may also improve care for your next pregnancy or for other women. If you're not sure about having an autopsy, ask your health care provider about other options such as an examination by a pathologist or a partial autopsy. You'll also need to decide about burial or cremation. The birth centre will help you with the information that you'll need to make these decisions.

As with any delivery, your body is going through some big changes and needs time to heal. Be sure to allow yourself time to rest and recover. It usually takes 4 to 6 weeks for your body to recover after delivery and you may continue to have vaginal bleeding during this

autopsy: medical procedure done on a body after death to learn the cause of death

time. Talk to your doctor or health care provider before you start using tampons or having sex again because there is a higher risk of infection for at least 2 weeks.

You can go back to normal activities such as work, school, and driving when you feel ready. Women in Alberta who give birth to a baby who is stillborn are eligible for maternity benefits.

The experience of grief and getting support

Everyone reacts and grieves differently after tragic losses. You may cry a lot or feel angry, hopeless, shocked or confused. Take as much time as you need to grieve the loss of your baby, to find support to cope with your loss and to find meaningful ways to remember.

Your health care team is there to guide you. You'll be asked if you want to see a grief counsellor, spiritual advisor, social worker or public health nurse to help support you and your family, and to refer you to resources and supports in your community. Family and friends may also want to help you. Consider accepting the help they offer and tell them what they can do to help you when you're ready.

To learn more about grief support, call Health Link at **811**, talk with your health care provider or visit the *Links* section at healthyparentshealthychildren.ca/resources



Third Trimester: The Final Stretch



Third Trimester: The Final Stretch

At 26 weeks, you move into the third trimester—the last part of your pregnancy journey. Your baby and your abdomen keep growing and 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 for you and your partner to take care of yourselves so you're ready for the day your baby arrives. In this chapter, you'll learn about the changes in the third trimester, building on what you've already learned.

Growing Together

You and your baby have been through many changes together. Your baby is almost ready for life in the outside world. As your baby gets bigger, try to lie on your side and not your back. This will help move the weight of your baby off of the blood vessels that lie behind your uterus.



Changes in you

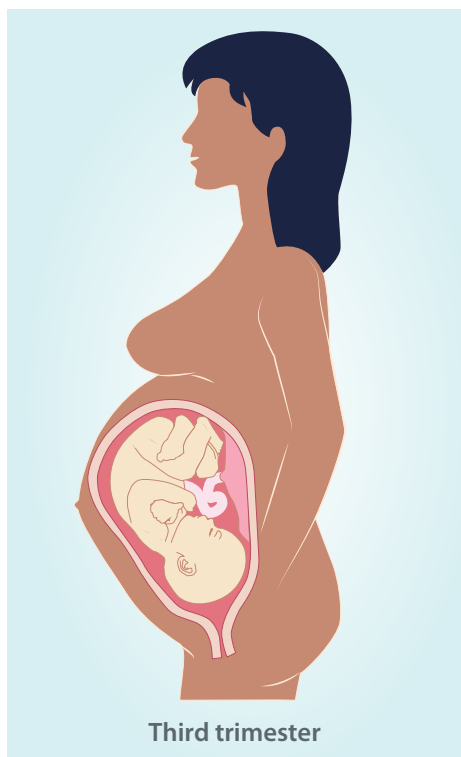
You may:

- begin to feel tired and uncomfortable
- have swelling in your feet, ankles and hands
- leak colostrum from your breasts
- feel like your uterus is pushing on your rib cage
- feel a little breathless

Changes in your baby

Your baby:

- is about 38 cm (15 inches) long
- weighs about 1 kg (2 lbs)
- moves a lot—others will be able to see and feel your baby moving too
- can sense light and sound
- can tell when you're moving
- has formed billions of brain cells
- will start to suck their fingers and hands



Your baby's brain



- The outer part of your baby's brain continues to develop. The grooves and folds of their brain are formed.



Changes in you

You may:

- feel your baby's heels or elbows sticking into your ribs
- sweat easily
- have a belly button that sticks out
- need to pass urine more often
- have sore joints as hormones are making your pelvic joints looser
- feel like you have to move more slowly and carefully
- look a little puffy and your feet, ankles and hands may swell

Changes in your baby

Your baby:

- is about 46 cm (18 inches) long
- weighs about 2.25–2.5 kg (5–5.5 lbs)
- is building up layers of fat under their skin to help keep them warm after birth
- is drawing on your immune system to develop immunity to some diseases. This helps protect them during their first few months.
- is starting to lose the soft hair they had on their body
- is having rapid brain growth

“ When you feel that first kick, that's amazing. ”

~ Andy, expectant dad

← Third Trimester →



Changes in you

You may:

- be tired of being pregnant
- feel anxious about labour
- have Braxton-Hicks contractions that happen more as you near your due date
- have a back that aches more often
- be able to breathe more easily as your baby moves down into your pelvic area
- have stretch marks
- have dry skin
- have varicose veins
- have the dark area around your nipples become larger and darker
- feel hot, heavy and uncomfortable
- feel faint or dizzy at times and a little short of breath
- have trouble sleeping
- get leg cramps more often

Changes in your baby

Your baby:

- is about 55 cm (20 inches) long
- weighs 2.7–4 kg (6–9 lbs)
- may be gaining 28 g (1 oz) a day
- usually has fully developed lungs that are ready to breathe air
- is starting to store iron to use in their first 6 months
- will have skin that's usually pinker and less wrinkled as they gain weight
- may scratch themselves with their fingernails
- has less room to move, so their movements will feel different

Your baby's movements ★

Healthy babies move 6 times in 2 hours. You should feel regular movements throughout the day, every day.

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 be able to do the things you're used to doing, like tying your shoelaces. You may also find that you do not have much energy. This is nature's way of slowing you down and helping you save up energy for your baby's birth.

Take time for yourself every day to do the things you enjoy doing. Do some gentle activity like walking, gardening, snowshoeing or swimming. Sit with your feet up to relax or take a nap.

You'll continue to gain weight during your third trimester. Keep track of your weight gain and talk with your health care provider about your weight gain goals (see page 26).

During the third trimester, you'll only need about 450 extra calories a day for a healthy weight gain. Choose an extra 2–3 servings each day from *Canada's Food Guide*. Keep taking your multivitamin every day (see page 33).



“ Resting was big, taking warm baths, eating well, and staying hydrated. Knowing that it eventually ends was helpful, too! ”

~ Amanda, mom of one child

Physical activity helps your body stay healthy and can help reduce the physical discomforts you may be feeling. It can also help reduce the stress and anxiety you may sometimes feel. Being active can be as simple as going for a walk every day. Physically active women tend to have fewer symptoms such as backaches, swelling, leg cramps and shortness of breath.

You can stay physically active as long as your health care provider doesn't have any concerns. If you become uncomfortable, change what you're doing or reduce how long and how intensely you do it (see page 44).

Your centre of gravity changes during pregnancy and you may notice that you lose your balance more easily. Watch your step, especially when exercising and wear supportive footwear.

Things to keep in mind at this stage in your pregnancy:

- Choose activities with a lower risk of falling, like stationary biking, walking, swimming or pool exercises.
- Stick with gentle stretches so you do not overstretch or have pain.
- Listen to your body and give yourself permission to rest.
- Do not hold your breath at any time while you're exercising.



Walk on



Keep walking on your own or with others—it's good for you and your baby!


“When I had discomforts the best thing was to get some fresh air and go for a walk.”

~ Thy, expectant mom

Feeling uncomfortable?

The third trimester brings more changes. Here are the reasons why and some ideas to help you manage any of these discomforts.

Short of breath	
Why?	
Your growing baby takes up more room in your abdomen and presses on the flat muscle that moves up and down when you breathe (diaphragm).	
What you can do about it	
<ul style="list-style-type: none">■ Use good posture.■ Raise your head and shoulders when sleeping. Put a pillow under your mattress to raise the head of your bed.	<ul style="list-style-type: none">■ Wear loose, comfortable clothes.■ Try eating small meals often.

Trouble sleeping	
Why?	
<p>You may not be able to find a comfortable position.</p> <p>You may be worrying about birth or parenting.</p> <p>Your baby may be more active at night.</p> <p>You may have heartburn (see page 151).</p> <p>You may wake up at night to go to the bathroom.</p> <p>Your uterus may be more active at night with Braxton-Hicks contractions.</p>	
What you can do about it	
<ul style="list-style-type: none">■ Go for a walk outside in the daylight. This will set your body's inner clock and help you sleep.■ Try lying on your side and using extra pillows for comfort. Put a small pillow between your knees, one behind your back and a small wedge pillow or folded towel under your abdomen.	<ul style="list-style-type: none">■ Share your worries with someone you trust.■ Try coping strategies to reduce your stress.■ Take a warm bath (see page 80).■ Try taking naps during the day.

Swollen hands, feet and ankles

Why?

There's extra fluid in your body—your body makes more blood when you're pregnant. Your growing baby can put pressure on the blood vessels in your pelvis.

What you can do about it

- Put your feet up as often as possible.
- Move around and try not to stay in one position for too long.
- Get up and stretch to improve blood flow.
- Be physically active.
- Rest and try sleeping on your left side.
- Wear loose clothing and comfortable shoes.
- Keep drinking lots of fluids, like water, every day.
- Put on support stockings before you get out of bed.

Heartburn

Why?

Changes in your hormone levels may slow food passing 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 upset your stomach.
- Eat or drink less caffeine, chocolate and high-fat foods.
- Eat small meals more often.
- Eat slowly and chew your food well.
- Try chewing sugar-free gum.
- Try not to eat or drink before bedtime, except water.
- Drink liquids between meals, not with meals.
- Use good posture to help with digestion.
- Try not to lie down for at least 2 hours after eating.
- Sleep with your head and shoulders raised. Put a pillow under your mattress to raise the head of your bed.
- Do not take medicine for heartburn unless your health care provider says it's okay.
- Wear loose, comfortable clothes.

“ I had really bad heartburn with all of my pregnancies and my best tip for that is to eat really small meals all day long and then to stay upright for a while. I really was hungry at bedtime but if I ate then I would have horrible heartburn. ”

~ Deka, mom of two children

Perineal massage

One of the ways you can prepare your body for labour and birth is to massage the area between the vagina and anus (perineum), starting at 35 weeks. Massaging and stretching the perineum 5 times a week may:

- soften and stretch the opening of the vagina
- decrease the need for an **episiotomy** if it's your first vaginal birth
- prevent tearing of the tissue so you will not need stitches
- let you feel the same type of pressure or stretching that you'll feel when you give birth

If you decide to do perineal massage, talk with your health care provider before you begin.

To learn more about perineal massage, visit the **Links** section at healthyparentshealthychildren.ca/resources



Mental health

Your third trimester may bring about different feelings. Having mixed emotions is common as the reality of being a parent draws near. You may be looking forward to the end of your pregnancy so you can finally see and hold your baby and get some relief if you're having any discomforts. You may also:

- worry about your health or your baby's well-being
- feel protective of your baby
- think and worry about labour and birth
- think of your own parents and how they parented you
- think about life changes and having more responsibility
- worry about upcoming maternity leave and finances, or job-related responsibilities before you start maternity leave
- feel sad that the pregnancy is ending



It's never too late



If alcohol, tobacco, cannabis or other drugs are part of you and your partner's life, encourage each other to cut down and quit.

episiotomy: a cut made through the perineum to make the vaginal opening bigger for the baby to be delivered



If you're a partner

The time is getting closer for you too. You may find that you share some of the same emotions, symptoms and behaviours as your partner.

While you may be excited about holding your baby for the first time, you may also be worried about your partner's and baby's health, your role during labour and birth, and having more responsibilities.

Other things you may be thinking about are when to go to the birth centre or cutting the umbilical cord. Talk to each other and take the time to do things to relieve stress and deal with your changing emotions.

Here are some things you can both do to relieve stress and deal with changing emotions:

- Talk about any fears that you may have with your partner. Talking about your fears will not make them more real or likely to happen.
- Learn about pregnancy and parenting and go to prenatal classes. Visit [ahs.ca/prenatal](https://www.ahs.ca/prenatal) to find a list of prenatal classes available in your area.
- Find support from family, friends and others in the community.
- Practice installing the car seat.
- Do something special just for you or with your partner.
- Talk with other expectant parents.
- Plan some special time with your partner and your other children if you have them.
- Drive to your birth centre together to make sure you know how to get there and how long it will take.



Call Health Link at **811** or your health care provider if you or your partner feels depressed or anxious. For more information on symptoms, see page 65.



Healthy sexuality

In the third trimester, it's common to feel tired because you're not sleeping as well. You may also feel uncomfortable and bulky which can affect your sexual desire. The kinds of things that excite and please both of you may also change. Trying different positions may help you to find ones that are comfortable and pleasurable for both of you. You can try lying on your side, being more upright, or sitting on top during sex. Tell each other what you're feeling, what works and what doesn't work.

Prenatal Care

Prenatal checkups

Your health care provider will let you know how often they'd like to see you during the third trimester. At these visits, your health care provider will usually:

- Check your weight and blood pressure.
- Listen to your baby's heartbeat.
- Feel your baby through your abdomen.
- Check for swelling in your hands and feet.
- Measure your fundal height to check your baby's growth.
- Talk about your baby's movements.

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

Pertussis (whooping cough) vaccine (dTap)



The dTap vaccine is recommended in every pregnancy to provide early protection to your baby during the first few months of life, especially against whooping cough. Immunization is recommended between 27–32 weeks of pregnancy, because this is the best time to transfer immunity to your baby. To learn more, call Health Link at **811**, talk with your health care provider or visit healthyparentshealthychildren.ca.

Routine tests

Your health care provider will want to do some routine tests and may recommend other tests to check your health and your baby's health. They will talk with you about these tests and answer your questions.

Group B Streptococcus (Group B Strep)

When you're 36 weeks pregnant, your health care provider will test you for a bacteria known as Group B Strep. A swab of your vaginal and perineal area will be taken or you'll give a urine sample. Group B Strep is not an STI. For many women, this group of bacteria is normal for their vagina and usually doesn't cause them any problems. However, the bacteria can be passed to your baby during labour. If you test positive, you'll be given antibiotics while you're in labour to prevent your baby from becoming sick.

Assessing your baby's well-being

Fetal movement count

You'll be feeling 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 they are not as active. You'll get to know your baby's movements and routines. Counting your baby's movements is an easy way to tell your baby is doing well.

When you're around 30 weeks pregnant, your health care provider may ask you to start counting your baby's movements and write them down. You'll be given a chart and shown how to fill it in.

A fetal movement count is the number of times you feel your baby move in 2 hours. You should feel your baby move at least 6 times. If not, it can be a sign that they are not getting enough oxygen through the placenta.

To do a fetal movement count:

1. Count movements at the same time every day—pick a time when your baby is usually active.
2. Get into a comfortable position lying on your side or sitting.
3. Place one or both of your hands on your abdomen.
4. Count each time your baby moves.
5. Once your baby has moved 6 times within 2 hours, you can stop counting. If you do not feel 6 movements within 2 hours, go to your birth centre.



Go to your birth centre **NOW** if you do not feel 6 movements in 2 hours or if you're worried about a change in your baby's movements.

Babies should not stop moving at the end of the pregnancy or when labour begins. Trust your instincts. Go to your birth centre right away if you notice that your baby is not moving as much or if your baby's movements have changed. If you normally count 6 movements within 30 minutes and then you notice that it's taking two hours to record 6 movements, that is a change in your baby's movement pattern.

Fetal well-being ultrasound (biophysical profile)

This ultrasound may be done if your baby's health needs to be checked or if there are concerns about your pregnancy. It measures:

- your baby's movements
- your baby's breathing movements
- the muscle tone of your baby's arms and legs
- the amount of amniotic fluid



Non-stress test (NST)

This test may be done if you're past your due date or in the 1–2 months before your due date if your health care provider has concerns about your pregnancy. To check your baby's health, a monitor is placed on your abdomen to monitor your baby's heart rate and movements. Babies are the same as us—their heartbeat goes up when they move or are active.

Dental care

You can have dental treatments in the third trimester. Your dentist will talk with you about the risks and benefits. If you're having dental treatments, you'll need to adjust how you sit in the dental chair. If possible, lie on your side in the chair or use a cushion to help you tilt on your left side so your baby is not pressing on your back. You may need to ask for a break during the dental treatment. Practice good mouth care and have your teeth cared for as needed.



Planning Ahead

There are many things you can do in the third trimester to get ready for labour and birth. Now's the time to learn about your birth centre, think about how you and your partner or support person will get there, what supplies you'll need to bring, and what to do when you arrive.

It's a good idea to get everything ready for the birth centre a few weeks before your due date—as your baby could surprise you and come earlier than you think.

Start thinking about how you want to share the news of your new baby. You may need to set limits when it comes to your family and friends. Instead of visiting you in the birth centre, you may want to ask them to help by looking after your other children, pets and animals, tidying your home or bringing over meals. Another way someone can help is to be the person who passes on regular updates of the birthing process to the rest of your family and friends.

Learn about your birth centre

Talk with your health care provider to find out when to go to the birth centre and what to do when you get there. Ask how you register. It helps to know these things before you're in labour.

You may want to visit your birth centre ahead of time—this may be included in prenatal classes. Your centre may also offer online or in-person tours. During a tour, you'll see the birthing rooms and you'll learn what to expect when you're admitted for your baby's birth. The visit may lower some of your worries about labour.

You may want to ask:

- if you can pre-register before you go into labour instead of registering when you arrive at your birth centre in labour
- which door to use when you come to the birth centre and if you use the same door during office hours and at night
- where to park
- what information you'll need to bring with you for admitting

Ask your health care provider about your Prenatal Health Record if you haven't been given one yet. Most health care providers will give you a copy of your Prenatal Health Record by 36 weeks to bring to the birth centre. Others may send a copy directly to the birth centre. If you're given a copy of your Prenatal Health Record, you'll need to bring it with you to the birth centre so keep it with you. If you forget to bring it, your support person may be sent home to pick it up.

Have the following registration information ready ahead of time and take it with you to the birth centre:

- your Prenatal Health Record
- your Alberta Personal Health Card
- your Social Insurance Number
- the phone number of a relative or contact person

No latex balloons



Latex balloons are not allowed in birth centres. They can cause severe allergic reactions in some people and are a choking hazard for young children.

Planning with your labour support person

Plan for how you'll stay in touch with your support person and get to the birth centre. Arrange for the care of your other children, pets or animals if you have any. If you do not have family or friends who can help you, think about hiring some help or accessing other resources that may be in your community. It's a good idea to have a backup plan if your support person can't come with you. In case you need to call a friend, neighbour or taxi, know their phone numbers and keep them available. If you need to take a taxi or use ride-sharing, have money set aside to pay for it.

If your support person works or doesn't live with you, talk about a plan on how to reach each other by phone or text. You can ask them to phone you at regular times during the day if they will be hard to reach. Plan how you'll stay in touch with your backup support person too.

Birth ball



It's a good idea to practice sitting on a birth ball at home before you're in labour. Make sure:

- it can hold your weight
- you have someone supporting you or have something stable in front of you to hold onto

Make sure you and your partner or support person know:

- what birth centre you're going to
- how to get there
- how long it takes to get there
- where to park your car

If you're a partner

Every pregnant woman in labour needs support. They need you to be there for them—their job is hard. With you there, it will be easier. You can offer encouragement, comfort and help.

“The best thing will be having my husband with me. I have told him that he has to keep a smile on his face and tell me I am doing well!”

~ Mahalia, expectant mom new to Canada

You'll also want to 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 lot's of time with your new baby. Tell your friends and family what they can do to help. Think about when and for how long they can visit. Ask for support so that your new family can have some time to bond with your baby and get to know one another in the first few months.

Packing for the birth centre

Even though you may only be in your birth centre for 1 or 2 days, you'll need to bring supplies for both you and your baby. Here's a list to get you started. It's best to leave any valuables like cash and jewellery at home.

Packing list for the birth centre

For you

- ☐ your birth wishes
- ☐ Alberta Personal Health Card and other insurance cards
- ☐ your Prenatal Health Record—if given to you by your health care provider
- ☐ housecoat, slippers, pyjamas or other comfortable clothing—many women choose to wear the hospital gowns
- ☐ 3 pairs of maternity underwear
- ☐ 2 nursing bras
- ☐ unscented lotion, toothbrush, toothpaste, deodorant and shampoo
- ☐ 1 package of long menstrual pads for heavier flows
- ☐ cell phone and charger, or coins for the pay phone and any phone numbers you may need
- ☐ loose-fitting clothing to wear home—you'll probably still be wearing your maternity clothes
- ☐ black pen to fill out forms
- ☐ a water bottle with your name on it
- ☐ your copy of this book
- ☐ your blood glucose monitor if you have one

If you're a partner or support person

- ☐ change of clothes, comfortable footwear
- ☐ bathing suit to give support in the shower
- ☐ toothbrush, toothpaste, deodorant and other personal supplies
- ☐ drinks and snacks for both of you—you may not be able to leave to go get food

For your baby

- ☐ 1–2 receiving blankets
- ☐ 1–2 undershirts
- ☐ 1–2 sleepers
- ☐ 1 package of newborn diapers
- ☐ 1 hat
- ☐ laundry bag or plastic bag for dirty clothing
- ☐ baby clothes for going home
- ☐ rear-facing car seat

Other labour comfort supplies

- ☐ lip balm or mouth spray
- ☐ sugar-free mints or hard candies to keep your mouth moist
- ☐ something to focus on like a picture
- ☐ music—electronics and a charger
- ☐ massage tools such as a tennis ball, unscented oils or lotions
- ☐ extra pillows—with bright or patterned pillow cases, so they do not get mixed up with the hospital ones
- ☐ birth ball—if you plan to use one
- ☐ warm socks and slippers or comfortable shoes
- ☐ camera—ask permission from health care providers before taking their picture
- ☐ a list of comfort techniques that you want to use



While-you-wait checklist

In the last few weeks of pregnancy, you can use this checklist to help you get ready to go to the birth centre and for after the baby is born:

- | | |
|---|---|
| <input type="checkbox"/> Pack for the birth centre. | <input type="checkbox"/> Make sure you have long menstrual pads and breast pads. |
| <input type="checkbox"/> Stock up on basic foods for when you come home. | <input type="checkbox"/> Practice the breathing and relaxation exercises in this book or that you may have learned in prenatal classes. |
| <input type="checkbox"/> Cook larger meals and freeze the extra servings. | <input type="checkbox"/> Do your pelvic floor muscle exercises and other activities, unless your health care provider has told you otherwise. |
| <input type="checkbox"/> Check your baby supplies and get any missing items (see page 130). | |

Twins, triplets and more

You may have many questions about how you'll care for more than one baby at a time. Here are some things you can do now to help you get ready:

- Talk with your partner or support person about your concerns. One person might be thinking about 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.
- Start planning as soon as you find out you're having more than one baby, as your babies may be born early. Get as much done as you can ahead of time.
- Ask your friends and family to help when you come home from the birth centre. Let them know what you'll need help with.
- If you'll be parenting alone, talk with your support people. You'll appreciate the help once your babies arrive.
- It may be helpful to join a support group for parents of twins, triplets and more.
- Learn more about breastfeeding more than one baby, talk with other parents or your health care provider.

“There are good days and there are bad days but the key is to stay positive and to support one another.”

~ Mike, expectant dad of twins

If Pregnancy Doesn't Go as Expected

Stillbirth

Stillbirth is the death of a baby after 20 weeks of pregnancy that happens before or during birth. For more information about stillbirth, see page 141.

If you go past your due date

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

If your pregnancy goes past 41 weeks, your health care provider may send you for an ultrasound or **fetal monitoring**. If needed, your labour may be started by medical means (induced). For more information on inducing labour, see page 197.

High blood pressure

High blood pressure during pregnancy can cause serious problems, like pre-eclampsia. Your health care provider will check your blood pressure at every visit.

Preterm labour

Preterm (premature) labour is labour that starts between 20–37 weeks of pregnancy. If you go into preterm labour, your health care provider may try to stop the labour. This is to give your baby a chance to develop more before birth.

Know the signs of preterm labour and to trust your instincts. If you think something's wrong, call your health care provider or go to your birth centre—it can make a big difference to your baby's health. For more information about preterm labour, see page 138.

Call Health Link at **811** or your health care provider, if you have any of the following:

- a bad headache that is unusual, or doesn't go away
- sudden swelling on your hands and face
- blurred vision
- a very bad pain under your rib cage or the right side of your back
- sudden nausea and vomiting



fetal monitoring: using a machine to check your baby's heart rate

Call Health Link at **811** or your health care provider **NOW** if you notice any signs that could be preterm labour:



- contractions that may or may not hurt
- abdominal cramps, that may feel like menstrual cramps or gas pains
- diarrhea
- a change in lower back pain
- fluid gushing or leaking from the vagina
- spotting or bleeding from the vagina
- a change in or more vaginal discharge
- discharge that smells bad or that is not white or clear
- pressure in the pelvis or lower abdomen
- a full or heavy feeling in the vagina

Cord prolapse

Cord prolapse is when the umbilical cord falls from the uterus into the vagina before the baby and disrupts the blood flow to the baby. This happens very rarely, however, it's an emergency for your baby if it does.



Call **911 NOW** if your water breaks and you feel something in your vagina.

If you feel something in your vagina and your water breaks—this may be a sign of cord prolapse. You may feel an urge to push, if you have a lot of pressure in your rectum or you can't stop yourself from pushing with contractions. You need to:

- Get on your hands and knees.
- Put your forehead on the floor and point your buttocks to the ceiling.

Placental abruption

A placental abruption is when the placenta separates from the wall of the uterus. You may or may not have any bleeding when the placenta separates.



Call **911 NOW** if you have any of the following:

- moderate to severe pain in your abdomen that doesn't stop
- severe vaginal bleeding—soaking 1 thick menstrual pad or more in 1 hour, for 2 hours in a row



Labour & Birth: The Big Event



Labour & Birth: The Big Event

This is it! You and your baby have been getting ready 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.

Photo above reproduced with permission from Eckstein, K. (2013).

Knowing What to Expect

What will your labour and the birth of your baby be like? It's hard to say. While the physical process of giving birth may be similar for most women, the experience and emotions that you'll feel are unique. Even if you've given birth before, chances are this birth experience will be different from the last time.



Your body knows what to do

When thinking about labour and birth, it's common to be excited to meet your new baby. You may wonder, *"Can I do this?"*—yes you can! Learning more about your body can help you through labour. Take a moment to think about all the things your body is doing right now to support your baby during pregnancy, without you needing to even think about it. Labour and birth are similar.

Your body is preparing for labour

Your body has been preparing for labour for many months now. Hormones have been softening ligaments to help your baby get through your pelvis. They also give you the energy you'll need to meet the challenges of labour and birth.

A massage can help



Did you know that a massage can help increase a pregnant woman's endorphin levels to prepare them for labour?

Your body normally makes chemicals called **endorphins**. One of the things endorphins do is reduce pain. 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 may be able to see the endorphins take effect during labour—you may become groggy and even lightly sleep between contractions.

endorphins: hormones that relieve pain and cause feelings of intense happiness

Signs that your body is getting ready for labour

Your body may let you know it's getting ready for labour a few days, or even weeks, before labour begins. Here are some signs you may notice:

- **Lightening:** your baby 'drops' or settles into your pelvis. This can happen up to 4 weeks before labour starts. When your baby drops, you may find it easier to breathe. You may also pass urine more often, as there will be extra pressure on your bladder.
- **Irregular contractions:** you may have Braxton-Hicks contractions. These practice contractions help to soften your cervix and prepare your uterus for labour. You may feel these contractions as irregular tightening in your abdomen for days or weeks before your due date. Sometimes, close to your due date, these contractions may become regular, making you wonder if labour has started. Practice contractions do not become longer, stronger and closer together over time. They stop after a few hours.
- **Your cervix begins to soften (ripening):** Hormones called prostaglandins help to soften your cervix. You'll know this is happening by these signs:
 - **Mucous plug:** during pregnancy your cervix is closed tightly. Mucous collects in the cervix and forms a plug at the centre. As your cervix begins to soften, the mucous plug is released. Your mucous plug may come out all at once or in pieces. It's a sign that your body is getting ready for labour, but not a sign that **active labour** will begin right away. It may be days or weeks before active labour begins.
 - **Bloody show:** as your cervix softens, thins and opens up, small blood vessels break, which can make the mucous pink or red. This shows that your body is getting ready for labour.
- **Soft bowel movements:** the hormone that causes your uterus to contract also works on your bowels, so you may notice loose stools or diarrhea. Talk with your health care 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 'water has broken' (ruptured membranes). If this happens before labour starts, go to your birth centre—even if you're not having contractions. The risk of infection goes up when your water breaks because the protective seal around your baby is no longer there to prevent germs from reaching them.



Call Health Link at **811** or your health care provider if you're not sure if your water has broken.

active labour: contractions are more regular, intense and your cervix will dilate

- **Nesting:** a burst of energy and the need to have everything ready for your baby's arrival. 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. Massage, moving around and using heat, like taking a shower, will often help you feel better. If the backache comes and goes in a pattern, you're probably having contractions.

Labour pain has a purpose

Wondering about the pain of labour is normal. It can help to look at the pain of labour as a positive type of pain. 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.

You'll notice that some positions and movements in labour lessen your pain. These positions and movements are the ones that will help your baby to tuck, turn and move through the pelvis.

Your body already has the energy, the strength and the ability to reduce pain to get you through a normal labour and birth. To help your body do its job, change positions often. You may feel more pain for a moment when you do this. Try to stay calm and focused. For information on other pain relief options, see page 193.

Preterm labour



Signs of labour before 37 weeks are signs of preterm labour. For more information, see page 139.

You'll feel more confident by practicing coping skills, learning what to expect by taking prenatal classes and reading this book. Once you're in labour:

- Stimulate your senses—music, warmth, touch and focal points can 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—many women find the shower helps them stay calm, focused and feel less pain.
- Sit in a bathtub if your birth centre has one, and as long as your membranes haven't ruptured—a bath can help release tension and relax muscles.
- Remember to drink fluids and empty your bladder about every 2 hours.

Stopping the fear-tension-pain cycle

When you're afraid, your body releases high levels of stress hormones that work against your body, make you tense, and use up your energy. This can lead to a longer and more painful labour. If you use relaxation strategies that decrease the tension, you can break this fear-tension-pain cycle.

Use strategies that keep you relaxed and focused (see page 183). This will help you work with your body and keep your pain levels under control. Remember—your body knows what to do.

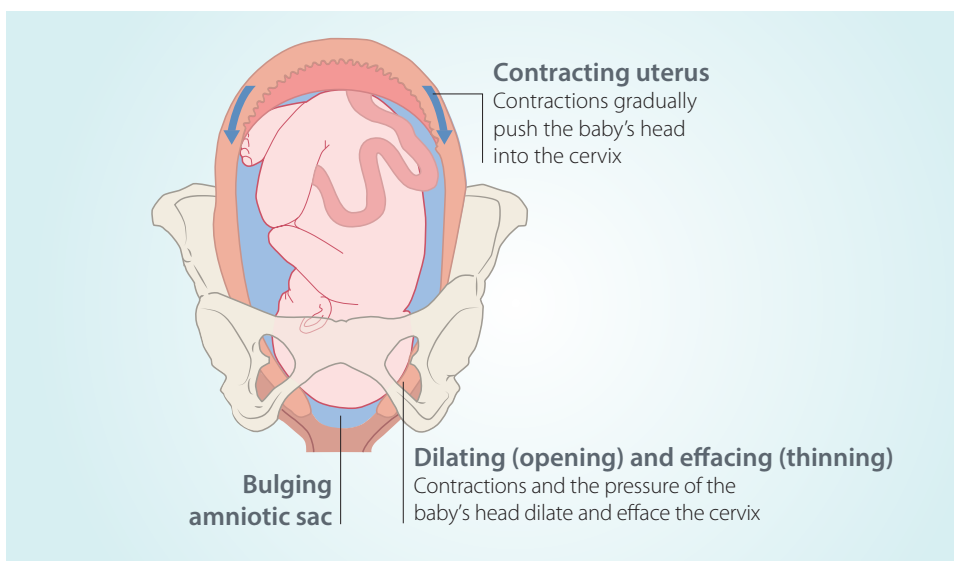


What are contractions like?

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, the contractions may feel like menstrual cramps. Later you may feel them in your lower back and even inner thighs.

As labour progresses, the contractions will take more of your focus and energy—eventually you won't be able to walk or talk through them. Cope with your contractions by:

- using your support person to help you stay calm and focused
- moving and changing positions
- using strategies to keep you comfortable, calm and focused



When to go to your birth centre

You'll most likely begin labour somewhere between 38–42 weeks, 1–2 weeks before or after your estimated due date.

It's usually safe to stay at home until active labour is well underway. Staying at home helps with coping and the progress of labour. Depending on where you live and the weather conditions, you may need to leave for the birth centre sooner. Ask your health care provider when you should go to the birth centre.

Most health care 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
- you're leaking fluid from your vagina (your membranes may be ruptured)
- if you notice your baby is not moving as much or your baby's movements have changed

“ I thought I was in labour so many times, but when real labour happens, the timing and intensity—you can't miss it! ”

~ Maggie, mom of a newborn



Call **911 NOW** if you have any of the following:

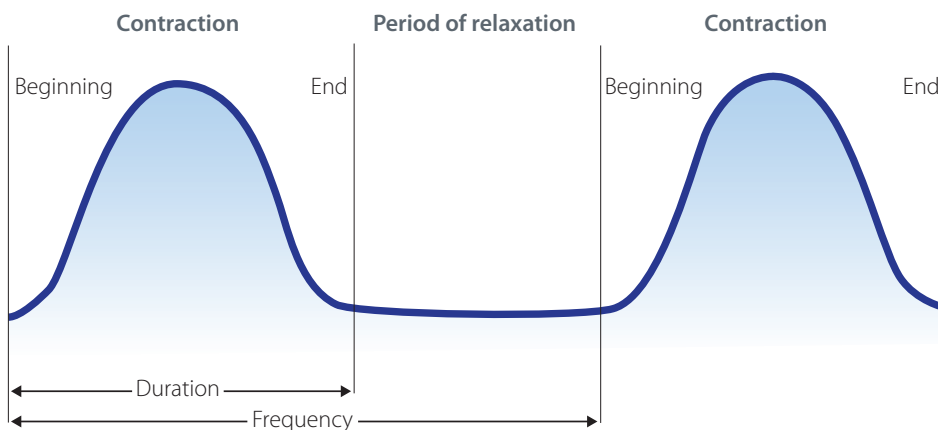


- moderate to severe pain in your abdomen that doesn't stop
- severe vaginal bleeding—soaking 1 thick menstrual pad or more in 1 hour, for 2 hours in a row
- you have a lot of pressure in your rectum, you can't stop yourself from pushing with contractions, or you have the urge to push
- you feel something in your vagina and your water breaks—this may be a sign of cord prolapse. If so, you need to:
 - get on your hands and knees
 - put your forehead on the floor and point your buttocks to the ceiling

How to time your contractions

You'll want to time how often you're having a contraction and how long it lasts. To time your contractions:

- time from the beginning of 1 contraction to the beginning of the next—how often they happen (frequency)
- time from the beginning to the end of 1 contraction—how long they last (duration)



At the birth centre

Once you're settled at the birth centre, a health care provider will review your Prenatal Health Record, examine you, and ask more questions about your pregnancy and labour. This is also a good time to talk about your birth wishes.

In the physical exam, a health care provider will:

- Check your pulse, blood pressure and temperature.
- Press on your abdomen to check your baby's position.
- If needed, check how far your cervix has thinned and opened by inserting gloved fingers into your vagina.
- Listen to your baby's heartbeat.
- Assess how often you're having contractions and how strong they are.
- Ask you questions about your medical and prenatal history.
- Ask you who your support people are.

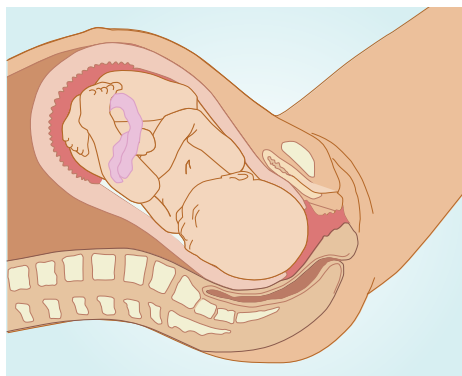
What happens during labour and birth

The work your body does to give birth to your baby (labour) is a process that has three stages. It usually begins slowly and ends with the birth of your baby and delivery of your placenta. Labour can last anywhere from a few hours to 24 hours or more.

Every pregnancy is different. 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 lasts depends on many things including your baby's position, how strong your contractions are, and your general health.

During the first stage of labour, contractions will:

- **thin the cervix (effacement).** Contractions will soften and thin out the cervix, which helps it to dilate so your baby can move out of your uterus.
- **open the cervix (dilation).** Contractions will open your cervix until it's fully dilated to 10 cm, which helps your baby move out of your uterus.



To find the best position to move through your pelvis, your baby needs to tuck their chin into their chest. They may also turn to face your back (anterior position). Moving and changing positions while you're in labour helps your baby tuck and turn. Labour contractions and pushing during the second stage will help your baby move through the pelvis and vagina before birth.

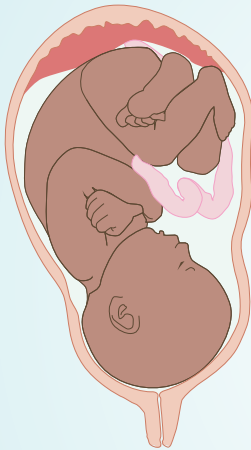
Three Stages of Labour

There are 3 stages of labour:

- **First stage:** is when your uterus starts to contract and then relax. These contractions help to thin and open your cervix. There are 3 phases to the first stage:
 - Phase 1: Early (latent) labour
 - Phase 2: Active labour
 - Phase 3: Transition
- **Second stage:** begins when your cervix has thinned and is fully dilated. It includes pushing, and ends with the birth of your baby.
- **Third stage:** is the delivery of your placenta.

First Stage of Labour: Contractions, Thinning and Opening of the Cervix

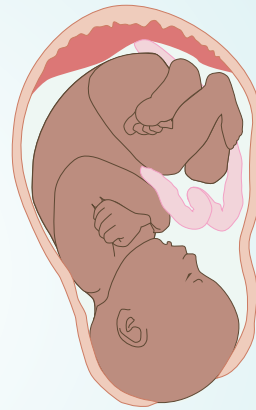
A thick cervix helps hold your baby inside your uterus while they grow. For your baby to be born, your cervix has to become thin and has to open wide enough for your baby to pass through.



Cervix is thick and closed



Cervix is open about 2 cm



Cervix is thinning and open to about 6 cm

Your uterus is a large muscle and like any muscle, when it contracts, the whole thing contracts. The contractions begin at the top of your uterus and spread across it like a wave. In the first stage of labour though, you'll often feel the contractions only in your lower abdomen and lower back even though your entire uterus is contracting. Contractions thin and open the cervix by pulling up on it.

First stage, phase 1: Early (latent) labour

Early labour is the first, and usually the easiest and longest phase. Your cervix begins to dilate and thin in this phase. This phase usually starts very slowly, giving you time to get used to the sensation and rhythm of labour. At the start of early labour, the contractions are mild, short and irregular. Your contractions may come every 20–25 minutes (frequency), last 30–45 seconds (duration) and be mild to moderately strong. 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 your vaginal discharge is light pink. This is normal. As the levels of labour hormones go up, you may also find you have several loose bowel movements.

Emotions

You'll probably feel many emotions from excitement to nervousness.

The hormone connection ★

Oxytocin is the hormone that makes your body create the contractions. Staying calm, focusing and using comfort measures can help your body keep up your level of oxytocin, which will help your labour progress.

Coping, comfort and self-care

During this phase, you can help your body cope and stay comfortable by:

- eating small amounts of food that are easily digested such as soup, crackers, toast or fruit
- staying hydrated and maintaining your energy by drinking enough fluids, such as water, juice or other clear fluids, or by sucking on ice chips
- balancing activity with rest
- having your labour support person be with you
- ignoring your contractions for as long as you can by doing whatever helps distract you, such as sleeping, playing games, going for walks or watching movies
- emptying your bladder every 2 hours or so

If you're a partner

- Encourage your laboring partner to rest
- Help with distraction
- Be sure the transportation to the birthing centre is ready
- Be sure the bags are all packed for the birthing centre
- Keep up your food and fluid level
- Start your plans for child care for your other children, pets, or animals

First stage, phase 2: Active labour

Active labour is marked by an increase in contractions. The contractions vary widely in how long they are. Contractions often come every 2–3 minutes, last 45–75 seconds and will be moderate to strong.

Physical changes

The pink-tinged vaginal discharge continues. Your cervix will continue to dilate. Your water may also break during this phase, if it hasn't already.

Emotions

You'll continue to feel many different emotions that may get stronger as your labour continues. It's normal to wonder how long your labour will last and what the rest of your labour is going to be like. It's also common to lose focus at certain points during labour, especially if you're moving from your home to your birth centre, if there's a change in your health care provider, or as your labour begins to move to the next phase.

Coping, comfort and self-care

Some tips to help you through this phase are to:

- Keep drinking clear fluids to keep up your energy and stay hydrated.
- Listen to your body, it knows what to do. Do whatever helps your body do its job.
- Focus only on the contraction you're having and then let it go.
- Tell your labour support person what you need to stay calm and focused.
- Use upright positions that make use of gravity and let you rock and sway your pelvis.

“During prenatal classes [my husband] learned a lot about massaging, breathing and calming me down. What is going to be huge is the support from him verbally, physically helping me through.”

~ Mylene, expectant mom

First stage, phase 3: Transition

Transition is the most intense and shortest phase of labour. During transition, you'll have strong contractions that may come every 1–2 minutes, with almost no break between them. These strong contractions will each last around 60–90 seconds.

Physical changes

Your body is working very hard during this transition phase. It's common to have many physical changes, such as nausea, sweating, shaking and pink-tinged mucous. Your baby will begin moving down into the pelvis. At this point, you may feel pressure in your rectum—like you need to have a bowel movement. You may start to feel the urge to push. Your health care provider will suggest ways for you not to push until your cervix is fully dilated. This is important, since waiting until your cervix is fully dilated will help prevent your cervix from swelling.

Emotions

It's common to feel afraid, nervous and dependent on those around you. You may want labour to stop. You may feel overwhelmed or want to give up. Your body is working so hard that you may feel like you're losing control. All of these feelings are a normal part of labour.

Coping, comfort and self-care

Your body knows what to do during this intense phase. Your endorphins, the chemicals that help relieve pain, are at their highest. Many women feel sleepy or enter a different state of mind because of these chemicals.



If you're a partner

A labour support person provides ongoing physical and emotional support. Your partner's needs may change during labour. Ask her what would be helpful, such as:

- putting a cool cloth on her forehead
- offering ice chips between contractions
- looking your partner in the eyes and helping to breathe with her through each contraction
- talking or keeping the room quiet

Know and accept that your partner may become irritable or act differently. Say how proud you are and that it's almost time to meet your baby. You may need to repeat this a lot! Ask the health care providers for suggestions of other ways you can 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 may help:

- **Stay active:** for your baby to travel through the pelvis better, you need to keep your hips moving. Swaying, rocking, and walking helps move your baby down and out. Try to change positions every 30 minutes or so.
- **Listen 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 positions that feel most comfortable to you.
- **Surround yourself with people who will support you, respect you and make you feel cared for:** support during labour can help you cope better, reduce your need for pain medicine, and may help you have a shorter labour and a vaginal birth. One or more people should stay with you throughout labour and birth. They can ask you what your preferences are as these may change throughout your labour.
- **Release muscle tension:** tense muscles use up energy that your uterus needs. Try to focus on keeping your jaw, shoulders, arms and legs relaxed. Your support person can help you remember to do this.
- **Make your labour environment safe and private:** this will help you stay calm and focused.
- **Stay flexible:** labour is a journey. Stay flexible and let yourself adapt to your labour pattern to help you feel less stress and cope better.
- **Meet your body's basic needs:** balance moving with rest. Drink plenty of fluids. Remember to breathe—your uterus and your baby need oxygen to do their jobs.
- **Make room for your baby:** make sure you give your baby as much room as possible by emptying your bladder every 2 hours or so. You can also help widen your pelvis by using shallow lunging and squatting positions and only with support from your labour support person. A birth ball can also be used to sit on in order to rock and rotate your pelvis. This will help your baby move down into your pelvis.
- **Let gravity do some of the work for you:** your baby will move more easily down into your pelvis if you choose upright positions, such as standing and leaning.
- **Let your hormones work with you:** for contractions to do their job, they need the ongoing release of the hormone oxytocin. Touch and massage help to release oxytocin.

***Be open to what works
for you in the moment*** ★

Asking questions and getting answers will help relieve your fears and concerns.

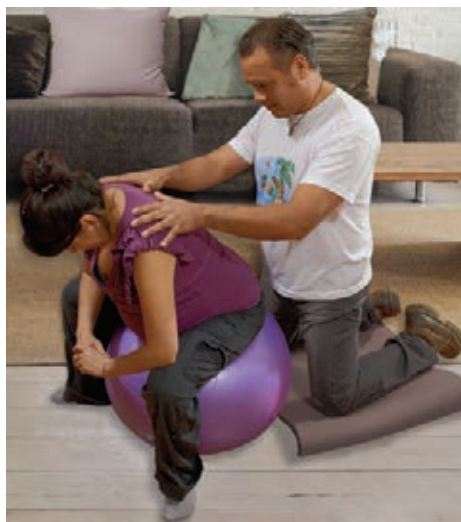
- **Stay calm and focused:** it's normal to feel stressed during labour. Being afraid, feeling panic and tensing your muscles causes high levels of stress hormones to be released, which can decrease oxygen to your uterus. This can lead to more pain, contractions that are not as effective, a slower labour and less blood flow to your baby. Contractions are more effective when you're calm and focused. Try to break the fear-tension-pain cycle (see page 168).

Positions for labour

Trying different positions and moving during labour can help to reduce your pain and help your labour progress. At the beginning of labour, most babies enter the mom's pelvis looking to the side. Your baby needs to tuck their chin into their chest and find the best position to move through the pelvis. They may also turn to face your back (anterior position).

When you choose positions such as standing, leaning, or sitting on a birth ball, you're using gravity to help your baby move down through your pelvis. This makes it easier for your body during labour. When you do these positions with movements such as walking, swaying, rocking, or shallow lunges with support from your partner, you're helping your baby make the tucks and turns they need to enter and move through the pelvis.

A birth ball can also be used to sit on in order to rock and rotate your pelvis. This will help your baby move down into the pelvis. It's a good idea to practice sitting on a birth ball at home before you're in labour.



Birth ball safety

Your health care provider will help you use a birth ball safely. If you're using a birth ball at home, make sure:

- it can hold your weight
- you have someone supporting you or have something stable in front of you to hold onto

Women are naturally restless during labour. You'll instinctively move, sway and pace. Here are some things that might help:

- Choose the position and movements that feel right to you at the time.
- Try to change positions at least every 30 minutes.
- Use mostly upright positions, such as standing, walking, leaning or slow swaying with your partner.
- Balance activity with rest. Alternate upright positions with more restful positions. Try sitting on a birth ball, sitting in a chair, sitting forwards or even backwards, or laying on your side for a short time.
- Avoid spending too much time in positions that prevent you from moving your hips, like lying in only one position in bed.

There are times when a woman may need to stay in bed during labour. If this happens:

- Ask if you can switch between lying on each side, lying almost on your abdomen, and lying on your back with a tilt.
- Try to change positions every 20–30 minutes.

Your movements and positioning will help your labour progress. Sometimes though, your baby's head may have trouble moving through your pelvis. If this happens, your health care providers may recommend options to assist with the birth, such as a caesarean birth. For more information on caesarean birth, see page 201.

Walking and standing

Standing and walking can help during the early and active phases of labour. This lets gravity do more of the work, as it:

- helps your baby move down into position for birth
- may help relieve backaches
- makes your contractions more regular

Standing can be tiring, so you can also rock and sway your hips. You may find it easier to lean forward over something or someone.

“ *Women may think labour happens on your back, but it happens in whatever position feels good at the time.* ”

~ Robin, mom of a baby



Sitting upright

Sitting during labour uses gravity to improve your contractions. It's also a good resting position. You can make this position even more restful by leaning on the bed or your partner. You can have your back rubbed at the same time.

Sitting on a birth ball gives you the benefits of sitting while still being able to move your hips. Sometimes though, sitting too long can make backaches and hemorrhoids worse.

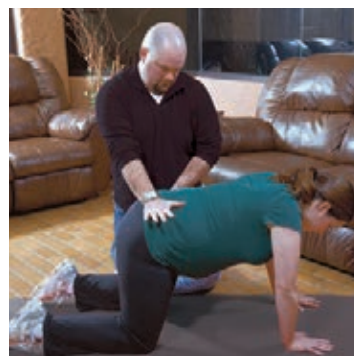


Kneeling on all fours

Kneeling on your hands and knees (all fours) for short periods can help in early and active labour. This can:

- relieve backaches—especially if you sway your hips or do a **pelvic tilt** at the same time
- help turn a baby who is facing front instead of back
- take the pressure off of hemorrhoids—if you have them

To ease the pressure on your wrists, try leaning on your forearms. You can also do this with a birth ball or a low chair—have your partner or labour support person hold the ball so that it doesn't roll away from you.



How to do a pelvic tilt

1. Kneel on the floor or bed on your hands and knees, with your back flat.
2. Lift the centre of your back up towards the ceiling as if a rope is pulling the middle of your back up. Drop your head down as your back curls upwards.
3. Relax and return your back to the flat position. Repeat several times, moving slowly and rhythmically. Remember to breathe.



pelvic tilt: when the front of the pelvis rises and the back of the pelvis drops

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
- help you relax between contractions

Try pulling your knees up and placing a pillow between them. You can also keep your lower leg straight, bend your top knee and rest it on a pillow with your knee closer to the mattress. This opens the tailbone area of your pelvis for your baby to move into. Reaching your arms up towards the headboard can also make more room for your baby.



Squatting

Squatting widens the **pelvic outlet** and makes it easier for your baby to move through your pelvis. Squatting can tire you out, so you may only want to do it 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:

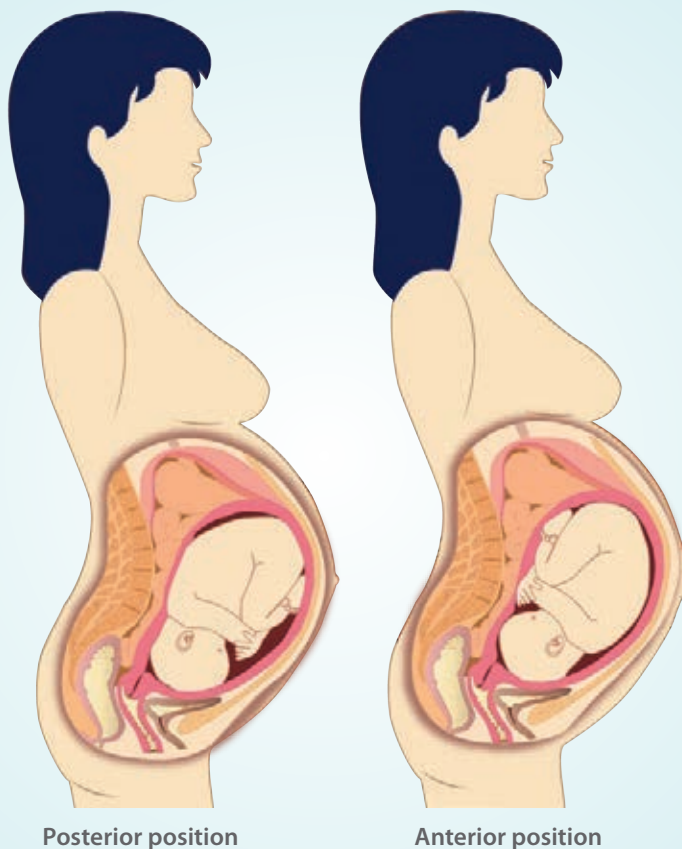
- sitting on the toilet
- sitting on a low stool
- using a squat bar on the birthing bed



pelvic outlet: the bony ring that your baby will pass through

When you have back labour

Feeling contraction pains in the back often happens in any labour. It's more common if your baby is head down but facing the front of your pelvis (posterior position) instead of being chin-tucked and facing your back (anterior position). This may cause you to feel extra pressure and pain on your back—either all the time or sometimes during contractions only.




Labour may be slower and hurt more when your baby is in a posterior position. This position puts pressure on your bones and ligaments, which causes more pain. Your baby also doesn't fit as well through the pelvis in this position, which leads to a longer labour.

Before they're born, most babies in a posterior position will move into an anterior position. Often a baby will rotate their head during the second stage of labour, while you're pushing.

Your baby's head usually fits through the pelvis better when in the anterior position. However, you can also give birth to your baby if they are in the posterior position.

Doing a pelvic tilt slowly and rhythmically will help during back labour. Pelvic tilts support the lower back, eases back discomfort and help make the pelvic outlet larger. They also encourage your baby to turn if they're in the posterior position (see page 179).

Tips to help with back labour

Strategy	Tips
Positioning	<ul style="list-style-type: none"> ■ Lean forward, stand or sway. ■ Change your position often—kneel on all fours, lie on your side with your top leg on a pillow or sit on a birth ball. ■ Use positions that open your pelvis, such as stair climbing or squatting. ■ Put one leg up on a low footstool and do shallow lunge with support during the contractions to help turn your baby. ■ Do not squat during early labour—squat only after your baby has entered the pelvis or during pushing.
Movement	<ul style="list-style-type: none"> ■ Walk or move your hips side to side.
Massage or pressure	<ul style="list-style-type: none"> ■ Use a deep, steady pressure or circular massage. ■ Your support person can put pressure on your lower back area using a hand or fist, tennis ball or rolling pin. 
Heat or cold	<ul style="list-style-type: none"> ■ In the shower, have your support person hold the spray nozzle on your lower back. ■ Put an ice pack wrapped in a cloth on your lower back.

“ I found walking around as much as I could, finding a focus object on the wall in the room and having a good coach was helpful. My husband and my mom were there. ”

~ Lorna, mom of a toddler

Ways to stay relaxed

There are many ways to help you relax. You may want to practice different ways before you go into labour. Your support person can help by encouraging you and giving you emotional and physical support. The best type of relaxation is whatever works for you.

Music and relaxation recordings

Bring music with you if you find music soothing. Recorded relaxation sounds or listening to a recorded book may also help.



Focal point

During contractions, focus your attention to help keep your breathing regular and help you stay as relaxed as possible. To focus, concentrate on something other than the pain of labour, like something:

- you can see—a person or object in the room or your baby's ultrasound picture
- you can hear—your support person's voice, your own breathing or the clock ticking
- happening inside your body—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 place you like to visit or a place you'd like to go one day? By imagining yourself there and using your senses to make a picture, you'll 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.
- in a swing, holding your baby in your arms. Feel the warmth of your baby. Count as you swing.
- as a tree in the wind, bending with the force of the breeze as you go with the force of your contraction. Come upright as the wind and your contraction subsides.

Massage

Many types of massage can help because they increase your endorphin levels. Self-massage or massage from your support person can help release tension. You can try:

- light, rhythmic, circular stroking of your abdomen (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

Once you're in active labour, a shower may help, or a warm bath if your membranes haven't ruptured. 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 stay upright and may help you to refocus.

Warm water bottles or washcloths on your lower back can be a comfort. Some women find that cold packs or ice wrapped in a towel can also help.



Reproduced with permission from Chadwick, originally posted on Bloom.ca. (2013).

Calming breathing patterns

Breathing patterns can help 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. If you hold your breath, your muscles tense and cause more pain.

Steady, slow, relaxed rhythmic breathing helps to calm your body and mind. It may give you a sense of control or a feeling of letting go. Breathing patterns can help you, your baby, your support person and your health care providers during labour by:

- helping your body stay relaxed

- giving your baby lots of oxygen during contractions
- letting your support person know that a contraction is starting or ending, so they know 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, here are some ideas about how you and your 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.



Progressive relaxation

Progressive relaxation is one way you can relax your muscles as much as possible.

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. Tense your muscles for 5 seconds at a time and then relax them for at least 10–15 seconds. When you tense your muscles, breathe in. Work your way through all the muscle groups of your body.
3. When you relax your muscles, breathe out. As you breathe out, imagine all the tension flowing out of your body with your breath.
4. Think about the muscles that you've relaxed. Let them become soft, loose and warm.

Techniques to help during labour

Cleansing breath	
You	Support person
<ul style="list-style-type: none"> Take a slow, relaxed deep breath in at the beginning of your contraction. When you breathe out, release all your tension. 	<ul style="list-style-type: none"> When the contraction starts, stop any outside interruptions, such as other people asking questions. Say, <i>"She's just starting a contraction. We will answer you as soon as it's done."</i> Focus all of your attention on her. You may want to time contractions so you can tell her when she's halfway through.
Focal point	
You	Support person
<ul style="list-style-type: none"> Concentrate on something in the room or in your mind. 	<ul style="list-style-type: none"> You may be the focal point! Remind her to focus or concentrate on something.
Patterned breathing	
You	Support person
<ul style="list-style-type: none"> Start with slow, deep and regular breathing. Breathe this way through the whole contraction. Some women find breathing in through the nose and out through the mouth helps—find what works best for you. Many women use this type of breathing for their entire labour. 	<ul style="list-style-type: none"> Watch carefully for tension and regular breathing. If you see tension, ask her to relax these muscles, massage them or place your hands on tense areas. Say <i>"Let your shoulders drop,"</i> or <i>"Relax your arms—let them rest on my hands."</i> You may notice that as the contractions become stronger, her breathing becomes faster. You can still say <i>"Slow it down. Nice and easy. Keep breathing. That's right. Exhale, breathe out."</i>
Cleansing breath	
You	Support person
<ul style="list-style-type: none"> When the contraction is over, take another big, deep breath in and out. Blow away the contraction completely. 	<ul style="list-style-type: none"> Remind her to take a cleansing breath.

Let go	
You	Support person
<ul style="list-style-type: none"> ■ 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, or you may need to rest. 	<ul style="list-style-type: none"> ■ 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, like 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.

When you're the labour support person

Helping support a pregnant woman during labour takes time, energy and a lot of caring. Be aware that you're having your own emotions and experiences. Some women and their partners may want to have a second support person who can support both of them. This gives the partner a chance to take a break without having to leave the mom alone.

- **Take care of your needs:** someone who feels faint or is cranky because they haven't eaten can't give good support. Take short breaks and remember to eat and drink to keep yourself energized.
- **Do not take anything personally:** labour is hard, both emotionally and physically. It's common for women in labour to have stronger emotions—they may not act the way they usually do.
- **Make the environment comfortable:** adjust the lighting and check the temperature. Cut down on outside noise by closing the door or putting on some music. Keep the curtain and door closed for privacy.
- **Match her mood:** if she's talkative, talking is a great way to support her. If she's quiet and focused, you can offer a few words of encouragement. Do not start or continue conversations when she's focusing on her contractions. This will break her focus and increase her tension. Ask her if there is anything else that would help her to be more relaxed and stay more focused, like less noise or distractions.
- **Remind her to listen to and trust her body:** encourage her to choose positions, movements and sounds that help her cope. If she is making high pitched sounds, this can make her muscles tense up. Suggest making low, deep sounds.
- **Ask her if she is managing the pain:** if she is not, suggest another position or comfort strategy.

- **Help her keep her 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 once the contraction is over and provide encouragement. Tell her how proud you are of her.
- **Accept that her behaviour in labour may be different:** she may make different sounds and movements—that’s normal. She’s doing what she needs to do to bring the baby into the world.
- **Ask the health care providers questions:** Make sure you understand what’s happening and ask for support when you need it.
- **Help her to relax:** Help her to release muscle tension or regain a rhythmic breathing pattern. Be specific—say things like *“Let go of tension right here”* or *“Breathe in with me”*.

Breathing too fast

It’s possible for a woman in labour to breathe too fast (hyperventilate). If this happens, she 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 to cup her hands over her nose and mouth or to breathe into a paper bag.

Some tips to help support your partner to stay calm and focused

How to tell if she is calm and focused	How to help her stay calm and focused
Watch her breathing:	Say something like:
<ul style="list-style-type: none"> Are her breaths slow and even? 	<ul style="list-style-type: none"> <i>"Slow, deep breaths."</i> <i>"Slow it down, nice and easy, in and out."</i> <i>"Relax as you breathe out, focus on the out breath, and let it out."</i>
Look at the muscles in her face:	Say something like:
<ul style="list-style-type: none"> Is her jaw clenched? Are her eyelids squeezed tight? 	<ul style="list-style-type: none"> <i>"Let your jaw relax, with your teeth and lips slightly apart."</i> <i>"Let your eyelids feel heavy, the muscles in your face are soft and loose."</i>
Look at her body, especially shoulders, arms, hands, legs and feet:	Say something like:
<ul style="list-style-type: none"> Are her fingers clenched? Are her shoulders pulled up to her ears? Are her legs and feet pulled up? 	<ul style="list-style-type: none"> <i>"Let your (arm, foot, etc.) relax. Your muscles should feel heavy, soft, loose, and warm."</i> <i>"Your (arm, foot, etc.) feels like it's sinking into the chair. As you breathe out, let your muscles become even softer, looser and heavier."</i> <i>"Your (arm, foot, etc.) feels warm, comfortable and relaxed. Lower your shoulders, unclench your hands and relax your fingers."</i>

Second Stage of Labour: Birth

The second stage of labour begins when your cervix has thinned and is fully dilated to 10 cm. During the second stage, many women get a burst of energy to help them with the work of pushing. Women often feel encouraged knowing that they'll soon meet their baby.

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 your baby.



As your baby is pushed out of your uterus and into your vagina, your baby's head presses on your rectum. For many women, this rectal pressure feels as though they need to have a bowel movement. You may find that when your baby is low enough in your vagina this may happen and you can't control your body's urge to push. Some of the physical changes of transition such as shaking, sweating and nausea, continue into the second stage of labour. This is because your body's 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.

Will I have a bowel movement during pushing? ★

It's normal to pass a small amount of stool while pushing. Your health care provider will wipe it away.

You may feel a strong and uncontrollable urge to push, while others do not feel any urge to push at all. However, most women will feel more pressure in their rectum. This will guide you when and where to push.

Your health care providers will be more focused on you and your baby. They will help you push effectively and help you find what works best for you.

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's a moment when the largest part of your baby's head is at the opening of your vagina (crowning). This may feel like an intense or strong burning sensation.

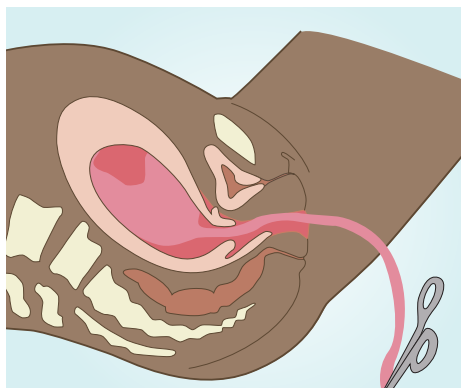
At this point, you'll be asked to push gently or pant, to ease your baby's head out slowly and prevent or minimize tearing. Your health care providers will guide you through this stage. After your baby's head is out, they will turn a bit, the shoulders are then delivered, which may need a small push from you, and then the rest of your baby enters the world! On rare occasions the baby's top shoulder may get stuck—your health care provider will need you to listen carefully to them so that they can help you birth your baby safely.

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. It doesn't hurt your baby to cut the cord. For more information about skin-to-skin cuddling, see page 209.



Third Stage of Labour: 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. Many moms are so involved with their new baby that they are not even aware that the placenta has been delivered. You can ask to see it if you want—this is what kept your baby alive all of these months!



The placenta usually separates 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 synthetic (human-made) oxytocin to help prevent too much bleeding and to help your uterus start to get smaller and return back to its pre-pregnancy size.

Placentophagy



There are no proven benefits to **placentophagy**, however there are risks. Placentophagy can increase the risk of infections in both you and your baby.

“After waiting for nine months to see my baby, planning the nursery, taking my maternity leave, I couldn’t believe it when I actually went into labour. It all felt like such a whirlwind. And at the end of it, they handed me my baby. How did it happen? Here I was, a mom.”

~ Adeela, mom of a baby

placentophagy: consumption of the placenta in either a raw, cooked or encapsulated form

Pain Relief Options During Labour

Along with staying calm and focused, working with your body during labour, and using different positions, there are other ways to relieve pain during labour. Your health care provider and childbirth educator can help you learn what other choices you have to help manage labour pain. It's a good idea to know more about these options before your labour begins.

Narcotics

Pain medicine such as morphine and fentanyl are narcotics. They're given by injection into a muscle (IM) or into a vein (IV).

Benefits

- Makes the labour pains feel like they are not as strong.
- Can be used throughout labour.
- Some birth centres have pumps so you can control when you want the medicine.

Things to think about

- May cause you to feel dizzy, nauseated or drowsy.
- May make your baby drowsy which can affect your baby's breathing and breastfeeding. Your health care providers will take care of your baby if this happens and help you to breastfeed.

Transcutaneous Electrical Nerve Stimulation (TENS)

TENS is given through electrodes that are placed on your skin. A mild electric current mixes up the pain messages to your brain so you feel less pain.

Benefits

- May relieve pain in early labour.
- You control how strong the current is.
- Helps take your mind off the pain.



Photo reproduced with permission from Greer, H. (2017).

Things to think about

- Works most effectively if you start using TENS in early labour, otherwise it won't work as well in active labour. It works best if you replace the batteries every 4–6 hours.
- Can't be used in the bathtub or shower.
- You'll have to rent or buy a TENS machine and take it with you—most birth centres do not have them.

Entonox®

Entonox® is also known as 'laughing gas' or 'gas and air'. It's a mixture of 50% nitrous oxide and 50% oxygen. You get the gas by breathing through a face mask or a mouthpiece when you have a contraction.

Benefits

- Gives some pain relief at any stage in labour.
- You control how much you get.
- Takes your mind off the pain and helps you relax.
- Doesn't have long-lasting effects on you or your baby.

Things to think about

- May cause dizziness, nausea, numbness or tingling.
- Doesn't stop the pain.



Epidural

An epidural (anesthetic) can be given during labour. The epidural blocks the pain in the lower part of your body. The doctor who gives the epidural (anesthesiologist) numbs the skin in your lower back. Once the skin is numb, a needle is inserted between the bones of your spine into a space between the layers of membranes in your spinal column. A thin plastic 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.

Before an epidural, you'll be given information about the procedure and give consent either verbally or in writing. Your anesthesiologist can answer your questions.

Most women who want an epidural can have one, but there are some medical conditions that can prevent a woman from having an epidural. There may also be times when one is recommended. If you're interested in having an epidural in labour for pain control, talk with your health care provider ahead of time.



*Reproduced with permission from
© www.pattiramos.com*

(continued on following page)

(continued from previous page)

Epidural	
Benefits	Things to think about
<ul style="list-style-type: none"> ■ Can give the best pain relief. ■ Can be used throughout labour. ■ Easy to give more medicine when needed. ■ Pain relief is quick, and begins within 5–10 minutes, then usually fully effective by 20 minutes. ■ Can let you rest so that you have strength to push. ■ Some women are able to push better with an epidural since their pain has been relieved, but they can still feel the pressure. The amount of medicine can also be adjusted so that you can feel enough to know when to push. ■ Can give pain relief during back labour and during interventions such as vacuum or forceps for an assisted birth. ■ Can be used when other pain methods to manage pain haven't worked. ■ If you need a caesarean birth you may be able to be awake. 	<ul style="list-style-type: none"> ■ It may slow or stop labour if given before you're in active labour. If contractions slow down, you may be given synthetic oxytocin to stimulate labour. ■ You must have an IV started before you're given the epidural as it may lower your blood pressure, which could slow your baby's heart rate for a short time. ■ You may have trouble passing urine and may need a catheter in your bladder during labour to drain your urine. ■ You may not feel the urge to push and need forceps or a vacuum to assist with the birth. ■ You may have to stay in bed because your legs may feel weak. You may be able to get up to go to the bathroom with the help of your health care provider. ■ You may shiver or feel itchy. ■ You may develop a mild fever during labour. Your health care provider will monitor this if it happens. ■ You may have a headache after the epidural wears off. This can be treated. ■ You may feel bruised at the site of the epidural. This usually goes away within a week. ■ There is a very, very small chance that you can have breathing problems, infection, nerve damage or paralysis.
Pushing with an epidural	
<ul style="list-style-type: none"> ■ Once your baby is low enough, most women who've had epidurals can still feel some rectal pressure—this will help you 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 will also signal you to push. ■ If you do not have an urge to push, many health care providers will give you more time before starting active pushing. This will help you keep up your energy as pushing without an urge to do so can be very tiring. ■ The amount of medicine can also be adjusted by your health care providers so that you can feel enough of the contraction to know when to push. ■ Your health care providers will also let you know when your contractions are happening and tell you when to push. 	

vacuum: a small cup, connected to a suction pump that your health care provider uses to guide your baby out of the birth canal

forceps: metal, spoon-like instruments health care providers use to gently guide your baby out of the birth canal

Other Procedures During Labour and Birth

During labour and birth, your health care provider may suggest one or more medical procedures to help you or your baby. They will talk with you about the benefits and risks. Knowing about these procedures ahead of time will help you be prepared if you need any of them.

Fetal monitoring

A fetal monitor is a machine that keeps track of your contractions and your baby's heart rate during labour. Labour can be stressful for your baby—their heart rate may get faster or slower. It's serious when a baby's heart rate is too fast or too slow. By checking how your contractions affect your baby's heart rate, your health care provider can monitor how your baby is doing. There are two ways to monitor your baby's heart rate during labour—intermittent or continuous monitoring.

Intermittent monitoring

This method means that your baby's heart rate is being checked when needed. Health care 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 listening to your baby's heart rate continuously.

Continuous monitoring

This method means that your baby's heart rate is always being checked. The monitor measures both your contractions and your baby's heart rate. Continuous monitoring is used in active labour when intermittent checking is not enough, such as with synthetic oxytocin infusions or after a previous caesarean birth. There are two types of continuous monitoring, external and internal. External monitoring is the most common.

External monitoring

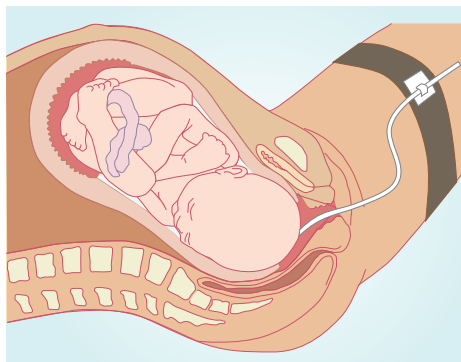
Two sensors are placed on your abdomen and held lightly in place by elastic belts. One sensor measures your baby's heart rate through ultrasound. The other sensor measures and times each contraction by picking up the pressure of your uterus as it tightens.

External monitoring doesn't measure how strong the contractions are, just how often they're happening. Although fetal monitoring doesn't cause discomfort, sometimes you may not be able to move around very much while it's being done. Check with your health care provider to see if you can move around or if you can stand next to the bed or sit on a birth ball.



Internal monitoring

When your baby needs closer monitoring, a thin wire (electrode) 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 is plugged into a machine.



The electrode doesn't hurt your baby, although it will leave a small scratch on their scalp for a few weeks. Monitoring by this method is more accurate, as it picks up the electrical impulse of your baby's heart. Check with your health care provider to see if you can stand beside the bed or take short breaks to use the bathroom to empty your bladder while the monitor is in place.

Inducing labour

While many women go into labour on their own, sometimes labour needs to be stimulated (induced). To get your labour started your health care provider may sweep (strip) the membranes during a vaginal exam. This is done by inserting a gloved finger into your cervix and separating the membranes from the lower part of your uterus at the edge of the cervix. There may be some discomfort during the procedure or light spotting after.

Normally, your cervix begins to 'ripen' near the end of pregnancy. If it doesn't, your health care provider may help it get ready for labour by inserting either:

- prostaglandin gel into your vagina close to your cervix
- a slow-release packet of prostaglandin gel close to your cervix
- a catheter with a balloon on one end into your cervix

scalp: the skin covering the head, not the face

If an induction has been suggested, your health care provider will talk with you about the benefits and risks.

There are 3 ways to induce labour:

- **Breaking the amniotic sac (manually rupturing the 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 letting your baby’s head press on your cervix. This pressure causes prostaglandins to be released, which ripen or soften the cervix and stimulate contractions.
- **Using prostaglandin:** this can be a gel or in the form of a tampon that can be inserted into the vagina to stimulate contractions.
- **Giving synthetic oxytocin:** this is given through an IV. The IV rate is increased until you’re having regular contractions that start your labour. Everyone responds differently to this medicine and in rare cases, it may not always start labour.

Reasons for inducing labour	Things to know
<ul style="list-style-type: none">■ You’re more than one week past your expected due date.■ The placenta is not supplying the proper amount of nutrients and oxygen to your baby.■ Your baby is not moving as much as usual.■ Your baby is not growing as expected or has a health problem.■ You have high blood pressure or diabetes.■ You have a normal twin pregnancy that is 37–38 weeks or more.■ Your amniotic sac has broken, you’re at your due date and your contractions haven’t begun after 12–24 hours.■ Your amniotic sac has broken and your Group B Strep swab is positive. Antibiotics will also be started.	<ul style="list-style-type: none">■ It may increase the need for an epidural, vacuum or forceps assisted birth, or a caesarean birth.■ It may stimulate the uterus too much—contractions that are too close together may stress your baby.■ It may not start labour.■ It may increase the risk of infection and other interventions.

Augmentation

If active labour has started, but the contractions slow or stop, your health care provider may suggest stimulating contractions (augmentation). This can help the contractions come more often and become stronger. Augmentation can be done by manually rupturing the membranes and by giving synthetic oxytocin through an IV.

Episiotomy

To make the vaginal opening bigger, a cut is sometimes made through the perineum (episiotomy). An episiotomy is not a routine procedure. It may be recommended by your health care provider if they feel that more room is needed for your baby or your baby needs to be born quickly.

Things you can do that may help prevent an episiotomy:

- Do perineal massage during your third trimester (see page 152).
- Use warm compresses on your perineum.
- When pushing, use positions such as sitting upright, lying on your side or kneeling on all fours.
- Control your pushing, when and how hard you push, during your baby's birth. Your health care providers will guide you with the pushing.

Reasons for an episiotomy	Things to know
<ul style="list-style-type: none">■ To speed up the birth if your baby is having trouble.■ To make more room if it your health care provider thinks that a tear will be bigger if no episiotomy is done.	<ul style="list-style-type: none">■ It may increase the risk of infection.■ It can be uncomfortable and painful.■ It could lead to a tear.■ It usually heals in about 4 to 6 weeks.■ It may cause painful sexual intercourse the first couple of times after it heals.

If you've had an episiotomy or a tear, your health care provider will stitch it up. A local anesthetic (freezing) is injected in the area, unless you've had an epidural. The anesthetic will decrease the pain during the stitching. These stitches do not need to be taken out—they'll dissolve with time as your perineum heals.

Forceps

Forceps are metal, spoon-like instruments. Between your contractions, your health care provider may use forceps to gently cradle the sides of your baby’s head. When you push, they will gently pull to help guide your baby out through the birth canal.

Reasons for the use of forceps	Things to know
<ul style="list-style-type: none">■ To speed up the birth if your baby is having trouble.■ To help with the birth if you’re not able to push or if you’re too tired to push.■ To help adjust the position of your baby’s head if it’s not in the right position.■ To protect the head of a premature baby during birth.■ To avoid a caesarean birth when a vaginal birth can still be done safely.■ To help deliver your baby’s head during a vaginal breech birth.	<ul style="list-style-type: none">■ Can cause tears to the vagina, rectum or perineum.■ There may be some bruising or swelling on your baby’s head or face.■ In very rare cases, it can cause bleeding inside the baby’s skull.

Vacuum assisted birth

A vacuum used for an assisted birth is a small, soft, plastic cup connected to a suction pump. The cup is inserted through your vagina and is placed on your baby’s head. Your health care provider uses a controlled amount of suction to help guide your baby out through the birth canal while you push.

Reasons for a vacuum assisted birth	Things to know
<ul style="list-style-type: none">■ To speed up the birth if your baby is having trouble.■ To help with the birth if you’re not able to push or if you’re too tired to push.■ To avoid a caesarean birth when a vaginal birth still can be done safely.	<ul style="list-style-type: none">■ Can cause tears to the vagina, rectum or perineum.■ There may be some bruising or swelling on your baby’s head or face.■ In very rare cases, it can cause bleeding inside the baby’s skull.

breech: when your baby is buttocks (bottom) or feet first in your uterus

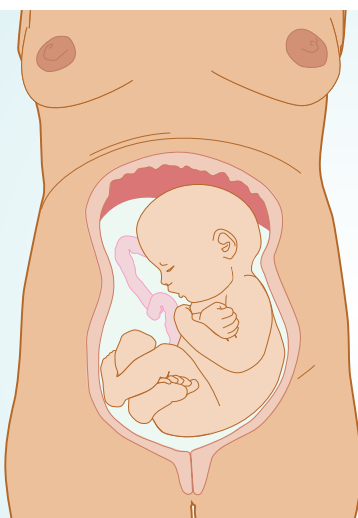
Caesarean birth

A caesarean birth (c-section) is when your baby is born with the help of a cut (incision) made into your abdomen and uterus. Some caesarean births are planned and others are unplanned and done in an emergency. If a caesarean birth is suggested, your health care provider will talk with you about the benefits and risks and how you can prepare. If you have a caesarean, you'll be in an operating room for the birth of your baby.

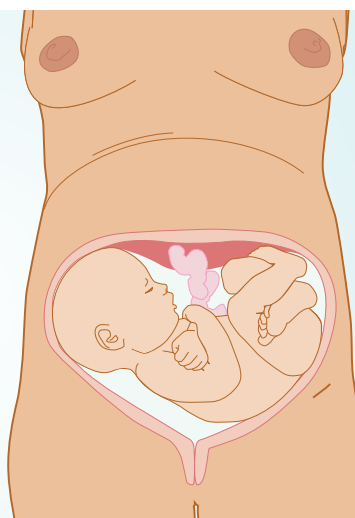
Planned caesarean

Sometimes a vaginal birth is not possible or would be a risk to you or your baby. Some reasons a caesarean birth may be needed are:

- if you've already had a caesarean birth and your health care provider does not recommend a vaginal birth after caesarean (VBAC)
- when your baby is in any position that is not safe for a vaginal birth, such as a breech or a **transverse lie**
- if you have an active herpes virus infection, to prevent the virus from spreading to your baby as your baby moves down the birth canal
- if you're expecting more than one baby and there are problems with the position of the your babies
- if your placenta lies partly or entirely over part of or over your cervix (placenta previa)



Breech presentation



Transverse lie

transverse lie: when the baby is in a sideways position

Unplanned caesareans

An unplanned caesarean birth may be needed when:

- Your baby is too large to safely fit through your pelvis.
- The position of your baby's head causes the labour to not progress as expected.
- Changes in your baby's heart rate show they are not tolerating the stress of labour.
- Your blood pressure is too high to tolerate labour.
- You have an infection in your uterus.
- Your placenta begins to separate from the wall of the uterus before birth (placental abruption).
- The amniotic sac breaks suddenly. The umbilical cord can be carried along and become caught between your baby and your pelvis (cord prolapse). This can affect the amount of oxygen your baby gets.
- Your baby has a certain birth defect or other health issue, and may not be able to tolerate labour and birth.

What will happen in the operating room

What happens during a caesarean birth is the same whether it's planned or unplanned. You'll be given either a **regional anesthetic** (spinal or epidural) or a **general anesthetic**.

With a regional anesthetic, you'll only feel light touches below your breast line. You'll be awake and alert during the surgery when you have a regional anesthetic.

With a general anesthetic, you'll stay asleep during the birth of your baby. The general anesthetic is usually used when your baby has to be delivered very quickly because of a life-threatening problem with you or your baby. You may be able to talk with your health care provider about the kind of anesthetic you prefer. There may not be time to talk about all of these details in an emergency.

regional anesthetic: medicine given through a needle inserted into a space surrounding your spinal cord. Allows you to be awake and alert during your surgery.

general anesthetic: medicine that puts you completely to sleep during the birth of your baby

Here are some things to expect during a caesarean birth:

- You'll lie on an operating room table that tilts slightly to the left. There are supports on the side to keep you from slipping.
- Your blood pressure and heart rate will be monitored.
- Your abdomen and thighs will be washed and covered with a sterilized cloth or drape, leaving only a small area on your abdomen showing.
- Your arm(s) with the IV will rest on an arm board, away from your body.
- Your support person may or may not be able to stay in the operating room.
- There will be many health care providers in the room to care for you and your baby.
- Once the anesthetic is working, the surgery will begin.
- If you have a regional anesthetic you won't feel any pain but you may feel pressure.
- Your baby will be delivered through a small incision on your abdomen.
- A screen will be put up so you do not see the surgery. It may be lowered so you can see the birth.
- A catheter will be inserted into your bladder.

Your support person

Your support person may be able to come with you into the operating room if you have a regional anesthetic, they'll also be able to talk with you during the caesarean birth. They can help you to relax and get comfortable. This may not be possible if you're having a general anesthetic, or if there's an emergency.

After a caesarean birth

- Ask to have your baby placed skin-to-skin with you or your support person right after birth so you can bond with your baby.
- You'll likely start on a liquid diet and then move to solid food as soon as you're able.
- The IV will come out once you're eating well.
- You'll have some pain in your abdomen. Talk with your health care provider about pain medicine to help you feel more comfortable.
- You may still have a catheter in place for a few hours.
- If you have staples, or stitches that do not dissolve on their own, your health care provider will make arrangements to have them taken out.



For breastfeeding, your health care provider will help you cuddle skin-to-skin and find a comfortable breastfeeding position.

You're not only recovering from the birth of your baby, but also from surgery. Taking care of yourself will help you recover faster. Eat healthy foods throughout the day, drink plenty of fluids and get enough rest to help you recover.

You may have many feelings depending on your expectations and the reason for your caesarean birth—happy, relieved, sad or disappointed. If the caesarean birth is an emergency, you may have had little time to get ready for it. If you have any questions or concerns, talk to your health care provider, partner or someone you trust.

Many women can have a vaginal birth after a caesarean birth in later pregnancies. Talk with your health care provider about this before or during your next pregnancy.

“ I had a caesarean birth. Birth is ‘natural’ no matter where it happens or how—it’s about what is best for you, your baby and your family. ”

~ Jenika, mom of a toddler



Postpartum: The First 6 Weeks



Postpartum: The First 6 Weeks

Congratulations, your baby is here! The first 6 weeks after your baby's birth is called the postpartum period. During this time, you'll be recovering from labour and birth and getting to know each other as a family. This chapter has information about the physical and emotional changes you may go through after having your baby. It also has information about taking care of yourselves and your first few days with your new baby. Information on caring for your baby can be found in the book *Healthy Parents, Healthy Children: The Early Years* or visit healthyparentshealthychildren.ca

Congratulations Your Baby is Here!

Name: _____

Birthday: _____

Time of birth: _____

About my baby

Weight: _____

Length: _____

Head Size: _____

Birth Centre: _____

Health care providers who helped at my baby's birth: _____

My labour support person(s): _____

Letter to my baby

At the Birth Centre

You'll stay in the birth centre for around 12–36 hours after your baby is born. If you had a caesarean birth, your stay may be longer. The health care providers at your birth centre will help you care for yourself and your baby. They will encourage you to cuddle skin-to-skin and will ask you how you want to feed them. If you're breastfeeding, you'll be encouraged to breastfeed your baby within the first hour after birth, or as soon as you and your baby are ready.

Your health care providers will check both you and your baby to ensure you're both healthy.

You will:

- be checked for your overall physical well-being and vaginal blood flow
- have your uterus checked to make sure it's firm
- have your blood pressure, breathing, pulse and temperature checked
- have your vaginal area checked if you had a vaginal birth
- have your incision checked if you had a caesarean birth
- be asked how your pain is and be given medicine to treat the pain, if you need it

Questions or concerns?



If you have questions or concerns about how your baby's doing, talk with your health care provider.

Your baby will be:

- weighed and measured
- checked for their overall health, which includes breathing, heart rate, skin colour, muscle tone and reflexes when they're 1 and 5 minutes old (Apgar score)
- given erythromycin antibiotic ointment in their eyes to help prevent an infection that could lead to blindness
- given an injection of vitamin K in their thigh within 6 hours of birth to help prevent bleeding which could lead to brain damage and even death

Your baby will stay in your room beside your bed in a small, portable crib or bassinet. Keep your baby's crib or bassinet close by at all times. This is a safe place for your baby to be when you're asleep. Always put your baby to sleep on their back. Being together in the same room will help you and your baby get to know each other.

Getting to know your newborn skin-to-skin

Your health care providers at the birth centre will encourage you and your partner to talk and cuddle with your baby skin-to-skin for as long as you can. Skin-to-skin cuddling will help you to bond with your baby and it also provides other great benefits, like promoting early and frequent feeding.

Cuddling your baby skin-to-skin is a good way to ease them into the outside world.

- Hold your baby chest-to-chest with your baby wearing only a diaper. With their head on your bare chest, your baby can hear your heartbeat and smell you.
- Cover your baby's back with a blanket for warmth. Do not cover your baby's head with a blanket as this may make breathing difficult.
- Stay awake when cuddling with your baby to prevent them from falling.

Cuddle your baby skin-to-skin before and after feedings, and as often as you want, for the next few weeks. You can also ask that baby exams be done while holding them skin-to-skin, if possible.

Skin-to-skin cuddling is a way for your baby to use all five senses to get to know you and your partner. It also helps:

- regulate your baby's heart rate, breathing and blood sugar
- keep your baby warm if they're too cool—your body temperature can raise theirs by 2 °C (3.6 °F)
- cool your baby if they're too warm—your body temperature can lower their temperature by 1 °C (1.8 °F)
- your baby gain weight
- your baby be calm and cry less



Photo courtesy of the United States Breastfeeding Committee



- For moms, skin-to-skin cuddling can:
 - increase hormones that make breastmilk and help milk flow
 - promote breastfeeding and help your baby latch more easily to your breast
- For both moms and dads, skin-to-skin cuddling can:
 - help you feel relaxed and lower stress levels

Stay awake while cuddling



It's important to stay awake when cuddling your baby. If you're feeling tired or drowsy, put your baby on their back in their own crib, cradle or bassinet.

Breastfeeding

It may take up to an hour or more for your baby to be ready to feed. Ask your health care provider to help you breastfeed your baby as soon as you're comfortable. To help get your milk supply established, breastfeed your baby early and often. It's easier to start breastfeeding when you and your baby are doing skin-to-skin cuddling. For more information about breastfeeding, see page 273.



Vitamin D for newborns



All newborn babies should be given a liquid vitamin D supplement of 400 IU every day. Follow the directions on the bottle. If you have questions, call Health Link at **811** or your health care provider.

How your newborn looks

You've been waiting a long time to meet your baby and you may notice some differences in how your baby looks compared to other babies you've seen. That's because newborns look quite a bit different than babies who are a few weeks old.

Skin

- **Slippery white coating (vernix):** Your baby's skin may be covered with vernix that protected their skin in your uterus. It will be absorbed or washed off within the first 24–48 hours.



- **White spots (milia):** Your baby may have milia around their nose that may last a few months. These white spots will go away on their own—do not try to remove them.
- **Fine, downy hair (lanugo):** Your baby may have lanugo on their forehead, ears and shoulders. Lanugo usually disappears within 2 months.
- **Dry or peeling skin:** Your baby's skin may be dry and peeling, especially on their hands and feet. Talk with your health care provider about using any creams or lotions on your baby's skin if it's still dry after a few days.
- **Black or blue marks (congenital dermal melanocytosis):** You may see these marks on your baby's body, usually on their back or bottom. They look like a bruise, but they are not and they'll usually fade in the first or second year of life.
- **Reddish areas or stork bites (hemangiomas):** You may see these areas on your baby's forehead, eyelids, nose or on the back of their neck. These marks usually fade and are gone by the time your child is 3 years old.

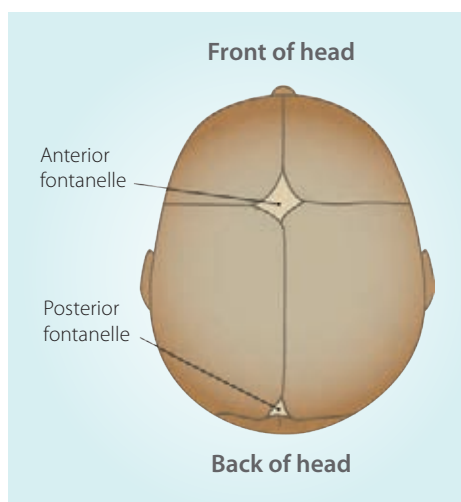
How big are full term newborns?



Most newborns weigh between 2500–4000 g (5 lbs 8 oz–8 lbs 13 oz).

Head and face

- **Soft spots (fontanelles):** the anterior soft spot is found on the top of your baby's head and the posterior fontanelle is at the back of their head. The bones of your baby's skull haven't joined yet, allowing their brain to continue to grow. The soft spots will join together as your baby gets older. Gently touching the soft spots won't harm your baby. The soft spot near the front closes between 6–24 months. The soft spot near the back of their head might be very small and closes between 8–12 weeks.
- **Head shape:** few newborns have perfectly shaped heads. It may take up to 6 weeks for your baby's head to become round.
- **Hair:** 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.



- **Eyes:** your baby's eyes may be swollen from the birthing process. Their eyes may be sensitive to bright lights in the first few days. This is because your baby is used to being in the dark. It's common for their eyes to change colour during the first year. Some babies may look cross-eyed until about 3 months of age. If this doesn't go away as your baby grows, talk with your health care provider.
- **Nose:** your baby's nose may be flat or bruised. It will get to its normal shape and the bruising will go away in time.
- **Mouth:** your baby's mouth should be pink and moist.

Body

There are other normal changes you may notice with your baby. These temporary changes are caused by your baby being exposed to your hormones before birth.

- **Swollen breasts:** your new baby (male or female) may have swollen breasts that sometimes leak a milky discharge. This may last for a couple of weeks.
- **Swollen genitals:** your baby (male or female) may have swollen genitals for the first few days.
- **Vaginal discharge:** your female baby may have white, pink or red discharge from their vagina during the first week.

Umbilical cord

The umbilical cord joined you and your baby before birth. When your baby is born, the cord is clamped and cut, leaving a clamp and a small amount of cord attached to your baby. Your baby's umbilical cord will look bluish-white. As the cord dries, its colour changes to a yellowish-brown then a greenish-black. A small amount of oozing or bleeding is normal when the cord starts to fall off.

Cord clamp



If you want to have your baby's cord clamp removed for cultural reasons, talk with your health care provider.

The cord and cord clamp usually fall off on their own after 1–3 weeks after birth. The cord will harden and turn greenish-black as it dries. If the cord is still attached when your baby is 3 weeks old, talk with your health care provider.

How to care for your baby's umbilical cord:

- Keep the area around their cord dry. This will help it stay clean.
- Wash your hands before touching their cord.
- Keep their diaper folded below their cord so that the cord remains dry.
- You can give your baby a full bath before the cord falls off. After the bath, fully dry the cord with a cotton-tipped applicator, like a cotton swab or the tip of a clean cloth, before dressing your baby.
- Clean any discharge from around the cord using a cotton-tipped applicator dipped in tap water, then dry it well with dry cotton tipped applicators.
- Cleaning the cord with alcohol is not recommended.
- Do not put coins, buttons, bandages and binders on the umbilical cord.



Call Health Link at **811** or your health care provider if the umbilical cord or the skin around the cord has any of the following:

- a lot of blood
- is red, warm or swollen
- a discharge that smells bad

When your baby cries

Starting from birth, all babies cry. Crying is a way your baby communicates with you and tells you that they need your help. It may mean they're hungry, need a diaper change, want to be held, are tired, or do not feel well.

Your baby's crying may increase at about 2 weeks and peak when they're about 2 months old and then gradually decrease. On average, babies cry about 2 hours total throughout the day. Some babies cry more, some less. Babies can:

- sometimes cry for 30–40 minutes at a time
- cry more in the afternoon or evening
- sometimes look like they're in pain when they cry

There will be times when you won't know what your baby is trying to tell you. Try to make your baby more comfortable during this time. As a new parent you'll learn your baby's **cues** and that your baby cries differently for different reasons. Ask your partner for help when you need it and do your best to stay calm.

cues: movements, sounds and facial expressions your baby uses to communicate their needs and emotions

You can try to soothe your baby by:

- making your baby as comfortable as possible (not too hot or too cold)
- changing their wet or dirty diapers
- trying different holding positions
- cuddling skin-to-skin
- feeding them slowly and burping them often
- gently rocking or walking with them
- talking, singing or playing soft, relaxing music to them

Sometimes babies can't stop crying no matter what you do to try to soothe them. Being unable to soothe your baby doesn't mean you're a bad parent. It also doesn't mean your baby is angry with you. It can take time to understand the reasons that your baby is crying. If your baby can't be soothed, call Health Link at **811** or your health care provider.

It's more important to stay calm than to stop the crying. If you're feeling stressed, frustrated or angry:

- put your baby in a safe place like their crib
- leave the room and gently close the door
- take time to calm yourself before you try again

***Take a break,
don't shake***



It's more important to stay calm than to stop the crying.

Letting your baby cry for a few minutes won't hurt them. Holding your baby when you're frustrated or angry could lead to shaking. **Never shake your baby** for any reason. Shaking may cause a baby to be blind, unable to walk, and to have learning problems. In some cases, shaking can even cause death.

Talk to your health care provider and make a plan for how you'll cope if your baby's crying gets to be too much. It's okay to ask for help. Have the phone numbers of people that can help when the crying is too much, such as:

- your partner, neighbour, relative or friend who can come over right away and help
- your doctor or your public health nurse
- Health Link at **811**

Information on crying and creating a crying plan can be found in the book *Healthy Parents, Healthy Children: The Early Years* or visit healthyparentshealthychildren.ca

Safe sleep

Babies spend a lot of time sleeping and need a safe sleep environment. Some sleep environments can put babies at risk for sleep-related death such as SIDS. You can reduce the risk of SIDS and prevent other sleep-related injuries and deaths in babies. Here's what you can do to help protect your baby in their first year:

- Put your baby on their back to sleep, every sleep.
- Use a crib, cradle or bassinet that meets Canadian safety standards.
- Keep the crib, cradle or bassinet free of clutter, like stuffed toys, bumper pads or pillows.
- Keep your baby warm, not hot.
- Keep spaces smoke-free before and after your baby's birth (see page 68).
- Share a room with your baby for the first 6 months, but do not share a bed or sleep together anywhere else.
- Breastfeed your baby.



Cribs with drop-sides ★

As of December 2016, traditional drop-side cribs cannot be advertised, sold, imported or manufactured in Canada. If you have a drop-side crib, consider replacing it. If you continue to use it, make sure it hasn't been recalled and meets current Canadian safety regulations. Ensure that both sides are in the up and locked position when your baby is in the crib and stop using it if it has any loose or missing parts.

Bed sharing is not safe ★

Sharing a bed, sofa or any other sleep surface with your baby is not recommended. This has been a factor in a number of deaths related to SIDS.

Soothers (pacifiers) are often used to help babies calm and self-soothe. Research tells us that using a soother may help reduce the risk of SIDS. However, the research is not clear if soothers will interfere with breastfeeding or not. Soothers can be used if your baby is growing well and you use it once you know your baby is fed and no longer hungry. If you use a soother, and your baby falls asleep and it falls out, there's no need to place it back in their mouth.

Information on safe sleep can be found in the book *Healthy Parents, Healthy Children: The Early Years* or visit healthyparentshealthychildren.ca

Preventing falls

Here are some tips to help prevent you and your baby from falling:

- Have someone help you the first time you get out of bed after your baby is born—do not get up alone.
- Use your call bell to get help if you feel dizzy or faint.
- Put your baby in the portable crib, cradle or bassinet—do not carry them in your arms if you go outside your birth centre room.
- Stay awake while feeding or holding your baby—try chewing sugar-free gum, wiping your face and neck with a wet cloth or keeping the room lights, TV or music on.
- If you feel sleepy, put your baby in their crib, cradle or bassinet.
- Always stay with your baby when they're on a high surface like a bed or change table. Keep one hand on them at all times. Newborn babies kick and wiggle and can move enough to fall. This can happen very fast.

Keeping your baby safe at the birth centre

You and your baby will be given matching identification bands before you leave the birthing room. Your arm band will be checked with your baby's ankle bands every time you and your baby have been apart to make sure they match. Both identification bands need to stay on while you're at the birth centre.

Most birth centres will have limits about who can visit labour and delivery as well as postpartum units. While infant abduction is very rare, there is a risk.

Here are some steps you can take to help keep your baby safe:

- Make sure you're shown birth centre identification before handing your baby to someone who says they are a staff member.
- If you're not comfortable with someone taking your baby, say "No" and call a health care provider.
- Never leave your baby alone in your birth centre room.



Newborn blood spot screen

When your baby is 24–72 hours old, you'll be offered blood spot screening for your baby. A few drops of blood are collected from a heel poke to test for treatable conditions like:

- 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
- sickle cell disease, a condition that affects the blood and causes damage to the heart, lungs, and kidneys
- severe combined immunodeficiency, a condition that has serious effects on the immune system

The screening is quick, safe and the best way to tell if your baby has a treatable condition that you or your health care provider might not know about. Treating these conditions early can prevent health problems, improve your baby's health and maybe even save your baby's life. If your baby is over 24 hours old before you're discharged, the screen will ideally be done at the birth centre before your baby goes home. It may also be done at a home visit, a clinic visit or a lab in your community. You will be contacted by a health care provider after the newborn blood spot screen if your baby needs to have more tests to find out whether they have one of the conditions.



To learn more about newborn blood spot screen, visit the *Links* section at healthyparentshealthychildren.ca/resources



Newborn jaundice screening

Jaundice is a yellow tint to a newborn's skin and the white part of the eyes. It's a sign that there's too much bilirubin in the baby's blood. This is called hyperbilirubinemia. Mild jaundice in newborns usually does not cause problems, but too much bilirubin in a newborn can cause serious problems and in some cases, brain damage.

Your baby will be visually checked for signs of jaundice and a bilirubin test will be offered within the first 24 hours of birth, or at the same time that the newborn blood spot screen is done. Bilirubin in the blood may be measured by a blood test. Bilirubin in the skin may be measured by a device that is placed against your baby's forehead or sternum. Both tests are quick and safe. If your baby has too much bilirubin, they may need special treatment such as phototherapy. Since jaundice usually appears in the first 5 days after birth, your health care provider may do another check after your baby is 3 to 5 days old.

Newborn hearing screening

You will be offered to have your baby screened for permanent hearing loss by the time they are 1 month old. As your baby grows, permanent hearing loss can affect speech, language and learning skills. Have your baby's hearing checked early, so that support and care can be given if needed.

Newborn hearing screening is offered in many hospitals and community or public health centres. If your baby isn't screened before you leave your birth centre, your health care providers will refer you to a screening site or give you information on how to book an appointment. Screening can be done while your baby is quiet or sleeping and will not hurt them. For the screening test, sounds will be played into your baby's ears and a computer will measure how well your baby hears the sounds.

To learn more about newborn hearing screening, visit the *Links* section at healthyparentshealthychildren.ca/resources



When a baby needs special care

Sometimes newborns need more special care. They may need to be moved to a special care nursery or neonatal intensive care unit (NICU), at your birth centre or another hospital.



If your baby is admitted for special care, you'll be able to visit them often and stay for as long as you want. The health care providers will help you understand how your baby is doing and how you're an important part of your baby's care.

They'll give you as much information and support as possible. Ask your health care providers at your birth centre about any guidelines for other visitors. Feel free to talk about your feelings and ask questions.

If your baby needs special care, here are some things that may help you and your baby:

- If your baby is moved to special care right after birth, your support person can go with them.
- After the birth, your support person may be almost as tired as you are. If you have a back-up support person, ask them to come to the birth centre. Your back-up support person can help while you and your main support person get some rest.
- Be with your baby as soon as possible. Your baby will hear and smell you. Being there will comfort them, even if you can't hold them yet.
- Ask your health care providers to explain what's happening with your baby.
- Ask your health care providers to help you do skin-to-skin cuddling with your baby when they're ready.
- If you're planning to breastfeed, your health care provider will show you how to express or pump your milk. They will encourage you to provide breastmilk for your baby until they are able to breastfeed. Pumping your breasts early and frequently will help you to establish and maintain your milk supply until your baby is ready to breastfeed.

After you and your baby leave the birth centre, your health care provider will continue to support you and your family.

Registration of birth

All babies born in Alberta must have their birth registered. After your baby's birth, you'll be given forms to complete at the birth centre. You must fill in the Government of Alberta Registration of Birth form and leave it at the birth centre. This form is the legal record of your baby's birth and includes:

- where your baby was born
- your baby's name
- names of parents

The Government of Alberta Registration of Birth form is used to apply for a Social Insurance Number and Canada Child Benefit. There is no cost to register for these. In order to receive this benefit, you'll need to file an income tax return with the federal government every year.

Home birth package

If you gave birth at home, you may need to request a package of forms to register your baby's birth. Contact the Vital Statistics Office. In Edmonton, call toll-free at **780-427-7013**. Elsewhere in Alberta, call toll-free at **310-000**, then dial **780-427-7013**. For more information, visit the [Links](https://healthyparentshealthychildren.ca/resources) section at healthyparentshealthychildren.ca/resources



After your baby's birth, you'll be given forms to complete at the birth centre:

Birth certificate	
<p>A birth certificate is an important form of identification used for government services or when applying for other personal documents, like a passport. You do not need to get a birth certificate for your baby right away. To get one, you'll need to go to a Registry Office and show your identification, like your driver's license or birth certificate. There's a cost for ordering a birth certificate.</p>	<p>To learn more about registration of birth and birth certificates, call Service Alberta toll-free at 310-0000, then dial 780-427-7013, or visit the <i>Links</i> section at healthyparentshealthychildren.ca/resources</p>
Alberta personal health number	
<p>Your baby will be registered for a personal health care number at the birth centre. There is no cost to you.</p>	<p>To learn more about the Alberta personal health number, visit the <i>Links</i> section at healthyparentshealthychildren.ca/resources</p>
Alberta Child Health Benefit	
<p>Families living on a low income may qualify for the Child Health Benefit for their child. This benefit covers dental care, eyeglasses, ambulance services, diabetic supplies and prescription medicine.</p>	<p>To get an application form, call toll-free at 1-877-469-5437 or to print the form, visit the <i>Links</i> section at healthyparentshealthychildren.ca/resources Your health care provider, pharmacist or a social worker may also have these forms.</p>
Income tax	
<p>Fill out and send in (file) an income tax return every year. If you have a partner, they need to file one too. Your income tax return will need to be filed before you can receive:</p> <ul style="list-style-type: none">■ the Canada Child Tax Benefit■ the Alberta Child or Adult Health Benefits■ other benefits, like the GST credit	<p>If you haven't filed your income tax in the last year, or there's been a change in your family income, call toll-free at 1-877-469-5437.</p>



Going home

Before you leave the birth centre:

- Check that the nursing desk has the correct phone number and address of where you're staying so the public health nurse can contact you within 1–2 days of leaving the birth centre.
- Ask about any prescriptions you may need and have any questions answered.
- Fill out the Government of Alberta Registration of Birth form and leave it at the nursing desk.

Have you received a call from your public health nurse? ★

If you haven't received a call from a public health nurse after 48 hours of being discharged, call Health Link at **811** to find the nearest community or public health centre.

Your health care provider will discharge you and your baby from the birth centre. You can keep your baby's identification bands and card from their crib, cradle or bassinet.

Car seats

Using a car seat properly is required by law in Alberta. Your baby is safest in a rear-facing car seat. To install your baby's car seat, follow the car seat instructions and your vehicle's owner's manual.

Use the *Rear-facing Car Seat YES Test* to help you properly install the car seat in your vehicle and buckle up your baby correctly every time.

Borrowed or used car seats ★

Buying a used car seat is not a good idea. Used seats may be missing parts, damaged, recalled, or expired, and may not meet current safety standards.

If you're thinking about borrowing a car seat, make sure you find out its history. Any seat involved in a crash should be replaced. There may be no signs of damage, but small cracks or weakened areas can make the car seat unsafe.





Take the *Rear-facing Car Seat YES Test*

A rear-facing seat provides the best protection for a child's head, neck and back in a sudden stop or crash. Using a car seat properly is required by law in Alberta. Use the *YES Test* to help you properly install the car seat in your vehicle and buckle up your baby correctly every time.

Push, pull and adjust the seat until you can answer “YES” to each item that applies to your child’s car seat.

Who should be in a rear-facing car seat?

- A child is safest in a rear-facing car seat until they are at least 2 years old or reach the maximum weight or height limit for the rear-facing seat (as stated by the manufacturer).
- Rear-facing car seats that have higher weight and height limits are preferred and will keep your child in the safer, rear-facing position beyond age 2.

Getting ready

- ☐ I've read the instruction booklet that came with the car seat.
- ☐ I've read the instructions in my vehicle's owner's manual on how to install a car seat.
- ☐ I've checked the labels on the seat to find the maximum rear-facing weight and height limits. My child's weight and height are under the limits.
- ☐ My child's car seat is in the back seat.
- ☐ I never place the car seat in front of an airbag.
- ☐ My child's car seat is approved to be used in Canada and has a Canada Motor Vehicle Safety Standards (CMVSS) label.

Securing the car seat

There are 2 ways to secure the car seat:

Either:

- ☐ **I'm using the Universal Anchorage System (UAS) to secure the car seat.**
 - ☐ I've checked my vehicle's owner's manual for the correct UAS anchor locations.
 - ☐ The UAS belt goes through the rear-facing belt path on the car seat or base and is attached to the UAS anchors.

Or

☐ **I'm using the seat belt to secure the car seat.**

- ☐ I've checked my vehicle's owner's manual for how to lock the seat belt for use with a car seat.
- ☐ The seat belt goes through the rear-facing belt path on the car seat or base and is buckled up.
- ☐ If the seat belt does not lock, I've used a belt lock or locking clip.

For either UAS or seat belt installation

- ☐ I've pushed down on the car seat or base and pulled the UAS belt or seat belt tight.
- ☐ **The car seat moves less than 2.5 cm (1 inch) in any direction when pushed or pulled.**

Buckling your child in the car seat

- ☐ The slots that the harness straps go through are at or just below my child's shoulders.
- ☐ The chest clip is at the level of my child's armpits.
- ☐ The shoulder harness is lying flat with no twists.
- ☐ The harness is snug—I cannot pinch a fold in the harness strap.



Being safe

- ☐ My child rides in the car seat every trip.
- ☐ If the car seat has a carry handle, I put it in the travel position.
- ☐ I've sent in the registration card for my child's car seat and checked for recalls. To learn more about car seats and recalls, call Transport Canada at **1-800-333-0510** or, visit the **Links** section at healthyparentshealthychildren.ca/resources
- ☐ If needed, I'll get a larger car seat, with higher rear-facing weight and height limits, so I can keep my child rear-facing as long as possible.
- ☐ When my child outgrows their rear-facing seat, I'll move them to a forward-facing car seat.



✓ If you answered "YES" to all of the statements, you're ready for travel! If not, check the instruction booklet for your car seat as well as your vehicle's owner's manual for the exact installation instructions.

Your First Few Weeks at Home



Being a new parent can be wonderful. Like other big changes in your life, it can also be challenging. In the first few weeks after giving birth, many new parents are surprised to find that looking after their baby takes most of their time and energy. You may feel tired, excited, anxious, irritable, happy or confused.

You'll be learning many things and going through a lot of changes. This is a time to focus on yourself and your baby. Do not worry about trying to get anything else done in these first few days and weeks. When you take care of your physical and emotional health, you'll be better able to take care of your baby.

Sometimes people will offer to help and sometimes you'll need to ask them. Be kind to yourself—it's okay to accept and ask for help. You may want to have family and friends help by cleaning the house, making meals, looking after your other children, pets or animals or running errands so you can have more time with your baby. You may also want to ask them to help with your baby so you can have a rest.

It's normal to have lots of questions and to feel unsure when you're a new parent. Trust your instincts. It helps your baby feel comfortable, loved and safe when you:

- Feed them when they're hungry.
- Cuddle them often, using skin-to-skin as much as possible.
- Let them see, smell, feel and hear you.
- Smile and gently talk to them.
- Pick them up when they cry.

If you're a partner

New mothers recovering from birth will need your support. You're also going through lots of changes yourself. Focus on yourselves and your baby. Ask for help from others if you need it.

“ Learning to ask for help and accepting help can seem odd at first, but it's all part of being in a community. I remember how good I felt when I brought dinner to my friend who had a baby, and how grateful she was. If that is the way I felt, then of course others do really want to help you when you need it. Everyone benefits and feels good! ”

~ Andraya, mom of one child

Public health nurse

Your public health nurse will call you soon 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.
- Take out any stitches or staples if you've had a caesarean birth or tell you where to have them removed.

This is a good time to ask questions about:

- how your family is adjusting to having your baby at home
- how to keep your baby safe
- sexual health including birth control
- your emotions
- parenting in general
- resources in the community
- immunizations for you, your baby and other family members

Your public health nurse will also arrange followup care, if needed.

Doctor or midwife

Ask your doctor when you should book an appointment for both you and your baby. If you do not have a family doctor, now is the time to get one (see page 24).

At your appointment, your doctor will check your general health, talk about birth control, how you're adjusting to your new baby, and offer you a PAP test, if you are due for one.



Your baby should also see your doctor in the first few days after birth, to check how your baby is feeding, their weight, and for **jaundice**. Your doctor will also assess your baby at your checkups and let you know how often they want you to come in for checkups.

If you were cared for by a midwife in your pregnancy and labour and birth, they will also care for you for the first 6 weeks, including home or clinic visits at around 2 and 6 weeks. After 6 weeks, you and your baby will return to your family doctor.

This is a chance to get any questions you have answered. You may want to talk about birth control (see page 257).

jaundice: yellowing of the skin and whites of the eyes due to high bilirubin levels

Healthy Body and Mind

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'll also be balancing your responsibilities as a parent. You'll need to give yourself time to recover from pregnancy and birth—pace yourself. It will also take time for you to be comfortable in your new role as a parent. Looking after yourself will help you take care of your baby so that you can enjoy your time together. This also helps to create a healthy family environment that you and your family can thrive in.

“*You might not get a whole night off, but if you can fit in 15 minutes for a shower, that's important.*”

~ Quy, mom of a toddler

Caring for yourself

Showering and bathing

If you had a vaginal birth, you can shower or have a bath as soon as you feel you're able to, unless your health care provider tells you otherwise. Make sure your bathtub is clean before you have a bath to help prevent an infection in your vagina and uterus. You may also want to have someone help you get in and out of the bathtub. If you've had a caesarean birth, see page 236.

Breast and nipple care

Within a couple of days after birth, your breasts will become larger and heavier. They may feel tender and fuller—your breast tissue swells when your body starts making more milk. The swelling will go away over time.

If you're breastfeeding and want to learn more about breast and nipple care, see page 308.

If you're not breastfeeding, your breasts may become painful and overfill with milk (engorged). They may be hard, swollen, red and painful. Here are some comfort measures to try:

- Wear a supportive bra for comfort until your breasts produce less milk, usually in 5–10 days. Do not wear a bra that's too tight or that binds your breasts.
- Put ice packs wrapped in a cloth on your breasts for 20 minutes at a time.

- Let your breasts leak milk while showering.
- Express or pump a very small amount of milk for comfort as needed. If you express too much milk, your body will make more milk.
- If your breasts are painful and swollen, take a mild pain medicine as recommended by your health care provider.

Call Health Link at **811** or your health care provider if you have any of the following:



- your breasts become hard, red and painful
- you have a fever of 38 °C (100.4 °F) or higher

Medicine to dry up breastmilk is seldom prescribed anymore. Possible side-effects include very bad engorgement, headaches and blood clots in the legs. Talk with your health care provider about other ways to help with your discomfort.

Normal vaginal discharge

You'll have a bloody discharge or flow (lochia) from your vagina after your baby is born. The flow, which can last up to 6 weeks, is caused by your uterus shedding its lining.


- For the first 1–3 days your flow will be heavy and bright, then it will turn dark red. You may need to change your menstrual pad every 1–3 hours. You may also pass a few small blood clots no bigger than 2 cm (¾ inch). Some women pass no clots at all.
- During days 4–10, your flow will be lighter each day and be brownish or pink. You'll need to change your menstrual pad every 3–5 hours or every time you go to the bathroom.
- After 10 days and until about 2–6 weeks, your flow will be 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 your 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. Rest if your flow gets heavier. Your flow should slow once you stop doing the activity.



Call **911 NOW** if you feel lightheaded and have heavy, fast or steady bleeding from your vagina that overflows your pad, runs down your legs or forms a large pool.

Call Health Link at **811** or your health care provider if you notice any of the following:

- in the first 3 days, you
 - pass a blood clot larger than 2 cm ($\frac{3}{4}$ inch) and are soaking 1 menstrual pad (heavy blood flow) in less than 1 hour
 - soak 1 menstrual pad in less than 1 hour
 - after 3 days, you
 - pass a blood clot larger than 2 cm ($\frac{3}{4}$ inch) and are soaking 1 menstrual pad in less than 3 hours
 - soak 1 menstrual pad in less than 3 hours
- 
- a slow and steady flow of blood from your vagina
 - flow that is not getting any lighter
 - flow that turns bright or dark red after it's changed to brownish pink or yellowish white and you start to bleed heavily
 - flow that smells bad, even with regular menstrual pad changes
 - sharp and stabbing pain in your abdomen
 - a fever of 38 °C (100.4 °F) or higher without chills or aches for more than 2 days
 - any other symptoms that concern you

Perineal care and comfort

Your perineum may be very sore for the first few days after a vaginal birth. Do perineal care until your vaginal flow stops.

Here are some things you can do to keep you more comfortable and help your perineum heal:

- For swelling or bruising, wet a menstrual pad by running water down the centre of it, and then place it in the freezer. Wrap the frozen pad in a thin cloth and place it on your perineum for 20 minutes at a time during the first 24 hours. Do not re-use frozen menstrual pads.
- Lie on your side or back rather than sitting when you rest, sleep or feed your baby.

- Try taking a warm bath in a clean bathtub, unless your health care provider tells you otherwise. Sitting in a shallow bath with warm water can help soothe, clean and heal your perineum. You can do this twice a day for up to 20 minutes at a time. Use clean, warm water with no soaps, oils or bubble bath. You can add Epsom salts to the water as per the package instructions.
- To help prevent infection, do not use tampons or menstrual cups for the first 6 weeks after having your baby.
- Drink plenty of fluids and eat foods high in fibre to prevent constipation (see page 36).
- If you're breastfeeding, talk with your health care provider about taking pain medicine. The medicine that they recommend will be safe for your baby. Usually only a small amount of this medicine will pass to your baby through your breastmilk.
- Until your flow is done, pour warm tap water over your perineum from a clean squeeze bottle, every time you go to the bathroom.
- Wash your hands before and after changing your pad and any time you go to the bathroom.
- Gently dry your perineum with toilet paper, patting dry from front to back.
- Change your sanitary pad each time you go to the bathroom, or at least every 4 hours.
- Do not touch the surface of your sanitary pads. This will keep them as clean as possible.

If you have an incision from an episiotomy, the stitches will dissolve on their own and will likely heal in 2–4 weeks. You may notice small pieces of the stitches on your pad as your body heals.

To learn more about the changes that can happen after vaginal and caesarean births, and what to expect in terms of healing, getting back to exercising, and sexual intercourse, visit the *Videos* section at healthyparentshealthychildren.ca/resources



Call Health Link at **811** or your health care provider, if:



- your perineum doesn't feel like it's getting better
- you're developing signs and symptoms of an infection, such as a fever of 38 °C (100.4 °F) or higher, chills, more swelling in your perineum and vaginal flow that smells bad

Menstrual period

If you're breastfeeding, your menstrual period may not start again for a few months or until you breastfeed less often or stop completely. If you're formula feeding or not exclusively breastfeeding, your period will usually start 4–9 weeks after birth. Your first menstrual period may be longer, shorter, heavier or lighter than usual.

You can still become pregnant again before you get your first period. This is because your ovaries release an egg (ovulate) before your first period starts. For this reason, talk with your health care provider about your choices for birth control, before you become sexually active again (see page 257).

Comforts for other physical changes

Your body goes through many changes in the first few days after birth. Here are some of the physical changes you can expect and what you can do about them.

After pains	
Physical changes	
<ul style="list-style-type: none">▪ Your uterus will continue to contract as it returns to its pre-pregnancy size. These contractions are called 'after pains'. This helps your uterus stay firm and your vaginal bleeding stay within normal limits.▪ After pains may feel like menstrual cramps. They may be stronger if you've given birth before.	<ul style="list-style-type: none">▪ The after pains may feel more painful when you breastfeed. This is because the hormone that releases milk from your breasts is the same one that contracts your uterus.▪ After pains should start going away in 3–5 days.
What you can do about it	
<ul style="list-style-type: none">▪ Put a warm water bottle on your abdomen.▪ Take pain medicine as recommended by your health care provider.▪ Try relaxation breathing.	

Call Health Link at **811** or your health care provider, if:



- your pain feels worse, even after using comfort strategies recommended by your health care provider
- nothing seems to manage your pain
- your abdomen is tender when touched

Bowel movements

Physical changes

- You can expect to have a bowel movement within 3 days of your baby's birth.

What you can do about it

- Drink plenty of fluids and eat foods high in fibre (see page 36).
- Do gentle activity, such as going for a short walk, every day, if you can.
- Take a stool softener if recommended by your health care provider.

Call Health Link at **811** or your health care 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 and you're in pain

Hemorrhoids

Physical changes

- Hemorrhoids are enlarged blood vessels that can occur both inside and outside the rectum.
- Hemorrhoids are caused by increased pressure from your baby on your abdomen, hormone changes, labour and birth of your baby. They usually shrink and hurt less over time.

What you can do about it

- Put ice packs wrapped in a cloth on your anal area or wet and freeze a menstrual pad, wrapped in a thin cloth, to use as an ice pack for 20 minutes every 4 hours for the first 4 days. Do not reuse frozen pads.
- Use warm water from a clean squeeze bottle to clean your anal area after having a bowel movement.
- Lie down and rest whenever possible.
- Try not to stand or sit for too long.
- Position yourself on the toilet so you do not strain. Keep your back straight and put a small stool under your feet so that your knees are higher than your hips.
- Take a warm, shallow bath for no longer than 20 minutes.
- Take medicine recommended by your health care provider.
- Sit on a soft pillow for more comfort.
- Drink plenty of fluids and eat foods high in fibre (see page 36).

Call Health Link at **811** or your health care provider, if:



- your hemorrhoids prevent you from having a bowel movement
- your hemorrhoids are very painful or hard
- you're bleeding from your rectum

Passing urine

Physical changes

- 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 or small tears in your perineum, it may sting as you pass urine.

What you can do about it

- Pour warm water from a clean squeeze bottle over your perineum as you pass urine.
- Drink plenty of fluids.
- Try to pass urine at least every 4 hours.
- Do pelvic floor exercises as soon as you're able to tolerate it. If you're able, start within 24 hours of having your baby with gentle, short, pelvic floor muscle squeezes, as long as there is no pain or other symptoms. Doing them early will help to reduce any swelling and speed up the healing process (see page 49).

Call Health Link at **811** or your health care provider, if:



- you have difficulty passing urine
- you're passing urine often, but only in small amounts
- it hurts or burns when you pass urine
- you notice blood when urinating
- you have trouble starting or stopping the flow of urine
- you have a fever of 38 °C (100.4 °F) or higher



Go to the emergency department **NOW** if you cannot pass urine.

Urinary and bowel incontinence

Physical changes

- Weak pelvic floor muscles can lead to the accidental release of urine, stool or gas.
- Pregnancy and birth are the most common causes of a weak pelvic floor.

What you can do about it

- Do pelvic floor muscle exercises to help prevent and treat urinary or bowel incontinence (see page 49).
 - Tighten the pelvic floor muscles before you lift your baby, cough, or sneeze to help prevent leaking.
 - Go to the bathroom every 3–4 hours to help prevent leaking urine.
 - Limit the amount of caffeine you drink.
 - Drink plenty of fluids and eat foods high in fibre (see page 36).
 - Keep track of your symptoms and any urine or stool you leak with a bladder and bowel diary. This will help you and your health care provider find the best treatment.
- To learn more, visit the [Links](https://healthyparentshealthychildren.ca/resources) section at healthyparentshealthychildren.ca/resources



Call Health Link at **811** or your health care provider, if:



- you're having ongoing back, pelvis, groin or abdominal pain
- you're leaking urine or stool while laughing, coughing, sneezing, lifting, or walking
- you have a bulge in your abdomen when you exercise
- you're having trouble doing any of your everyday activities because of pain, leaking or pressure

Pelvic organ prolapse

Physical changes

- The bladder, uterus and rectum can shift and sag towards the vagina after birth.
- This can be mild and not cause any symptoms or it can cause bulging, heaviness and problems emptying your bladder or bowel.
- Having a baby can often start pelvic organ prolapse. It's very common and tends to get worse as you get older.

What you can do about it

- Use healthy posture (see page 50).
- Be careful with activities or exercises that raise the pressure in your abdomen, such as heavy lifting.
- Return to physical activity gradually.
- Do not hold your breath when lifting.
- Drink plenty of fluids and eat foods high in fibre to help prevent constipation (see page 36). Straining and pushing can make prolapse worse.
- Do not push to pass urine.
- Slowly reach and stay at a healthy weight. Extra weight pushing down on the pelvic floor can make prolapse worse.
- Do pelvic floor muscle exercises every day (see page 49). This will help make the pelvic floor muscles stronger so they can offer support and will help lower the risk of pelvic organ prolapse.

Call Health Link at **811** or your health care provider, if:



- you're having a hard time starting the flow of urine or a bowel movement
- you're leaking urine or stool while laughing, coughing, sneezing, lifting, or walking
- you have a bulge in your abdomen when you exercise
- you're having trouble doing any of your everyday activities because of pain, leaking or pressure

Night sweats

Physical changes

- You may sweat more, mostly at night during the first week after your baby's birth. Your temperature should be normal.

What you can do about it

- Wearing cotton clothing may keep you more comfortable.



Call Health Link at **811** or your health care provider, if:

- you have any other signs of illness, such as feeling flu-like symptoms that include a fever of 38 °C (100.4 °F) or higher, chills, and body aches

Swollen feet, ankles or calves

Physical changes

- For a few weeks after your baby's birth, extra fluid may collect in your feet, ankles and calves.

What you can do about it

- Sit with your feet up as often as possible—use a stool or raise your legs up on a pillow at the foot of your bed when lying down.
- Try not to sit for long periods of time.
- Wear loose clothing.
- Do not wear ankle or knee socks—compression stockings are okay.
- Try not to cross your legs when sitting.
- Change your position often and do not stand in one spot for too long.
- Drink plenty of fluids.
- Do some walking.



Call Health Link at **811** or your health care provider, if:

- one foot, ankle or calf becomes more swollen than the other
- you have a red, painful and hot lump in your lower leg—do not massage it
- one of your lower legs are throbbing, tender or ache



Call **911 NOW** if you have any of the following:

- trouble breathing
- painful breathing
- chest pain

If you've had a caesarean birth

After a caesarean birth, you'll have an incision on your lower abdomen. This area will likely be very sore. You may:

- see small amounts of blood or pink fluid coming from your incision
- feel after pains (see page 230)
- feel gas pains
- have bruising around or along your incision



Call Health Link at **811** or your health care provider if your incision has opened up.

You'll have staples or stitches holding your incision closed. The staples or stitches are usually taken out 3–5 days after surgery. Most stitches are dissolvable. They will take 1–2 weeks to dissolve and won't need to be removed. After your staples are taken out, your health care provider may put on paper tape to support your incision.

Your health care provider will let you know when you can shower and provide you with any other instructions. Keep your incision clean. When you do shower, let soapy water run down your body over your incision and pat it dry with a clean towel when you're done. Do not scrub or rub your incision as this might pull out the staples, stitches or paper tape before the incision has healed enough. Wait until your incision has healed before you have a bath.

“*The best trick for a father whose wife has had a caesarean birth is to plan and strategize everything. Like the next days' meals, water in the kettle, toilet-seat down, laundry, changing station prepped. Make sure there's nothing on the floor that will be stepped on and kicked in the night, because you'll be up in the night. Oh, yes...you'll be up! Since you're up, you may as well start cleaning.*”

~ Serge, dad of a toddler

Healing from a caesarean birth

It can take up to 6 weeks for your incision to fully heal. While it's healing:

- Only lift things that weigh as much as or less than your baby.
- Hold a pillow firmly to your abdomen when you stand up or move around in bed.
- Support your abdomen by holding a pillow near the incision during sudden movements, coughing, sneezing or laughing.
- To get up from lying down, roll onto your side, then push yourself up to a sitting position.
- Take pain medicine as directed by your health care provider. Your pain should become less over time.
- Try different positions that feel more comfortable for breastfeeding, such as laid back or lying down (see page 282). Ask your health care provider to help you find comfortable positions.
- Drink plenty of fluids and eat foods high in fibre to help prevent constipation (see page 36).

Extra help



If you had a caesarean birth you'll need some extra help. Ask your partner or support people for help when you need it.

Talk with your health care provider about when you can re-start physical activity and when you can drive again after your caesarean birth. Ask someone to help you carry and install your baby's car seat while you're healing so you do not hurt yourself.

Call Health Link at **811** or your health care provider if you notice any of the following:



- oozing or blood coming from your caesarean incision
- yellow or green discharge coming from your incision
- red, hot and tender areas around your incision
- increasing pain in your uterus
- severe pain in your incision with no relief from pain medicine and rest
- a fever of 38 °C (100.4 °F) or higher

Healthy eating and physical activity

Eating regularly and following *Canada's Food Guide* will help give you the energy you need to care for yourself and your new baby. It can also help with your mental health. Keep taking a daily multivitamin with 0.4 mg (400 mcg) folic acid and vitamin D (400 IU). If you still have prenatal multivitamins, you can use these up first.



“ *Get up and walk as soon as possible. I found that once you're walking you start to feel better. Find a motivation— mine was to get to the NICU and see my son.* ”

~ Katie, mom of a newborn

Being active after pregnancy can help you cope better with stress, and improve your mental health. If you didn't have any complications with your pregnancy and birth, you can start some low-impact activity right away, such as pelvic floor muscle exercises and gentle stretching. Pelvic floor muscle exercises are especially important after birth to reduce the risk of urinary problems later on and to get back the tone and control of your pelvic floor (see page 49).

Start activity slowly and give your body time to heal. How soon you can get back to your normal physical activity depends on how long and how hard your labour was and if you had a vaginal or caesarean birth. Most activities can be started at a lower intensity and for shorter amounts of time.



Talk with your health care provider about when you can:

- re-start activities, including everyday lifting and carrying
- start doing activities that involve abdominal muscles, such as sit-ups or rotating your upper body and bending to the side

Taking care of yourself and slowly becoming more active again will give you the energy you need for your growing family. When you're active, you also help set a good example for your child for the rest of their life. To learn more about physical activity for adults, visit the *Links* section at healthyparentshealthychildren.ca/resources

Walking

Walking is a safe and effective way to get moving. It's also good for your body and spirit. All 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 carrier or stroller, or ask someone else to look after your baby while you go for a walk.

- Start walking for 10–15 minutes, at a pace where it's easy for you to have a conversation.
- For the next 5–10 minutes, walk at a pace where it's harder for you to have a conversation.
- Finish by walking at the pace you started with.
- Try to walk most days.

Winter safety



Stay safe while walking in the winter by wearing proper footwear, walking slowly, and taking small steps. For slippery conditions, consider ice grippers.

Postpartum weight loss

How quickly you lose weight after your baby is born will depend on what you eat, your level of physical activity and how much weight you gained during pregnancy. You might lose weight more quickly in the first few months after your baby is born and slow down later on. Be patient—it can take time and it's normal for your weight loss to be gradual.

Try to get to a healthy body weight after your baby is born. When you're at a healthy weight you're at less risk of health problems such as diabetes, high blood pressure, high cholesterol, stroke and certain types of cancer. Being at a weight that is healthy for you can also help you have a healthier pregnancy in the future if you're planning to have another baby. Eating well and being active can help you get to a healthy weight. Do not follow strict weight loss diets or cut out entire food groups. Each food group is important and gives you the nutrients your body needs.

To learn more about postpartum weight loss, talk to your health care provider or, visit the *Links* section at healthyparentshealthychildren.ca/resources



Rest and sleep

During the first few weeks after your baby's born, rest and sleep are important to help your body heal. This will help you get your strength back, manage your feelings and cope with any challenges.

To help you get the rest and sleep that you need:

- Use feeding time as a chance to rest. Take care not to fall asleep while feeding your baby. If you're feeling sleepy, put your baby on their back in their own crib, cradle, or bassinet.
- Sleep when your baby sleeps.
- Ask for and accept offers of help.
- If you're breastfeeding, try different breastfeeding positions, such as laid back or side lying (see page 282). Rest or have a nap after feeding. Hormones released during breastfeeding often make you feel sleepy.



Rest leads to recovery



It can take a few weeks or more before you start feeling more rested. It can take even longer if there were complications at birth, such as you lost a lot of blood or had a caesarean birth.

“ ***Any support and votes of confidence from friends and family mean a lot in the first few weeks. People saying, ‘You guys will get through it’, ‘Here’s some food!’, ‘Let me take the kids for a walk and you can take nap’, made us feel so much better.*** ”

~ Andy, dad of two children

Preventing injuries

To prevent injury, take care when lifting, carrying and using a work surface like a change table.

- When lifting, bend your knees, keep your back straight and lift with your leg muscles.
- Take your baby out of their car seat before carrying them, whenever you can.
- Carry your baby in front of you and not over your shoulder, as it puts more strain on your lower back.

- Keep supplies close by so you do not have far to reach.
- Set your stroller or baby carriage handles high enough so you do not need to bend forward.
- Kneel or squat when working at floor level—bend your knees, not your back.
- Use a work surface that's near the level of your hip bone.

Baby and child carriers

Using carriers properly will help prevent you from getting back and neck strain and keep your baby safe. Follow the manufacturer's instructions carefully. During the first few months, when babies have poor head control, they need to be carried facing you and in front of you. Avoid activities like running, cooking and drinking hot beverages while using a sling or carrier to help reduce the risk of injuries.

When carrying your baby on your front using a sling:

- Choose a sling that holds your baby upright—they're safer.
- Have someone help you put your baby in the sling the first few times you use it.
- Make sure your baby's face is uncovered.

When carrying your baby on your front using a carrier:

- Have your baby sit high on your chest, with their head under your chin and their face uncovered.
- Carry your baby up higher to prevent you from being pulled forward and down.

To learn more about carriers, slings and safety recalls, visit the [Links](https://www.healthyparentshealthychildren.ca/resources) section at [healthyparentshealthychildren.ca/resources](https://www.healthyparentshealthychildren.ca/resources)



Bike carriers and trailers ★

Bike carriers and trailers are not safe for babies under 1 year of age because they have poor neck and head control.

Visitors

Friends and family will want to visit and meet your baby. While having visitors can be nice to share the joys of your new baby, it can also be very tiring, especially in the first few weeks. You and your baby need time to get to know each other and adjust to the changes in your lives, so do not feel bad if you need to limit how often and how long visitors can come over for a visit.

- Ask visitors to come at a time that works for you and do not be afraid to let them know when you're getting tired and need to rest.
- Ask visitors to wash their hands or use an alcohol hand gel before touching or holding your baby.
- If they're sick with a runny nose, cough, fever, rash or upset stomach, ask them to come for a visit when they're healthy again.
- If they come to visit without calling you first, decide whether you want to see them. If it doesn't work for you and your family, say it's not a good time and let them know when would work better.
- Ask visitors to leave if they're staying too long. You can say it's time for you and your baby to have a rest.
- Resist the urge to clean the house for visitors. Remember, they're coming to see you and your baby.



Control the spread of germs

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.

What	<p>Wash your hands.</p> <p>Make sure everyone who holds or touches your baby washes their hands first.</p>
How	<ul style="list-style-type: none"> ■ Use plain soap and water—not antibacterial soap. If using refillable soap pumps, clean the soap bottle and pump before re-filling. ■ You can also clean your hands with an alcohol hand gel if you do not see any dirt on your hands. ■ Wash your hands (see page 38): <ul style="list-style-type: none"> □ if they're dirty □ before preparing or eating food □ before holding or feeding your baby □ after using the bathroom, changing a diaper or helping a child use the toilet □ after you've sneezed, coughed or wiped your child's nose □ after handling pets or animals ■ Use a separate clean cloth or towel for each person, when someone in the family is sick.
Why	<ul style="list-style-type: none"> ■ Washing your hands is the best way to stop spreading germs. Most germs that make people sick are passed to others by touching.

What	Keep sick people away from you and your baby.
How	<ul style="list-style-type: none"> ■ If someone is sick with a runny nose, cough, fever, rash or upset stomach, ask them to stay away until they're healthy again.
Why	<ul style="list-style-type: none"> ■ While these illnesses may be a smaller problem for older children and adults, they could make your baby very sick.

What	Do not share items, like soothers, spoons or bottle nipples that anyone, including you, has had in their mouth with your baby.
How	<ul style="list-style-type: none"> ■ Bacteria can be passed to your baby if items with someone else's saliva on them are shared and put in your baby's mouth.
Why	<ul style="list-style-type: none"> ■ Babies do not have all of the immunity that adults do, so bacteria and viruses can be passed to your baby and make them very sick. ■ Bacteria that causes tooth decay can also be passed to your baby.

Mental health

The first few days and weeks after your baby is born are often filled with many emotions. Feelings of excitement and joy are often mixed with feelings of worry and tiredness. Your sense of who you are may have changed throughout your pregnancy and the birth of your baby.

You may find that you:

- have mixed feelings about no longer being pregnant, your birth experience, your baby, or your role as a parent
- have a lot of energy or feel very tired
- have emotions that go from happy to sad and back again
- feel differently about how you look and the changes your body has gone through



Talk about your feelings



Whether you're parenting with a partner or on your own, talk to someone you trust about your feelings.

Pay attention to your feelings and talk to your partner or your support person. You may be surprised to find that they also have mixed feelings.

Self-care

Coming home with your new baby may be an adjustment. Caring for your baby, changes in sleep and emotions can all affect how you feel and cope. Taking care of yourself, both mentally and physically, is one of the most important things you can do for yourself. This will help you have the energy you need to take care of your baby.

Practicing these self-care tips may help your mental health by reducing stress and giving you the energy you need to cope with change, solve problems and manage your feelings and emotions.

- Take things one step at a time and one day at a time.
- Drink plenty of fluids, eat regularly and follow *Canada's Food Guide*.
- Be active. Even going for short walks can help boost your energy and mood.

How to tell if you're stressed



When your body is stressed it may make you feel sad, worried, tense, nervous or angry. Your body may react to stress with tiredness, headache, backache, stomach ache or a rash.

- Take a nap or rest when your baby sleeps.
- Talk about how you're feeling with someone who will listen without judging and who can offer you support.
- Write down your thoughts or feelings in a journal or in this book.
- Take time for yourself, even if it's just for short periods of time to help you feel refreshed.



- Practice simple relaxation techniques such as deep breathing and distraction (see page 246). Taking short relaxation breaks throughout the day can be really helpful.
- Ask for and accept help from others.
- Say no to any household tasks that are not urgent.
- Spend time with your partner.
- Stay connected with your family and friends.
- Limit visitors if you're tired. Decide when visitors can come and do not be afraid to let them know when you're getting tired and need to rest.
- Go to parenting classes and support groups. They can help you meet people who may be going through the same things as you.

Be kind to yourself—caring for a new baby is a lot of work. No new parent has all the answers—you'll learn as you go. Take the time to enjoy getting to know your baby. It's your smiles, gentle voice, facial expressions and the gentle touch you provide as you help your baby meet their needs (e.g., feeding, sleeping, changing diapers) that build the connection needed for healthy attachment. Take your time and enjoy the journey.

Caring for yourselves



Remember that caring for your needs is important too. Your baby needs parents who take care of themselves to create a healthy family environment to grow and thrive in.

You may be surprised that your life has changed significantly with your baby's birth. You'll find it takes time to adjust to this new normal. You may find that you're worried about your baby's health and safety, your ability to protect and care for them or about yourself. You may also be worried about less income as



you stay home with your baby, less time for other activities and relationships. Talk about your concerns with your partner or someone else you trust. To learn more about what you can do for yourself in tough times and where to get help, visit the **Links** section at healthyparentshealthychildren.ca/resources

Relaxation technique



Get comfortable. Lie down or sit with your feet up. Then:

1. Take 4–5 deep breaths—in through your nose and filling up your abdomen, and out, slowly through your mouth. This is like pretending you're blowing on a candle, and trying to flicker the flame, but not blow it out.
2. Think about sending the tension out of your body each time you breathe out.
3. Starting with your toes, relax each part of your body. Relax your way up, from your toes to your head.
4. When you get to your head, breathe deeply 4–5 more times. Let go of all of your tension.
5. Now, imagine a favourite place. Imagine you're in that place and stay there a while. Enjoy the feeling in your body and the calm in your mind.
6. When you're ready, slowly bring yourself back to the present. Take a moment to enjoy how you feel.

Over the next few months, as you get to know your baby better, you'll start to feel more confident in your abilities to take care of them and your family. However, you may continue to have mood changes. Birth moms are not the only ones who can have mood changes. All parents, including dads and parents who adopt a baby, can have depression or anxiety. If you or your partner have had depression, anxiety or other mental illness before or have these symptoms now, talk with your health care provider.

Postpartum blues (baby blues)

Many moms get the 'postpartum blues' around the 3–5 days after their baby is born. Postpartum blues are linked with hormone changes associated with pregnancy and after childbirth. Getting support from people close to you and getting plenty of rest may help you deal with the postpartum blues if you have it.

Depression and anxiety



All parents can have depression and anxiety.

If you have postpartum blues, you may:

- feel a little sad, restless, anxious or overly sensitive
- cry for no reason
- be impatient and irritable
- have trouble concentrating
- feel overly tired or have trouble sleeping
- find your mood changes often, such as going from feeling happy to feeling sad



Having the postpartum blues is common and may last 1–2 weeks. If these feelings do not go away or if they get worse, it may be a sign of postpartum depression or anxiety. If you're struggling, you're not alone.



If you're a partner

Pay attention to each other's feelings and emotions and talk about them.



Call Health Link at **811** or your health care provider if you have symptoms of postpartum blues that last longer than 2 weeks after your baby is born.

Postpartum depression, anxiety and psychosis

Postpartum depression or anxiety can happen anytime up to one year after your baby is born—even if it didn't happen with your other births. If you've had depression or anxiety before or during your pregnancy, this can increase the chances of having postpartum depression. Postpartum depression and anxiety are common after birth and often occur together. Your partner may be the first one to notice the symptoms.

When you take your baby to their first immunization appointment at two months, a public health nurse will offer to screen you for postpartum depression. Untreated postpartum depression can affect your relationship with your baby, partner and family. This includes your ability to take care of yourself and your baby. People may tell you to 'pull yourself together', but postpartum depression is not something that goes away on its own.

Symptoms of postpartum depression

Behaviours

- not coping with things that you used to be able to handle
- starting things and not finishing them
- avoiding places, people, family and friends
- not doing things you used to enjoy
- having trouble concentrating or making decisions
- using alcohol or drugs to feel better

Thoughts

- "I'm a failure."
- "It's my fault."
- "Nothing good ever happens to me."
- "I'm worthless."
- "Life's not worth living."
- "People would be better off without me."
- "I wish I were dead."

Feelings

- overwhelmed or hopeless
- useless or not good enough
- irritable, restless or agitated
- frustrated or miserable
- unhappy or sad
- empty or numb
- frequent mood changes

Physical symptoms

- tired all the time, sluggish or lethargic
- trouble sleeping—either too much or too little
- sick, run down or no energy
- headaches or muscle pains
- upset stomach
- changes in appetite—eating more or less



Call Health Link at **811** or your health care provider if you or your partner notice any symptoms of postpartum depression or anxiety.



Call **911 NOW** if you or your partner have thoughts of hurting yourselves (suicide), hurting your baby, or of hurting anyone else.

“When I was struggling after my second was born I wish someone had told me that even though it seemed deep and dark and like it wouldn't end, it DID end. It doesn't last forever, it will get better, and it definitely does not define you as a parent.”

~ Elena, mom of three children

Symptoms of postpartum anxiety

Behaviours

- having trouble sleeping
- avoiding people, places or responsibilities
- starting things and not finishing them
- pacing, fidgeting or being restless
- re-checking things often such as if the house is locked
- using alcohol or drugs to feel better

Thoughts

- feeling scattered or having trouble concentrating
- thinking about the worst
- easily distracted
- having problems remembering things

Feelings

- tense, stressed or uptight
- panicky, unsettled or irritable
- things do not seem real or they feel strange
- feeling that something bad is going to happen

Physical symptoms

- tight or painful chest, feeling like your heart is pounding
- dizziness, sweating or shaking
- nausea or upset stomach
- body aches or tense muscles

You may think that this is not how you're supposed to feel or it's not what you expected. You may also be worried about talking to your partner or someone about these feelings. If you feel this way, you're not alone.

Getting help when you first notice the symptoms of depression or anxiety is important. Asking for help doesn't mean you're weak, or that you're not a good parent. The earlier you ask for help, the sooner you can get the support you need, and the sooner you'll start feeling better. Seeking help and practicing self-care can decrease your symptoms of depression and anxiety.

To learn more about postpartum depression or anxiety, and getting help, visit the [Links](#) and [Printables](#) sections at healthyparentshealthychildren.ca/resources. A printable *Family Support Plan* is available to help you cope and find resources.



“Talk and reach out to people—there are groups, supports, and friends. Know it doesn't mean that you're a bad person or a bad parent. It means that you need support and that's okay. That's what we all need at some point.”

~ Hana, mom of a preschooler

While postpartum psychosis is rare, it's very serious and can happen quickly—usually in the first month after your baby is born. Get help right away as this is a medical emergency. There's a high risk of a mother with postpartum psychosis harming herself or her baby.

Symptoms of postpartum psychosis	
Behaviours <ul style="list-style-type: none">▪ unpredictable or unusual behaviour that's not like the mother at all▪ being very agitated, talking very fast and not being able to focus▪ seeing or hearing things that are not there (hallucinations)	Thoughts <ul style="list-style-type: none">▪ being very confused, forgetful and having mixed up thoughts▪ beliefs that are not based in reality (delusions)
Feelings <ul style="list-style-type: none">▪ feeling super strong and powerful or very depressed▪ feelings range from highest of highs to lowest of lows	Physical symptoms <ul style="list-style-type: none">▪ not being able to sleep▪ often pacing, even for long periods of time

Call **911 NOW** if:



- your partner has thoughts of suicide or hurting themselves, your baby or anyone else
- your partner has symptoms of postpartum psychosis

Alcohol

Canada's Low-Risk Alcohol Drinking Guidelines recommend not drinking any alcohol when you're responsible for the safety of others—when you drink alcohol, you may not be able to properly supervise and care for your baby.

For both men and women, alcohol can affect your overall health. Following the low-risk drinking guidelines can reduce the risk of many long-term health problems. To learn more about the low-risk drinking guidelines, visit the *Links* section at healthyparentshealthychildren.ca/resources



If you're breastfeeding



If you choose to drink alcohol or use tobacco, cannabis or other drugs while breastfeeding, talk with your health care provider about how to reduce your baby's exposure.

Tobacco and tobacco-like products

Some parents who quit tobacco when they became pregnant may find it hard to stay tobacco-free after their baby is born. It may be even harder if your partner, family or friends use tobacco or if you've used tobacco as a way to cope with stress in the past. It's just as important to be tobacco-free after your baby is born. Quitting tobacco or staying tobacco-free can reduce your child's risk of respiratory illnesses such as chest colds, asthma, ear infections, and SIDS.

Being exposed to second- or third-hand smoke or vapour can affect you and your baby's health and the health of those around you. The best thing you can do is cut down and quit.

If you choose to smoke or vape, it's better to do it outside your home and away from open windows and doors. Ask your family and friends to do the same. Make your vehicle smoke- and vapour-free.

Third-hand smoke is the smoke that stays on your clothes and body. If you smoke or vape or have been exposed to second-hand smoke, make a habit of washing your face and hands, and changing your clothes before holding or cuddling your baby. Place your clothing outside on a porch or balcony, until they can be washed, so you do not bring the toxic chemicals back into your home.

Since breastmilk has so many benefits, it's recommended you still breastfeed even if you're using tobacco. For more information, see page 304.

To access resources to help you quit or stay tobacco-free, at no cost to you, call the AlbertaQuits helpline toll-free at **1-866-710-QUIT (7848)** to talk with trained counsellors. To learn more about becoming tobacco-free, visit albertaquits.ca



It's the law



As of November 2014, the Tobacco and Smoking Reduction Act states that it's illegal to smoke in a vehicle with anyone under 18 years of age.



If you're a partner

If you smoke or vape, the best thing you can do for you and your family is to cut down and quit. If you choose to smoke or vape, it's better to do it outside of your home and away from your family.

Cannabis

Using cannabis can affect how you think and make decisions. This can impact your ability to care for your baby and other children, creating an unsafe environment. Using cannabis while breastfeeding is also not advised as it could affect a baby's developing brain (see page 305).

Breathing in second-hand smoke from cannabis can cause babies and young children to be sick and can affect their level of alertness, understanding and judgment. If someone around you uses cannabis, do not let them smoke or vape in your home, vehicle or any closed spaces around your baby and other children.

If you use cannabis, talk with your health care provider about cutting down and quitting. For more information, see page 73.

Other drugs

Using other drugs such as ecstasy, methamphetamines, cocaine, heroin and fentanyl can affect how you think and make decisions. This can create an unsafe environment for you and your baby. When you use these drugs you may not be able to properly supervise and care for your baby.

Break free of addiction



If you use other drugs, the best thing you can do for yourself, your partner and your children is to cut down and quit. To learn more, call the confidential Addiction Services Helpline 24/7 toll-free at **1-866-332-2322**.

Talk with your health care provider if you're using drugs or having trouble quitting. They can suggest safe ways to cut back and quit that are right for you. For more information about other drugs, see page 74.

Healthy Relationships

It's common to feel a bit overwhelmed with your baby's needs and your new responsibilities. Having a baby is a very big life event for the whole family. Whether you have a partner or are a single parent, think and talk about your relationship with your main support person.

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 and may be a lot different from what you expected.



The most common causes of stress in relationships are miscommunications and expectations that are not met. Talk with your partner or support person about some of the new challenges you're going through now that your baby is here, and about how you can cope together.

As a new parent, your emotions may 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 everyone needs to get enough rest, it may seem like nobody is getting enough. You and your partner may have less time to talk and spend time together. This can be hard on your relationship. You might disagree more often or find that things just do not feel like they used to. You may also feel that you do not have the energy to sort out problems when they come up. These challenges can lead to arguments or tension. Try to keep communication open and honest. The best way to take care of your baby is for you to take care of yourselves. Make some time for yourselves, take a break together and share the responsibilities of looking after your baby. Ask for help when you need it.

If you're interested in finding a parenting or relationship class, group support, or one-to-one support:

- talk with your health care provider
- call Health Link at **811**



If you're a partner

Parents may have different parenting styles right from the start. The most important thing is that you get to know your baby and give them safe and nurturing care.

Here are some ideas to help you adjust to your new role as a parent:

- Talk with your partner about how you're both going to handle new challenges in your lives.
- Talk honestly about your feelings and how you feel you're adjusting to your new role.
- Talk to friends or co-workers who have children. You may be surprised how much you now have in common.
- If you have not already, take an active role in your baby's care, like doing skin-to-skin cuddling, bathing, talking, reading or singing to your baby.
- Look over your family budget and talk about any changes that need to be made.
- Have a checkup with your health care provider.

If you have older children

Having a new baby in the family is a big life change for your older children too. Children can have many different reactions to a new baby. They may have little interest in their new sibling or they may be very excited. Sometimes they may not like the new baby, and feel jealous or angry. They may even return to baby-like behaviours for a short time. Be patient—this is common and will pass. Do not punish or shame your older child for this behaviour. It does not help and can harm their attachment with you as well as their sense of self and belonging.

Here are some ideas to help your older children adjust and feel more secure:

- Before your new baby arrives, tell your older children the story of their own birth. Look at photos of them as babies and talk with them about what they could do as a baby.
- Read books with them about pregnancy, birth or adoption and new babies.
- With or without your partner, try to spend time alone with your older children every day.
- When welcoming visitors, say what a great help your older children have been. Ask visitors to interact with your older child or children first, then your new baby.
- Tell them it's okay to talk about their feelings.
- Hold off on toilet teaching, starting child care or moving to a new bed for several weeks after your new baby comes home.



- Try to name your older children's emotions with them. *"Are you feeling sad because mommy doesn't have as much time to spend with you? It's okay to feel sad. What can we do to help you feel better?"*
- Get them involved with caring for your baby, like help with getting a diaper.
- Encourage and teach your older children how to gently hold, touch or play with your baby in a safe way. Make sure you always supervise them.
- Try to keep routines the same as they were before your baby arrived, such as keeping the same bedtime 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.

- Ask for advice from people you trust. Think about their suggestions—will they work for your family?
- Nobody knows it all—including the person who's giving you advice.
- You know your baby best. Trust your own judgment.
- If you have questions, call Health Link at **811** or talk with your health care provider.

Build your skills by going to parenting classes and reading health resources like the book *Healthy Parents, Healthy Children: The Early Years* or visit healthyparentshealthychildren.ca

Healthy sexuality

Physical and emotional changes after your baby is born can affect both partners' sexual desire. Some couples are not interested in sexual activity for the first few months, some couples are, and sometimes it varies between partners.

You can start sexual activity again when your vaginal bleeding has stopped and you feel ready. Common changes that can affect your sexuality in the weeks or months after you've had your baby are:

- vaginal bleeding and discharge
- vaginal dryness due to hormone changes. This may make intercourse uncomfortable
- having a sore perineum, for a few weeks
- having a sore caesarean birth incision for the first few weeks
- feeling tired and not wanting to be touched
- nipples and breasts that may be tender during the first few weeks
- changes in body image



Birth control



Make sure you talk to your health care provider about birth control options **before** you have sexual intercourse again.

If you're breastfeeding:

- Your breasts may leak milk when you're sexually excited or during an orgasm.
- You may feel a sense of sexual arousal while breastfeeding. This is normal—the same hormones that help release breastmilk cause this feeling.
- Feeding your baby may often leave you feeling like you do not want to be touched by your partner.

Be gentle and patient with each other. Be sure you're both physically comfortable and emotionally ready. Sexuality and intimacy can be expressed in many ways. Intimacy can include cuddling, hugging, kissing and showing tenderness towards each other. Talk about your feelings and try to understand each other's needs.

Birth control

You can get pregnant again before your menstrual period returns and while breastfeeding. This is because you'll release an egg (ovulate) before your first period starts. Breastfeeding only works as a birth control method if you follow the lactation amenorrhea method (LAM) exactly (see page 268).

Talk with your health care provider before re-starting the birth control method you were using before you became pregnant. Some methods of birth control, such as the patch, combined hormone birth control pills, and the ring, can decrease your milk supply. Your health care provider can help you find a birth control method that works with breastfeeding. If you were using a diaphragm, it will have to be fitted again because of changes to your cervix after a vaginal delivery.

Planning to become pregnant again—or not—is a big decision. Your body needs time to recover from pregnancy and birth before you get pregnant again. Taking time to plan will help you be more ready, physically and emotionally. To learn more about planning or not planning another pregnancy, talk with your health care provider or visit readyornotalberta.ca



Birth control options

There are many types of birth control. Barrier methods 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 does not release an egg, you can't get pregnant. Examples of this type of birth control are the birth control pill, the patch, the ring and the injection. Using a condom and another form of birth control—such as hormonal birth control and condoms—gives the best protection against pregnancy and STIs.

If no method of birth control is used, there's about an 85% chance of getting pregnant within one year. Without using condoms, there's also no protection against STIs (see page 56).



To use an interactive tool about birth control, visit the *Tools* section at healthyparentshealthychildren.ca/resources

Birth control pill

Description

- Contains the hormones estrogen and progestin. These act like your natural hormones.
- Stops your ovaries from releasing an egg. You can't get pregnant if you do not release an egg.

Benefits

- Your period may be more regular, lighter or shorter with less cramping.
- May lower the chance of developing ovarian and endometrial cancers.
- May help with acne and painful periods.
- It's safe to use for many years.
- You can get pregnant as soon as you stop using the pill.



Things to think about

- Works 91% of the time with typical use.
- Do not use until 6 weeks after birth.
- You must take the pill as directed.
- Take the pill at about the same time each day.
- If you have high blood pressure, you should not take the pill.
- There is a small risk of blood clots. The risk of blood clots increases if you're over the age of 35 and smoke.
- It's not recommended while you're breastfeeding, as it may decrease your milk supply and expose your baby to extra hormones.
- Does not protect against STIs or HIV.

Progestin only pill 'mini pill'

Description

- The progestin only 'mini pill' prevents pregnancy by decreasing and thickening the cervical mucous which slows the movement of sperm, making it harder for them to get to the uterus. It sometimes stops an egg from being released (about half the time).

Benefits

- **Can be used while breastfeeding.** It's recommended that you wait until at least 6 weeks after the birth of your baby before you start using it.
- Can be used by those who need an estrogen-free method of birth control.

Things to think about

- Works 91% of the time with typical use.
- The progestin-only pill contains hormones in all 28 pills in the package.
- Take the pill at about the same time every day.
- Does not protect against STIs or HIV.

Birth control patch

Description

- The patch looks like a thin, light brown bandage and is worn on the skin. You need a prescription from your health care provider.
- The sticky side contains the hormones estrogen and progestin. These act like your natural hormones.
- The hormones are absorbed through your skin and stop your ovaries from releasing an egg. You can't get pregnant if your body does not release an egg.

Benefits

- Your period may be more regular, lighter or shorter with less cramping.
- May lower the chance of developing ovarian and endometrial cancers.
- May help with acne and painful periods.
- It's safe to use for many years.
- You can get pregnant as soon as you stop using it.



Things to think about

- Works 91% of the time with typical use.
- Do not use until 6 weeks after birth.
- You must remember to change your patch as directed.
- If you have high blood pressure or migraines, you should not use the patch.
- There might be a higher risk of getting pregnant if you weigh more than 90 kg (198 lbs).
- There is a small risk of blood clots. The risk of blood clots increases if you're over the age of 35 and smoke.
- It's not recommended while you're breastfeeding, as it may decrease your milk supply and expose your baby to extra hormones.
- Does not protect against STIs or HIV.

Birth control injection

Description

- The birth control injection contains the hormone progestin. It's injected into your arm or buttock every 12–13 weeks by a health care provider.
- It stops your body from releasing an egg. You can't get pregnant if your body does not release an egg.
- It also decreases the amount of cervical mucus, making it thicker. This slows the movement of sperm, making it harder for them to get to the uterus.

Benefits

- **Can be used while breastfeeding.** It's recommended that you wait until at least 6 weeks after the birth of your baby before you start using it.
- Can be used by most people, including those who can't use estrogen.
- Long-acting, reversible method of birth control.
- One injection lasts 12 weeks.
- Your period might stop.
- May lower the chance of developing ovarian and endometrial cancers.
- May decrease menstrual period cramps.
- May decrease symptoms of **endometriosis**, **premenstrual syndrome** and chronic pelvic pain.



Things to think about

- Works 94% of the time with typical use.
- You can have spotting or bleeding between your menstrual periods for 3–6 months after your first injection. Your menstrual periods might stop after 1 year. This is common and does not cause health problems.
- If you stop taking the birth control injection, it may take up to 1 year for your regular menstrual periods to return.
- You may have a delayed return to fertility for up to 2 years once you stop taking the birth control injection.
- May increase your risk of thinning bones (osteoporosis). Talk to your health care provider if you have questions.
- Does not protect against STIs or HIV.

endometriosis: the development of uterine-lining tissue outside of the uterus that may cause abdominal pain, heavy periods and infertility

premenstrual syndrome: physical and emotional symptoms that happen a few days or weeks before a menstrual period starts

Vaginal contraceptive ring

Description

- The vaginal contraceptive ring is a soft, flexible, clear plastic ring that you put in your vagina once a month. You need a prescription from your health care provider.
- The ring contains the hormones, estrogen and progestin, which act like your natural hormones. They stop your ovaries from releasing an egg. You can't get pregnant if you do not release an egg.

Benefits

- Your period may be more regular, lighter or shorter with less cramping.
- May lower the chance of developing ovarian and endometrial cancers.
- May help with acne and painful periods.
- It's safe to use for many years.
- You can get pregnant as soon as you stop using the ring.
- You can put in and take out the ring yourself.



Things to think about

- Works 91% of the time with typical use.
- Do not use until 6 weeks after giving birth.
- You need to remove the ring after 21 days, and reinsert a new one on day 28.
- You need to check that the ring is in the right place.
- If you have high blood pressure, you should not use the ring.
- There is a small risk of blood clots. The risk of blood clots increases if you're over the age of 35 and smoke.
- It's not recommended while you're breastfeeding, as it may decrease your milk supply and expose your baby to extra hormones.
- Does not protect against STIs or HIV.

Intrauterine contraceptives

Description

- Intrauterine contraceptives (IUC) are small, soft pieces of T-shaped plastic with a nylon string attached to it. They are put in your uterus by a health care provider.
- They prevent the egg and sperm from meeting. You can't get pregnant if the egg and sperm do not meet.
- There are 2 types of IUCs Copper and Hormonal. They work in different ways to help prevent pregnancy.
- The copper intrauterine device (IUD) has a thin copper wire wrapped around it. It thickens the mucous in the cervix and slows the sperm movement so it's harder for the sperm to get to the egg.
- Hormonal intrauterine systems (IUS) release a small amount of hormone (levonorgestrel) into the uterus. The IUS thickens the mucous in the cervix and slows the sperm movement so it's harder for the sperm to get to the egg. It also changes the lining of the uterus to stop a fertilized egg from growing inside the uterus and may stop the ovaries from releasing an egg.

Benefits

- **Can be used while breastfeeding.**
- Can be inserted early postpartum, before 48 hours, or later postpartum, after 4–6 weeks.
- The IUC can stay in for 3–10 years depending on the type.
- The copper IUD may lower your risk of cancer of the uterus.
- The hormonal IUS may make your periods lighter, or you might even stop having periods. It may also make your period cramps better.
- If you want to get pregnant, your health care provider can take out your IUC.

Things to think about

- Copper IUD: Works 99% of the time.
- Hormonal IUS: Works 99.8% of the time.
- Does not protect against STIs or HIV.



Condom-male

Description

- A condom is a disposable, thin covering that fits over a hard (erect) penis.
- It must be put on before intercourse and taken off and thrown away afterwards.
- It decreases the risk of pregnancy, STIs and HIV by stopping sperm and body fluids from passing between partners.

Benefits

- **Can be used while breastfeeding.**
- Latex, polyurethane and polyisoprene condoms help protect against STIs and HIV.
- Can be used safely at any time after the birth of your baby.
- Do not contain hormones.
- Low cost form of birth control that are easy to find.
- Are small and easy to keep with you.



Things to think about

- Works 82% of the time with typical use.
- Never reuse a condom.
- If you want more lubrication, use water or silicone-based lubricant (read the product label).
- There are polyurethane condoms for people with latex allergies.
- Do not use oil products such as body lotion or petroleum jelly with a latex condom—it will break.
- Store condoms at room temperature and out of direct sunlight.
- Lambskin condoms do not protect against STIs or HIV.
- Never use 2 male condoms together or a male and vaginal condom together. It increases the risk of both condoms breaking.

Condom-vaginal

Description

- A vaginal condom is a soft, plastic (non-latex) tube-like sleeve with two flexible rings, one on each end. It's sometimes called a female or internal condom.
- The closed inner ring goes inside your vagina, the outer ring stays outside your vagina to cover your genitals.
- It must be put in your vagina before intercourse and taken off and thrown away afterwards.
- It decreases the risk of pregnancy, STIs and HIV by stopping sperm and body fluids from passing between partners.

Benefits

- **Can be used while breastfeeding.**
- Gives good protection against STIs and HIV.
- Can be bought at a drug store without a prescription.
- Can be used by people with latex allergies.
- Does not contain hormones.

Things to think about

- Works 79% of the time with typical use.
- Use a new condom every time you have sex.
- Never reuse a condom.
- More expensive than the male condom.
- Store condoms at room temperature and out of direct sunlight.
- Never use a male and vaginal condom together. It increases the risk of both condoms breaking.



Diaphragm

Description

- A diaphragm is made of latex, silicone or silicone/nylon, is disc-shaped, and has a flexible rim.
- You put it in your vagina to cover the opening of your uterus (cervix). It stops sperm from entering your uterus.
- There are two types of diaphragms. A fitted diaphragm is available by prescription from a health care provider. A one size diaphragm is available without a prescription at some pharmacies.
- A diaphragm should be used with an acid buffering gel (ContraGel®, Caya® Gel) which forms a barrier in front of your cervix, lowers pH of vaginal fluid which slows down sperm.
- It must be inserted before intercourse and taken out and cleaned afterwards.

Benefits

- **Can be used while breastfeeding.**
- Can be reused.
- Does not have hormones.
- Can be left in place for up to 24 hours.



Things to think about

- Diaphragms are not widely available in Canada.
- Must be kept in place at least 6 hours after intercourse.
- There is no information on how well a diaphragm works with acid buffering gel to prevent pregnancy. There may be a higher risk of pregnancy if you choose this method.
- To stop infection, do not use until your vaginal bleeding has ended.
- You need to be re-fitted for a new diaphragm after you've had a baby or if you gain or lose more than 10 lbs.
- Does not protect against STIs or HIV.
- May increase your risk of a bladder infection.

Vaginal spermicides

Description

- Vaginal spermicides contain nonoxynol-9, a chemical that kills sperm (spermicide). They are put in your vagina before intercourse each time to help prevent pregnancy. They come as film or foam.
- When sperm comes in contact with a spermicide, the sperm dies and you can't get pregnant.

Benefits

- **Can be used while breastfeeding.**
- Can be bought at a drugstore without a prescription.
- Does not have hormones.

Things to think about

- Works 71% of the time with typical use.
- Protects against pregnancy better if used with another birth control method, like a condom.
- Do not use in the first 6 weeks after birth.
- Film must be inserted into your vagina at least 15 min before intercourse.
- Foam must be inserted into your vagina using an applicator and works right away.
- May cause some vaginal irritation. This can increase your risk of getting an STI or HIV.
- Does not protect against STIs or HIV.

Sponge

Description

- The sponge (Today® Sponge) is a disposable piece of soft foam that is put in your vagina to cover the opening to your uterus.
- It's filled with nonoxynol-9, a chemical that kills sperm (spermicide).
- It helps prevent pregnancy by killing sperm and preventing sperm from entering your uterus.

Benefits

- **Can be used while breastfeeding.**
- Can buy at a drugstore without a prescription.
- You can put the sponge in several hours before you have intercourse.
- Does not have hormones.
- Protects for up to 24 hours as long as the sponge stays in.



Things to think about

- Works 76% of the time with typical use if you've had a baby.
- Works 88% of the time with typical use if you have not had a baby.
- Protects against pregnancy better if used with another birth control method, like a condom.
- Do not use in the first 6 weeks after birth.
- To stop infection, do not use until postpartum bleeding has ended.
- It needs to be left in place for 6 hours after use.
- May cause some vaginal irritation. This can increase your risk of getting an STI or HIV.
- Does not protect against STIs or HIV.

Lactation amenorrhea method (LAM)

Description

- 'Lactation' means your body is making breastmilk and 'amenorrhea' means you're not having a monthly period.
- Lactation amenorrhea method (LAM) is a way for breastfeeding to temporarily help prevent pregnancy. It must be used correctly to work.
- Exclusively breastfeeding helps prevent an egg being released from your ovary each month. You can't get pregnant if your body does not release an egg.

Benefits

- Works for up to 6 months after birth, if you're exclusively breastfeeding.
- There is no cost and no birth control supplies are needed
- It's effective right away.
- There are no added hormones that can affect your breastmilk.

Things to think about

- Works 98% of the time in the first 6 months after birth, if used correctly.
- LAM only works if your:
 - baby is under 6 months old **and**
 - baby is fully breastfed (baby gets no other liquid or food, not even water) or nearly-fully breastfed (baby gets vitamins, water, or other fluids or nutrients once in a while and they do not disrupt the frequency of feedings) **and**
 - period has not returned. This means you have not had vaginal bleeding for 2 or more days in a row (not counting bleeding during the first 2 months after giving birth)
- LAM does not work if you don't have all 3 things above. Talk to your health care provider to see if LAM is right for you.
- Does not protect against STIs or HIV.

Natural family planning/fertility awareness-based (FAB)

Description

- Natural family planning/fertility awareness-based (FAB) methods help you understand how to prevent a pregnancy by not having sex during your fertile time.
- There are many different methods (Standard Days Method®, Calendar Rhythm Method, Cervical Mucous, Basal Body Temperature, TwoDay Method®, Symptothermal Method).
- With the FAB method, you:
 - identify the most likely time to get pregnant (fertile time)
 - must not have sex (abstain) or must use another method of birth control during your fertile time
 - need one-to-one training to know how to use the method the right way

Benefits

- You do not need any birth control supplies.

Things to think about

- How well FAB methods work is hard to estimate. With typical use (not following exact directions), the pregnancy rate is about 24% after 1 year.
- Less reliable after birth and while breastfeeding.
- Need to speak with a health care provider or group that can explain natural methods.
- It takes several months to become familiar with your fertility cycle.
- Does not protect against STIs or HIV.

Withdrawal

Description

- Withdrawal is when the penis is pulled out of the vagina just before cum (ejaculation).
- To prevent pregnancy, a person must not ejaculate near your genitals. Pregnancy can occur if the cum is near the opening of the vagina and sperm gets in.

Benefits

- Withdrawal is better than using no birth control at all.
- It's available in any situation.
- You do not need any birth control supplies.

Things to think about

- Works about 78% of the time with typical use.
- Some men have trouble knowing when they're about to ejaculate and so may not pull out in time.
- Does not protect against STIs or HIV.

Tubal ligation

Description

- Tubal ligation is a permanent form of birth control.
- Surgery is done to close the tubes the egg travels through (fallopian tubes). This stops the egg and sperm from meeting. If the egg and sperm can't meet, you can't get pregnant.

Benefits

- Works right away.
- Does not interrupt sex.
- Does not affect your hormone levels or your sex drive.
- Can be done as day surgery in a hospital.
- Covered by Alberta Health Care.
- You do not need any birth control supplies.

Things to think about

- Works 99.5% of the time.
- All surgery has some risk, such as bleeding, infection or the effects of anesthesia.
- Can be done if you're having a caesarean birth. If you're interested in a tubal ligation, talk with your health care provider during your pregnancy.
- Can sometimes be reversed. The reversal can be expensive and is not covered by Alberta Health Care.
- Does not protect against STIs or HIV.

Vasectomy

Description

- A vasectomy is a permanent method of birth control.
- Minor surgery is done to partially remove or block the tubes (vas deferens) that carry sperm. Without sperm, a person can't get pregnant.

Benefits

- Does not affect sex drive or sexual performance.
- The surgery takes up to 30 minutes.
- Can be done as an outpatient procedure at some clinics.
- Covered by Alberta Health Care. Some fees may apply.
- A vasectomy is a safer procedure than a tubal ligation.

Things to think about

- Works 99% of the time.
- Does not work right away. Your health care provider will do a lab test to confirm all sperm has cleared.
- All surgery has some risk, such as bleeding or infection.
- Reversal surgery is possible, but doesn't always work. It can be expensive and is not covered by Alberta Health Care.
- Does not protect against STIs or HIV.

Emergency contraception

Description

- Emergency contraception (EC) helps prevent pregnancy after you've had unprotected sex or your birth control method fails, such as a condom breaking.
- There are 2 forms of emergency contraception:
 - EC pill: hormone pills that delay the release of an egg.
 - Copper IUD: a small, soft, T-shaped device with a copper wire wrapped around it. The IUD is inserted into your uterus by a health care provider. It stops the egg and sperm from meeting and may prevent a fertilized egg from attaching to your uterus.

Benefits

- Can use EC pills up to 5 days (120 hours) after unprotected sex.
 - Levonorgestrel EC pills—you do not need a prescription. You can buy them at most drug stores.
 - Ulipristal acetate EC pills—you need a prescription.
- Can use the copper IUD up to 7 days after unprotected sex.
- Can use the copper IUD and levonorgestrel EC pills while breastfeeding.



Things to think about

- EC does not protect against STIs or HIV.
- Copper IUD:
- Most effective form of EC.
 - Need a prescription.
 - Needs to be put in by a health care provider.
 - Long-acting, reversible method of birth control.

Levonorgestrel EC pills:

- Works best if used as soon as possible after unprotected sex.

Ulipristal acetate EC pills:

- More effective than levonorgestrel.
- Need a prescription.
- Not recommended while breastfeeding.
- Doesn't give continued protection against pregnancy. Think about starting a reliable method of birth control.

Abstinence	
Description	
<ul style="list-style-type: none">■ Abstinence means making the decision not to directly touch your partner’s genitals or have vaginal, anal or oral sex.■ As a method of birth control, abstinence is the decision to not have any sexual activity where the egg and sperm could meet and create a pregnancy.	
Benefits	Things to think about
<ul style="list-style-type: none">■ No risk of pregnancy■ No risk of STIs and HIV■ Always available	<ul style="list-style-type: none">■ Works 100% of the time.■ Talk with your partner about your choice to be abstinent and what sexual activity is okay with you.■ Sometimes it might be hard to stay abstinent. Consider having a plan for safer sexual practices including condoms and birth control.



Breastfeeding



Breastfeeding

If you're looking for information about breastfeeding, this chapter's for you! Breastfeeding gives your baby the nutrition they need to grow and develop. It's the only food babies need until they're about 6 months old, when they're ready to start eating solid foods.

Breastfeeding Your Baby

Breastfeeding provides food, security and comfort for your baby. Your health care providers are there to help you with your breastfeeding goals, whatever they are.

You can breastfeed whether you've had a vaginal or caesarean birth and no matter what size your breasts are. If you've had breast surgery, have concerns about your breasts or have a medical condition, talk with your health care provider.

Breastfeeding goals

Think about your breastfeeding goals and what support you need to meet them.



Exclusive breastfeeding for the first 6 months of life and continued breastfeeding up to 2 years of age and beyond is recommended. At about 6 months, you can start giving your baby solid foods.

Learning to breastfeed takes time and practice. You may find breastfeeding easy or you may find that sometimes it's not as easy as it looks, especially in the first few weeks. Take one day at a time. It can sometimes take 4–6 weeks for you to feel comfortable and confident with breastfeeding.

Getting encouragement and support from your partner, family, friends and health care providers can help you feel more confident and make

breastfeeding easier. You can also get support by talking with other women who are breastfeeding or by joining a breastfeeding support group. Ask for help early and as often as you need it. To find out about programs in your area call Health Link at **811** or talk with your health care provider.

Vitamin D for all babies



Vitamin D helps your baby's body absorb calcium and develop healthy bones. It also prevents rickets. All babies need 400 IU of a liquid vitamin D supplement every day.

“Breastfeeding might take longer than you expect it to in the early days.”

~ Ayesha, mom of a toddler

Breastfeeding benefits

Breastfeeding is healthy for you and your baby. Breastmilk has all the nutrition and fluid your baby needs in their first 6 months, other than vitamin D. Give your baby a liquid vitamin D supplement of 400 IU every day.

Breastfeeding has many benefits for you and your baby. For your baby, breastmilk:

- is self-adjusting and changes to meet their needs, even during **growth spurts**
- is easy to digest
- gives them antibodies that may reduce the risk of some types of illnesses, infections and diseases
- may reduce the risk of SIDS

For you, breastfeeding:

- helps your uterus contract to its pre-pregnancy size
- may lower your risk of breast and ovarian cancer—the longer you breastfeed, the lower your risk
- may help you lose some of the weight you gained during pregnancy
- may stop menstrual periods during the first 6 months, and sometimes even longer, if you're exclusively breastfeeding
- helps you feel close to your baby

There are also other benefits of breastfeeding. These include:

- having readily available food for your baby that is always the right temperature and concentration
- being an environmentally friendly feeding method—you do not need containers or packages
- possibly saving you money because you do not need to buy infant formula, bottles or artificial nipples

Breastfeed anytime, anywhere ★

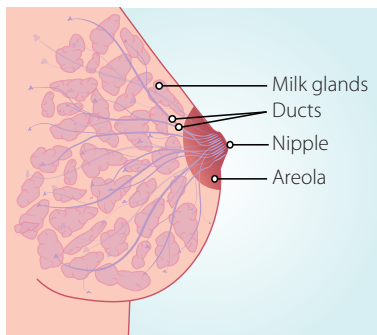
You can breastfeed wherever you want. It's legal to breastfeed in public. Many shopping malls have parent rooms for breastfeeding and changing babies if you're looking for comfortable chairs and more privacy.

If you want, you can also put a scarf or blanket over your shoulder for privacy, or if your baby gets distracted.



growth spurt: a time when your baby is growing faster than usual and they may suddenly want to feed more often or longer

How breasts make milk



Breasts are made up of clusters of milk-producing cells (milk glands) connected by a network of ducts. This network is close to the nipples, which have many tiny openings. Milk flows from the milk glands through the ducts and nipple openings.

When your breasts release milk it's called a let-down or milk ejection reflex. Muscles around the milk-producing cells contract to push milk into your ducts and out through your nipple.

You may feel tingling or pressure in your breasts as your milk is released. Not everyone feels this. You may also have a let-down when you hear your baby cry. When this happens, milk may leak from your breasts.

Your milk will change to meet your baby's needs. The milk you make in the first few days after your baby's born is called colostrum. You'll make very small amounts of this high calorie, thick, yellow milk. Because colostrum has antibodies, it gives your baby protection against infections and diseases. Along with having important nutrients, 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.

Your milk will gradually change from colostrum to transitional milk to mature milk over the first 2 weeks after your baby's born. You'll notice your breasts becoming fuller and heavier. They may also feel more tender. The colour of your milk will change from clear or yellowish (colostrum), to bluish-white or white (mature milk).

Breastmilk supply

Feeding your baby often and for as long as they want to feed, day and night, will help you establish your milk supply and meet your baby's needs. Your baby's stomach is small and they can only drink small amounts at a time at first.

Babies feed often ★

Your baby will feed often because:

- **breastmilk is digested quickly**
- **at birth, your baby's stomach is small—it can only hold around 20 ml (4 tsp)**

Your baby's sucking tells your body to make as much milk as your baby needs. The amount your baby drinks changes at each feed, sometimes they'll want a 'full meal' and other times just a 'snack'. The more your baby feeds at the breast, the more milk your body makes.

meconium: greenish-black sticky stool usually passed within the first 48 hours after birth

Nighttime feeds may seem challenging, however, these feeds play an important role in keeping your milk supply up.

Your breasts will feel full between 2–6 days after your baby's birth. After this time it's normal for your breasts to start to feel softer. For the first 6 weeks, you'll notice your breasts feel full before feeds, become softer after feeds and begin to fill again between feeds. This is a good sign that your body is making milk to meet your baby's needs. Full breasts produce milk slower and drained breasts make milk faster. Feeding your baby as often as needed and not delaying or timing feeds will help to keep your breasts soft and comfortable. It will also make sure that your baby gets the amount of milk they need. This helps your baby develop healthy eating patterns and supports growth and development.

You may also find that your baby suddenly wants to feed more often, feed longer or cries more. Babies who need to feed more often may be having a growth spurt. This usually happens when they're around 2–3 weeks, 6 weeks and 3–4 months old. Growth spurts only last a few days. As your baby breastfeeds, you'll make the amount of milk that matches what your baby needs.

It's common to wonder if you're making enough milk in the first few weeks. For more information on how often and how long to feed your baby, see page 286. Your health care provider will also help you to understand the signs that your baby is receiving the amount of breastmilk that they need.

Twins, triplets and more



Many moms are able to breastfeed more than one baby at a time. Talk to your health care provider if you have any questions.



What about herbal products?



Some herbal products such as teas may claim to increase your milk supply. They can act like medicine and may not be safe for you and your baby. To find out more about herbal products and if they're safe, talk with your health care provider or call the Medication & Herbal Advice Line toll-free at **1-800-332-1414**. To learn more, visit the **Links** section at healthyparentshealthychildren.ca/resources



If your baby is not able to breastfeed or is not breastfeeding well, make sure you ask for help. Your baby feeding at the breast is the best way to increase your milk supply and to 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 expressing by hand or with a breast pump.

You can feed your baby your expressed breastmilk (see page 293). If you supplement with infant formula and do not express or pump your own milk, your breastmilk supply will decrease.



© Belle Verdiglione Photography
www.perthbirthphotographer.com.au

Breastfeeding Basics

With time and practice, you and your baby will become more comfortable with breastfeeding. Early skin-to-skin cuddling with your baby is important for getting breastfeeding started and will help you learn to read your baby's feeding cues.

Skin-to-skin ★

Cuddling skin-to-skin with your baby is a great way to help you get started with breastfeeding.

Your health care provider will encourage you to breastfeed your baby soon after they're born. They will help you with positioning and latch. Some babies want to breastfeed right away and others may just want to cuddle. Most babies will have their first feed within the first hour after they're born.

Health care providers like public health nurses have information and skills to help you learn about:

- your baby's feeding cues
- breastfeeding positions
- correct latch
- how to tell if your baby is getting enough breastmilk
- what you can do if you have breastfeeding challenges

“ *Have supportive people around you who know what your plan is for breastfeeding and who are able to help set you up for success.* ”

~ Jasminder, mom of a toddler



If you're a partner

A baby needs a lot of attention during the first months of life and they'll spend a lot of time breastfeeding. You can help support your breastfeeding partner by:

- giving her time to learn to breastfeed
 - giving her time to cuddle together skin-to-skin
 - having her rest when your baby sleeps
 - bringing your baby to her for breastfeeding
 - asking if you can help her with positioning your baby at the breast
 - doing diaper changes, burping and bathing your baby
 - doing extra household tasks
 - limiting visitors and phone calls
 - bringing her water to drink
- 
- preparing healthy foods and going grocery shopping
 - finding her support if needed
 - staying awake while she is feeding your baby, especially if your partner is tired or laying down, and help them by returning your baby to their crib or cradle when she's done feeding your baby

Feeding relationship and cues

Your baby is born with the ability to regulate and eat the amount of food they need. In the beginning, your role as a parent is to decide what your baby eats and to follow their cues. Your baby's role is to let you know when they're hungry and when they're full. By having a healthy feeding relationship right from the start, you'll help your baby develop healthy eating habits for life.

The early months with your new baby are a time of learning for all of you. When you respond to your baby's cues you're helping to build a secure attachment and a trusting relationship. You're also teaching your baby to listen to their body and to stop eating when they're full. Watch your baby for early hunger cues—babies feed best when they're quiet and alert. If you're having trouble reading your baby's cues, talk with your health care provider.

Baby Feeding Cues (signs)

Early cues "I'm hungry."



Stirring



Mouth opening



Turning head, seeking/rooting

Mid cues "I'm really hungry."



Stretching



Increasing physical movement



Hand to mouth

Late cues "Calm me then feed me."



Crying



Agitated movement



Colour turning red

Time to calm crying baby

- cuddling
- skin-to-skin cuddling on chest
- talking
- stroking



For more information refer to the Queensland Health booklet *Child Health Information: Your guide to the first twelve months*. Visit the Queensland Health breastfeeding website: <http://www.health.qld.gov.au/breastfeeding/>



CPN / 840
Partnering with Consumers National Standard 2 (2.4)
Consumers and/or carers provided feedback on this publication.



To view the terms of this licence, visit: <http://creativecommons.org/licenses/by-nc-nd/3.0/au/deed.en>
For permissions beyond the scope of this licence email the Intellectual Property Officer: ip_officer@health.qld.gov.au

Version 4.0 Effective: 05/2015 Review: 05/2018

© State of Queensland (Queensland Health) 2010



Babies need to eat during the day and night. Your baby feeds in their own way to meet their needs. Your baby will let you know when they're hungry with their feeding cues (see page 281) and when they've had enough, they'll show signs of fullness. Signs of fullness may include:

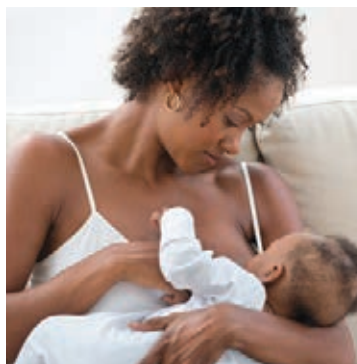
- slowing down or stopping their sucking and swallowing
- looking relaxed (e.g., extending their arms and legs, extending or relaxing their fingers)
- letting go of or turning their head away from your nipple
- pushing or arching away
- falling asleep at the end of the feeding

For the first 6 months, your baby will likely wake up to feed during the night. Keep your baby close when they sleep—in the same room as you (room sharing), but on a separate sleep surface such as a crib, cradle or bassinet. This will make it easier to feed your baby, especially at night. It also makes it easier to learn and respond to your baby's cues. Once your baby is done feeding and is ready to sleep, always place them on their back in their crib, cradle or bassinet.

Positioning

You may need to try several positions before you find one that works for both you and your baby. Whatever position you breastfeed your baby in, make sure you use good posture and:

- have the supports you need (e.g., cushions and pillows) to sit, lie or stand in a comfortable position
- bring your baby to your breast—not your breast to your baby
- keep your baby's hands free—their hands help them find their way to your breast
- support your baby across their shoulders and behind their ears at the base of their head with your arm and hand

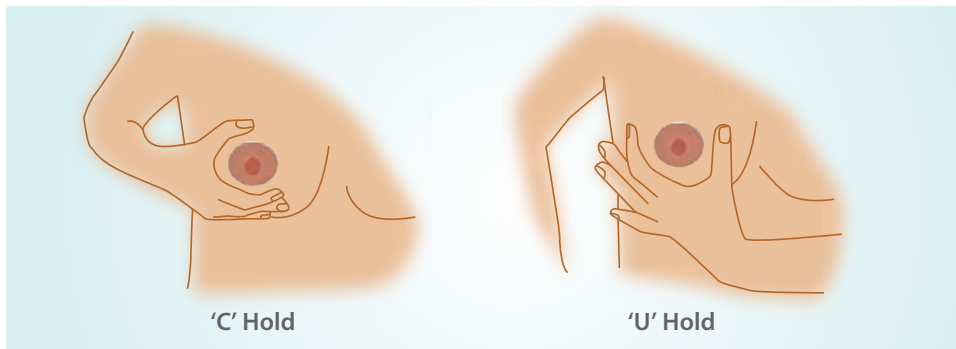


'C' and 'U' hold

If you need to support your breast, you can use a 'C' hold or a 'U' hold, depending on the position that you choose.

- For the 'C' hold, gently hold your breast with your fingers in line (parallel) with your baby's mouth.
- For the 'U' hold, place your fingers flat on your chest wall and hold your breast from below with your fingers and thumb.

Place your hand on your breast without covering the **areola**. This way, your hand does not interfere with your baby's latch. Do not apply too much pressure on your breast as this could cause a poor latch or blocked ducts.



Common positions

Cross-cradle position

1. Sit up as straight and tall as you can.
2. Support your baby at the level of your breasts.
3. Lay your baby on their side on a pillow. Their ear, shoulder and hip should be in a straight line.
4. Use your hand that's on the same side that your baby is feeding on to support your breast. Make a 'C' shape with your hand to support your breast, if you need to.
5. Use your other hand to support your baby's head at the base of their skull. Place your arm along your baby's back and bring them close to your breast.



Cradle position

1. Sit up as straight and tall as you can.
2. Support your baby at the level of your breasts using the arm on the same side that your baby is feeding on.
3. Cradle your baby close to you.
4. Keep your other arm free.



If you prefer the cradle position and are having trouble latching your baby, start with a cross-cradle position. Then let go of your breast support (step 4 of cross-cradle) and move your arm into the cradle position.

areola: the dark area around the nipple of the breast

Football or clutch position

1. Sit up as straight and as tall as you can.
2. Use a pillow at your side to support your baby at the level of your breast.
3. Hold your baby with your nipple pointed toward their nose. Your baby's head will be slightly tilted back, with them looking up at you.
4. Support your baby using the hand that's on the same side your baby is feeding on.
5. Use your hand to hold your baby's head at the base of their skull, and use your arm to hold them close to your body. When your baby opens their mouth wide, use your hand to quickly bring them to your breast.
6. Make a 'C' shape with your opposite hand to support your breast, if you need to.



Side-lying position

1. Lie on your side with one pillow under your head and another tucked behind your back. You may also like a pillow between your knees.
2. Lie your baby beside you on the bed tummy-to-tummy, with their nose touching your nipple.
3. Place the palm of your hand on your baby's upper back. When your baby opens their mouth wide, use your hand to quickly bring them to your breast.
4. Use your hand on your baby's back to keep them tucked in close while breastfeeding.



Reproduced with permission from Gray, K. (2013).

Laid-back position

1. Lie back so that you're semi-reclined in a chair or on a bed.
2. Use pillows to support your back and head, if you need to.
3. Lay your baby on you, tummy-to-tummy, and near your nipple. This position helps to move your baby's tongue and chin forward.
4. Make sure your baby's thighs and feet are touching a surface that helps them 'crawl' towards your nipple to latch.



Keep your baby safe during sleep



Taking your baby into bed for feeding or for comfort is risky if you fall asleep. If you choose to sleep with your baby on the same sleep surface (bed share) or feel you may fall asleep while feeding your baby, follow the recommendations about bed sharing and how to do it as safely as possible to reduce some of the risks (see page 292).

Latch

A correct latch is important. It helps:

- your baby drink milk from your breast
- you make breastmilk
- you feel more comfortable during the feed

Here are the steps to follow for a correct latch.

1. Once you and your baby have found a comfortable position, hold your baby's head at the base of their skull, below and behind their ears—the palm of your hand will be between your baby's shoulder blades. Try not to touch your baby's cheeks. Keep your baby's hands free—their hands help them find their way to your breast.
2. With your baby positioned at the level of your breast, tuck their body tightly to you so their lower lip touches the outer part of your **areola**. Your nipple should come in just under their upper lip. This helps your baby smell your breastmilk and get ready to feed.
3. Slightly tilt your baby's head back so that their chin touches your breast. Your baby's lower jaw is now under your breast which helps them take as much of your breast into their mouth as possible. This is a deep latch. Your baby's mouth opens wide, like a yawn, and their tongue cups and stretches out over their lower gum.

You can encourage your baby to open their mouth wide by expressing a bit of your milk and slowly touching your nipple against their lips. You may need to do this a few times.



Top three photographs printed with permission: © Crown copyright 2010. Produced by COI for the Department of Health, Great Britain.

areola: the dark area around the nipple of the breast

4. Use your hand to gently press on the back of their neck and shoulders and pull them closer to your breast. Move your baby onto your breast with their chin touching first.
5. Your baby's cheeks will look full and round when feeding. At first their suck and swallow will be fast, and then it will slow down.

“ *If you're not sure if your baby is latching correctly, ask a health care provider to watch you feeding your baby. I found this helpful at the beginning. I learned what changes I needed to make early on.* ”

~ Alexandra, mom of a baby

Babies can easily breathe when breastfeeding, even with their nose close to your breast. If your baby's nose is too far into the breast and they cannot breathe, they'll naturally come off your breast. Re-adjust for the next latch by:

- pulling your baby's bottom closer to you
- tipping their head back a little bit
- bringing their chin in more deeply

When your baby latches on correctly, you'll feel a pulling sensation, not pain. If you have pain in your nipples, bruising, blisters or cracks, get help as soon as possible.

If you have any questions, call Health Link at **811** or your health care provider.

The First Week and Beyond

The first week of your baby's life is full of changes for all of you. In the early days, it may seem like you're feeding your baby all the time, as one feed blends into the next. Set up a comfortable space and get ready to settle in. Keep a basket of healthy snacks and a water bottle within arm's reach. Also, keep a book, your phone or access to a TV show or movie close by.

How often does my baby need to feed?

Babies should feed at least 5 times in the first 24 hours after they're born. After that, they'll feed at least 8 times every 24 hours.

Your baby's feeding cues will tell you when they are hungry and full. This information gives you an idea of how much your baby takes in for the first few weeks:

- 2–10 ml (0.1–0.3 oz) at 24 hours old
- 15–30 ml (0.5–1 oz) at 48–72 hours old
- 30–60 ml (1–2 oz) by 3–5 days old
- 60–90 ml (2–3 oz) by 8–21 days old

You may find that your baby eats quite a bit more during growth spurts. They may also **cluster feed**. This can happen anytime, but is most common during the evening.

As babies get older, they become better at sucking and will continue to get the amount of milk they need to grow. Here's what you may see during your baby's first few days.

Baby's age and behaviour	How often they feed	What you can do
Birth to 24 hours old		
<ul style="list-style-type: none"> ■ may be awake, alert and quiet during the first few hours ■ may not want to feed right away, as they recover after birth ■ may have a long sleep, waking up once in a while to feed or cluster feed 	<ul style="list-style-type: none"> ■ will feed at least 5 times in the first day (24 hours) ■ may have periods where they cluster feed 5–10 times over 3–5 hours then sleep for 4–5 hours 	<ul style="list-style-type: none"> ■ watch for their feeding cues ■ do skin-to-skin cuddling ■ keep their hands free so they can touch your breast ■ massage your baby gently to help them wake up to feed ■ if you do not notice feeding cues or are not sure, ask for help
24 to 48 hours old		
<ul style="list-style-type: none"> ■ will wake and show feeding cues ■ feed as often as every 30 minutes to 3 hours ■ by the 2nd or 3rd day, they'll be more alert during feedings ■ they'll have a strong sucking reflex, with their lower jaw moving 	<ul style="list-style-type: none"> ■ will actively feed at least 8 times in a day (24 hours) ■ may have 1–2 long periods of cluster feeding ■ by the 2nd or 3rd day, they'll feed at least 8 times in a day (24 hours), with no set schedule 	<ul style="list-style-type: none"> ■ offer your breast whenever they want—follow their feeding cues ■ listen for their quiet swallowing noises
3 days to 1 month old		
<ul style="list-style-type: none"> ■ will wake and show feeding cues ■ you'll be able to hear their swallowing during feedings ■ by 4 days old, their swallows are easier to hear and sound like 'ka, ka, ka' 	<ul style="list-style-type: none"> ■ will feed at least 8 times in a day (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. 	<ul style="list-style-type: none"> ■ breastfeed your baby whenever they want—follow their feeding cues

cluster feeds: frequent, small feeds within a short time

“ I had a breastfeeding chair I always sat in and my partner would have a little snack pack there for me with apples and muffins and a bottle of water so that when I got up to feed in the middle of the night they were already there. It's the little things that made life easier. ”

~ Chelsea, mom of a toddler

How long should I feed my baby?

There's no set amount of time that your baby should feed. Let your baby feed as long and as often as they want to. Your baby's appetite may vary from day-to-day and from feeding to feeding. Follow your baby's cues.

You'll see that your baby has different patterns of sucking. At the start of the feed, they'll have short, quick sucks until there's more milk flow. Later, their suck becomes slower and deeper. Your baby will pause between these bursts of sucking and you'll hear and see them swallow.

Burp your baby after they've finished feeding on the first breast, then offer the second breast and burp them again if they feed on that side.

If you need help keeping your baby awake, change their diaper before offering the second breast. Remember to wash your hands after the diaper change and before feeding your baby again.

Your baby may want to feed on the second breast for a shorter time or may not want to feed at all. Follow your baby's cues. It's usually time to change breasts when your baby:

- pulls off your breast and looks for more milk
- becomes restless at the breast
- is not sucking or swallowing as much

If your baby fed from both breasts, start the next feeding with the breast that your baby last fed from. If your baby fed from only one breast, start the next feeding with your other breast.



© Crown copyright 2010, Produced by COI for the Department of Health, Great Britain.

Take care of your baby's mouth



Wipe your baby's mouth with a clean damp cloth after each feed. This will help them have healthy gums and help prevent tooth decay.

If your baby needs help coming off your breast, put a clean finger into the corner of their mouth and push down lightly to break the suction. Your nipples will get sore if you pull your baby off your breast without first breaking the suction.

Hands and nails



Keep your nails short while you're breastfeeding. Make sure your hands and nails are clean when handling and breastfeeding your baby.

Is my baby getting enough?

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

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

Here are other ways to tell if your baby is getting enough milk after they're 72 hours old:

- Your breasts will feel smaller and softer after feeds.
- Your baby will wake on their own to feed at least 8 times in 24 hours.
- You can hear or see your baby swallowing and their jaw moving.

Call Health Link at **811** or your health care provider if your baby has any of the following:



- vomits most or all of their feeding, 2 or more times in a row
- does not have the recommended number of wet or dirty diapers
- is fussy during or after feeding
- wants to feed all of the time—this is different than cluster feeding
- green, watery bowel movements that smell bad
- white, light grey, or very light yellowish bowel movements
- blood in their stool or urine
- urine that still looks dark orange or rusty after they're 72 hours old
- any other signs that concern you

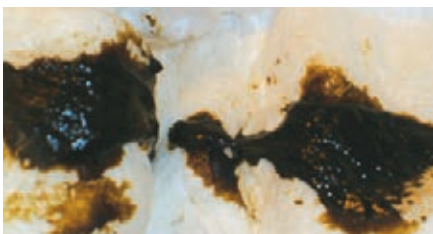
Call Health Link at **811** or your health care provider **NOW** if your baby has any of the following:



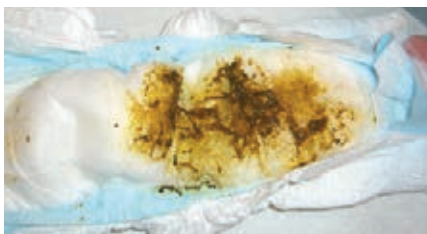
- will feed if you wake them, but will not wake up on their own to feed
- is always sleepy
- will not feed or is not showing feeding cues

Bowel movements

Here are what a breastfed baby's bowel movements look like in the first 72 hours after birth. Breastfed babies do not usually get constipated or need medicines like suppositories, if they're getting enough breastmilk.



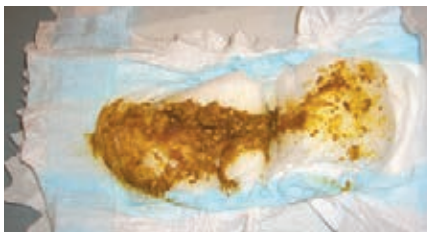
Meconium stool—birth to 48 hours old



Transitional stool—48 to 72 hours old



Stool—after 72 hours old



Stool—yellow seedy stools

Burping your baby

Babies often swallow some air when they're feeding and burping helps them get this air out of their stomach. There is more than one way to burp your baby:



Over your shoulder

- Hold your baby close to your body, facing over your shoulder.
- Put a cloth on your shoulder in case your baby spits up milk.
- Gently pat or rub their back.



Sitting on your lap

- Sit your baby in your lap and support their head with one hand under their chin.
- With your other hand, gently pat or rub their back.



Laying on their tummy

- Lay your baby on their tummy over your legs.
- Support their head as needed and gently pat or rub their back.

Keep your baby safe during sleep

Taking your baby into bed for feeding or for comfort is risky if you fall asleep. Lying down to feed is an effective feeding position for many moms. However, it's easier to fall asleep if you're in this position, especially if you're tired. To stay awake while feeding your baby in your bed, try wiping your face and neck with a wet cloth or keeping the room lights, TV or music on. Put your baby in their own crib, cradle or bassinet if you feel sleepy.

If you choose to sleep with your baby on the same sleep surface (bed share) or feel you may fall asleep while feeding your baby, follow these recommendations about bed sharing and how to do it as safely as possible to reduce some of the risks:

- never sleep with your baby on any soft or padded surface such as a sofa, upholstered chair, bed with a soft mattress or bedding, water or air-filled mattress
- keep bed covers, blankets and pillows far away from your baby
- make sure you and your partner know when your baby is in the bed with you at all times

Never sleep with your baby if you or your partner:

- smoke
- have taken alcohol, cannabis, other drugs, or any prescription, over-the-counter or herbal medicine that makes you less able to respond to your baby's needs
- are overtired from stress or lack of sleep

If you choose to bed share, make sure you follow all the information provided. Taking these steps may reduce some of the risk, but it does not make bed sharing safe.

Expressed Breastmilk

Some women may want or need to use expressed breastmilk with their baby, while others may not need to express breastmilk at all. There are many reasons why you may want to express your breastmilk. Expressing your breastmilk will:

- help build and keep your milk supply
- collect breastmilk for your baby as needed
- help keep you more comfortable if your breasts are full or engorged

Other reasons you may need to express your breastmilk:

- your baby is not able to latch
- your baby is sick or born preterm
- you're going to be away from your baby for longer than 2 hours
- you're going back to work before your baby has weaned (stopped breastfeeding)

You'll find it easier to express your milk after:

- your baby has breastfed
- your baby's first feed in the morning—this is when you have more milk
- you put a warm, moist cloth on your breasts
- you use gentle breast massage
- you've touched or cuddled your baby

If you're a partner

Expressing and pumping can be a lot of work. Here are some ways you can help:

- Bring a warm moist cloth to your partner for their breasts before they begin pumping.
- Put music on to help them relax.
- Take care of your baby.



At first you may only be able to express very small amounts of milk. One breast may make 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. The amounts may be different each time you pump.

Tips when you express breastmilk:

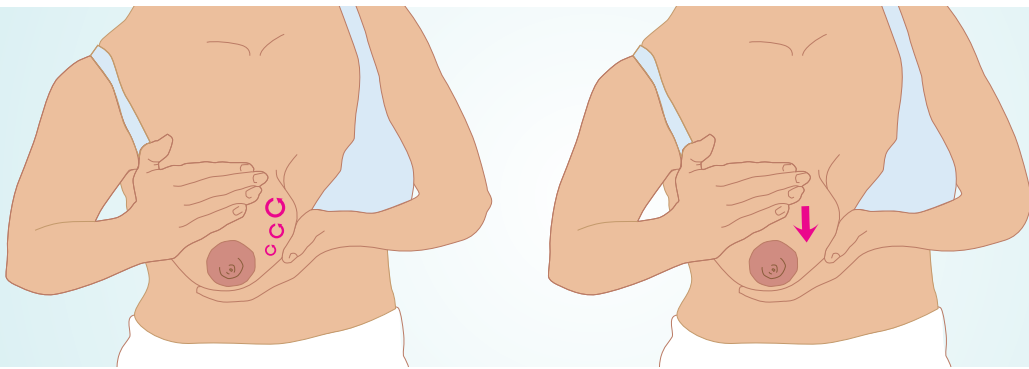
- Choose a comfortable place.
- If your baby is not with you, take reminders of them along, such as a piece of clothing with their scent or a recording of your baby that you can listen to or watch.
- Use relaxation techniques before and while expressing, such as music and deep breathing.

Breast massage

Massaging your breasts before expressing milk will help you start your milk flowing, may help you remove more milk and increase your milk supply. You can also do breast massage before and while your baby is feeding.

When doing breast massage:

- Always handle your breasts gently so you do not damage the delicate tissue.
- Put a warm cloth on your breast before massaging.
- Support your breast with one hand and massage with the other.
- Spread your fingers and place the flat part of your fingers palm side down on your breast.
- Massage your breasts in small circular motions, from your chest towards your nipple and massage your entire breast.

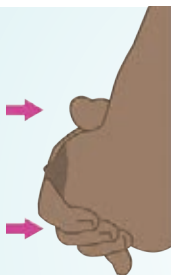
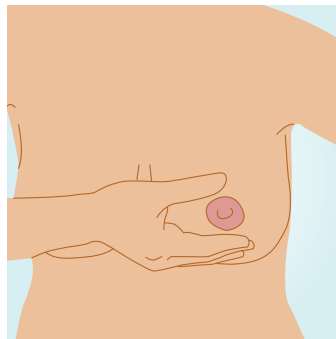


Expressing by hand

Expressing breastmilk by hand is a skill that takes practice. You may not get much milk at first. Even expressing a small amount of milk will signal your body to make more. It may be easier to practice in the bathtub or shower, or after breastfeeding your baby.

To express by hand:

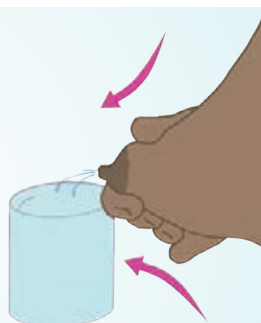
1. Wash your hands with soap and warm water.
2. Put a warm cloth on your breasts, then gently massage them before you start to express.
3. Put your thumb on top of your breast, not too close to your nipple. Your thumb and index (pointer) finger need to be opposite to each other and about 2.5–4 cm (1–1½ inches) back from the edge of your areola.
4. 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 your nipple. Keep doing this until your milk starts to flow. Do not squeeze the base of your nipple— this will stop the flow of milk.
5. Repeat steps 3 and 4 a few times in each position as you rotate your hand around your nipple and areola like a clock. If you're not getting any milk flow, move your fingers back a little. Keep doing this until the milk flow slows and your breast feels soft.
6. Repeat with your other breast.



Gently push in towards your chest



Squeeze your thumb and fingers together



Gently roll your fingers toward your nipple

To learn more about hand expression, visit the **Videos** section at healthyparentshealthychildren.ca/resources



Expressing with a breast pump

Breast pumps work to express breastmilk by imitating your baby's sucks. There are different types of pumps you can use.

- Manual (hand), battery-operated or small electric pumps are used when you pump only once in a while and after your milk supply is established.
- Hospital-grade electric pumps are used when you're not able to breastfeed for some time or if your baby is not regularly breastfeeding, or if you're having problems with breastfeeding. These pumps are better for establishing and maintaining your milk supply than manual pumps. You can rent these pumps.

If you're expressing milk while at the birth centre, there may be a hospital-grade electric pump for you to use. Ask your nurse to show you where they are and how to use them.

Here are some tips for pumping breastmilk:

- Follow the manufacturer's instructions for using and cleaning your breast pump.
- Only use as much suction as needed to get your milk to flow—pumping should not hurt.
- Centre your nipple in the nipple tunnel—it should not press against the sides.
- It could take a few minutes for your milk to start flowing.
- If you're pumping one breast at a time, switch between your breasts several times.
- Pumping both breasts at the same time will help you pump more milk.



Manual breast pump



Electric breast pump

Expressing breastmilk ★

You may find that expressing your milk by hand works well for you or you can buy or rent a breast pump.

Storing and preparing expressed breastmilk

At the birth centre

When your baby is at the birth centre, your breastmilk needs to be handled safely. When storing breastmilk at the birth centre:

- Ask your nurse for bottle labels that have your baby's name and your birth centre identification (ID) number on them.
- Put your breastmilk into the bottles you're given.
- Write the time and date you expressed on the label.
- Ask your nurse to store the labelled breastmilk in a secure refrigerator or freezer right away.
- If you express breastmilk at home while your baby is at the birth centre, follow the guidelines below. Put your breastmilk in your refrigerator right away. Use ice or freezer packs to take your breastmilk to the birth centre.

To make sure your baby gets your breastmilk, check that the bottle you store it in has your birth centre ID number on it. The bottle label will be checked with your baby's birth centre identification bracelet at the bedside by 2 people before the breastmilk is given to them.

At home

Here are some guidelines for preparing and storing breastmilk at home:

- Always use clean feeding equipment (see page 300).
- Write the date you expressed your breastmilk on the container with a waterproof marker.
- Store your breastmilk in the amounts your baby needs for one feeding.
- Refrigerate or freeze freshly expressed breastmilk that's not going to be used right away.
- Do not mix warm expressed breastmilk with cooled or frozen expressed breastmilk.
- Chill fresh breastmilk for 1 hour in a refrigerator before adding it to a container with already frozen breastmilk.
- If freezing, leave a 1.5 cm (½ inch) space at the top of the container, as breastmilk expands when it's frozen.
- Keep your breastmilk cool or frozen while travelling.
- If you express breastmilk while you're away from home, store it in an insulated cooler bag with a frozen gel pack for no more than 24 hours.

You can add new breastmilk to already chilled or frozen breastmilk. Cool it first before adding it, so that it does not warm the already stored breastmilk. Keep the original expressed breastmilk date on the container if you add more breastmilk to it on a different day. Always use the breastmilk in the container that's been frozen the longest first, even if you have added fresh breastmilk to it.

For more information on supplementing, see page 318.

Check the date



Check the date on the container with expressed breastmilk. Use the one that's been stored the longest first. Throw out any that are past the storage time.

Storing expressed breastmilk

Here are some guidelines on where and how long you can store your breastmilk.

Where it can be stored	How long it can be stored
At room temperature	Up to 4 hours
In an insulated cooler bag with a frozen gel pack	Up to 24 hours at 4 °C (39.2 °F) or lower
In the refrigerator—not in the door	Up to 3 days (72 hours)
In the freezer of a 1-door refrigerator	Up to 2 weeks
In the freezer of a 2-door refrigerator or a side-by-side refrigerator	Up to 4 months
In the chest or deep freezer	Up to 12 months at -18 °C (-0.4 °F) or lower

Thawing breastmilk

To thaw breastmilk quickly, put it under cool or warm running water or in a pot of warm water. If you do not need it right away, thaw the milk in the refrigerator. When using thawed breastmilk:

- Gently shake the milk to mix it back together—the fat in breastmilk may separate during thawing.
- Refrigerate breastmilk after thawing and use it within 24 hours. Throw it out if it's not used within 24 hours or if your baby does not finish it.
- Do not refreeze breastmilk that's already been thawed.

Microwaves



Thawing or warming breastmilk in a microwave is not recommended. Microwaves heat milk unevenly and form hot spots. This can burn your baby's mouth and destroy the immune components in breastmilk.

Warming breastmilk

Your baby may prefer warm breastmilk. Feed breastmilk using a dropper, spoon, cup or bottle. If you're using frozen breastmilk, thaw before warming. Here's how to safely warm breastmilk:

- Put the container of breastmilk in a pan of warm water for no more than 15 minutes.
- Do not cover the lid or nipple with water when it's being warmed. This can contaminate the breastmilk.
- Gently shake the container to mix it.
- Test the breastmilk on the inside of your wrist to make sure it's not too warm to feed your baby. It should feel lukewarm to the touch.
- Do not put the bottle nipple in your mouth to check the temperature or to clean it. This can pass germs to your baby.

Feeding breastmilk by bottle

When you feed your baby breastmilk from a bottle:

- Hold your baby almost upright in your arms, using skin-to-skin cuddling.
- Hold your baby's cheek to your breast to feed.
- Change the arm you use to hold your baby at each feed—just as you would when breastfeeding.
- Always hold your baby until they're finished their feed. Never leave your baby alone with a bottle in their mouth—they can choke.
- Choose a low flow nipple with a single hole.
- Tip the bottle so the expressed breastmilk just fills the nipple.
- Let your baby seek the nipple. Follow their feeding cues.

Choose low flow nipples



Low flow nipples help your baby coordinate their sucking, swallowing and breathing.

- When your baby's ready, put the nipple deep enough into their mouth until they have a wide latch—your baby should not gag.
- Babies will usually feed for 15–30 minutes at each feed. If your baby drinks too fast, tip the bottle down to slow their feed or remove it. Your baby should not gasp, cough or cry while bottle feeding.
- Burp your baby when they're finished feeding (see page 291).

Let your baby control the flow of milk and follow their feeding cues. You can tell if your baby is swallowing too fast, when:

- they are not taking a breath between swallows
- their eyes are opened wider than usual
- their nostrils are flaring
- their arms and legs are stiffening as they struggle to breathe and feed at the same time—they'll come off the breast if they cannot breathe
- breastmilk is leaking from the sides of their mouth

Leftover breastmilk



Throw away any breastmilk left in the bottle after 2 hours. The breastmilk can grow bacteria in it from your baby's saliva.

Follow your baby's cues. When they've had enough they'll:

- stop or slow down their sucking or swallowing
- let go of the nipple
- look relaxed
- stop showing feeding cues
- may fall asleep

Feeding equipment

You'll need to clean all of the feeding equipment if you're supplementing your baby. This includes things such as cups, bottles, bottle nipples, caps, tongs and spoons. Follow the manufacturers' instructions for use.

Use glass bottles or BPA-free plastic containers. BPA is a chemical used in some plastics that may not be safe for young children. Baby bottles purchased in Canada after 2010 do not contain BPA. If buying plastic baby bottles outside of Canada or any other plastic containers make sure they're BPA-free. Check the package or call the manufacturer if you're not sure if it has BPA in it. To learn more about BPA-free plastic, visit the [Links](https://www.healthyparentshealthychildren.ca/resources) section at [healthyparentshealthychildren.ca/resources](https://www.healthyparentshealthychildren.ca/resources)



Can you boil your feeding equipment?



Choose equipment, bottles and bottle nipples that can be boiled after each use. Bottles or nipples that have warped, melted, or became sticky after being boiled are a choking hazard and should not be used.



Check the bottle nipples before each use for signs of damage, such as tears, cracks, swelling or stickiness. These could be a choking hazard for your baby.

Cleaning feeding equipment

To keep your baby safe, clean all of the feeding equipment you'll use like tongs, measuring cups, bottles and nipples. Young babies are at higher risk of getting sick because their immune systems are still developing. How you clean the equipment depends on if your baby is under or over 4 months old.

For babies under 4 months old

Clean the feeding equipment before you use it. Feeding equipment is not fully clean until it has been boiled or has gone through the sanitation cycle of a dishwasher.

If you do not use the cleaned bottles right away, wait until they're completely dry and then fully assemble them so the insides stay clean. Store all feeding equipment in a clean, protected area.

Clean by boiling



- 1** Wash your hands with soap and water for at least 20 seconds.



- 2** Clean the feeding equipment and working area with hot soapy water. Then rinse in clean water.



- 3** Put all the feeding equipment in a large pot. Cover the items with water.



- 4** Put the lid on the pot. Bring to a rolling boil. Boil for 2 minutes.



- 5** Remove the feeding equipment with tongs that have been boiled. Put the items on a clean towel or paper towel. Let cool.

Clean by dishwasher

You can also use the sanitize cycle on a dishwasher to clean the feeding equipment if:

- There's a National Sanitation Foundation (NSF) symbol on your dishwasher. You can also check online to see if the dishwasher is NSF 184 certified.
- The dishwasher has a sanitize feature. Use the sanitize cycle.



If you do not use the cleaned bottles right away, fully assemble them once they are completely dry so the inside stays clean. Store all feeding equipment in a clean, protected area.

For babies over 4 months old

All feeding equipment should be cleaned before and after every use with hot, soapy water—boiling is no longer needed. You can also use your dishwasher.

To clean the equipment

1. Wash your hands well with soap and warm water for at least 20 seconds.
2. Use hot soapy water to clean and remove any residue on the equipment. Rinse in clean water that's safe to drink. If using a dishwasher, use the longest, hottest wash and dry cycle.
3. Air dry the equipment on a clean paper towel or clean cloth.

If you do not use the cleaned bottles right away, fully assemble them once they are completely dry, so the inside stays clean. Store all feeding equipment in a clean, protected area.

Healthy Body and Mind

Eating

You may feel more hungry and thirsty while breastfeeding your baby. Eat a variety of foods from *Canada's Food Guide*. An extra 2–3 servings, about 350–400 extra calories, each day from any of the four food groups will help meet your needs. Try to drink enough fluids to keep you from feeling thirsty. Small amounts of caffeine are fine for most people when breastfeeding. Try to limit your caffeine intake to 300 mg per day or less. For more information about caffeine, see page 43.

If you're vegan, vegetarian, or on a restricted diet, you and your baby may need certain extra vitamins and mineral supplements. Call Health Link at **811** or talk with your health care provider to find out more.

Omega-3 fats are important for your baby to grow and develop. Eating fish high in omega-3 fats will increase these fats in your breastmilk. *Canada's Food Guide* recommends eating at least 2 servings of cooked fish and shellfish per week. One food guide serving is 75 g (2½ oz).

Some fish are high in mercury, which can harm the developing brain and nervous system of infants and young children. For a list of fish that are higher in mercury as well as some safer fish alternatives, see page 42.

Most breastfeeding babies are not bothered by what you eat. The only foods you should not eat are the foods that you or your baby are allergic to. If you think something you're eating is bothering your baby, talk with your health care provider.

Track your servings



My Food Guide Servings Tracker can help you keep track of the amount and type of food you eat while breastfeeding.



To learn more, visit the **Printables** section at healthyparentshealthychildren.ca/resources

“Every time you sit down to feed the baby, you can eat and drink and feed yourself too.”

~ Sara, mom of a toddler

Medicine, supplements and herbal products

Before taking any prescription or over-the-counter medicine, supplements or herbal products, talk with your health care provider to ensure they're safe to take while breastfeeding. Many medicines may be safe to take when used as directed. Some herbal teas and herbal products can act like medicine and may affect you and your baby.



To learn more about medicine, supplements, herbal teas and products, call Health Link at **811**, the Medication & Herbal Advice Line toll-free at **1-800-332-1414**, or visit the *Links* section at healthyparentshealthychildren.ca/resources

Alcohol

Drinking alcohol is not advised while breastfeeding. Alcohol passes into your breastmilk and then to your baby. The level of alcohol in your breastmilk is the same as the level in your blood. Drinking alcohol can also decrease the amount of milk your body makes. Alcohol in breastmilk can affect your baby's brain development.

If you choose to have an occasional alcoholic drink, breastfeed before you have a standard drink. A standard drink is 148 ml (5 oz) of wine, 341 ml (12 oz) of beer or 44 ml (1 ½ oz) of liquor. After drinking, wait until the alcohol has left your breastmilk before breastfeeding again—this usually takes around 2–3 hours for a standard drink. Express your milk during this time if you're uncomfortable. This expressed breastmilk should not be fed to your baby.

You may want to plan ahead if you know that you're going to have an alcoholic drink. Have expressed breastmilk available in case your baby is hungry before the 2–3 hours are up.

If you choose to drink more than one occasional alcoholic drink, talk with your health care provider about how to reduce your baby's exposure to alcohol through your breastmilk. To learn more, call Health Link at **811**.

Tobacco and tobacco-like products

Nicotine from tobacco passes into your breastmilk. It can make your baby more likely to refuse feedings, be fussy, sleep poorly and spit up. The best thing you can do for you and your baby's health is to cut down and quit using tobacco.

If you choose to use tobacco, it's still important to breastfeed, as breastmilk has many benefits. Try to breastfeed your baby first, before you use tobacco, so that less nicotine passes through your breastmilk to your baby. Before you use tobacco, put on clothing, like

a jacket or sweater, that acts as a barrier to smoke and vapour. Take it off after. After you use tobacco, remember to wash your face and hands and remove or change your clothing before holding and cuddling your baby. This will reduce your baby's exposure to second- and third-hand smoke.

When your baby has periods of cluster feeding, often in the evening, do your best to try and skip a cigarette, but never a feeding. Be ready for when this happens. Make a list of ideas that help you cope with stress for when you plan to skip a cigarette. Put the list up somewhere easy to see so it's there when you need it.

Making changes in your life is a process that can take time. You may make changes, make progress and then slip back to old habits again. Remember, 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 the next time. Keep trying. Small steps matter.

For help quitting tobacco:

- Ask for support from your partner, family or friends.
- Call the AlbertaQuits confidential helpline toll-free at **1-866-710-QUIT (7848)**.
- Make a plan for how you'll cope with stress.



To learn more visit the *Links* section at healthyparentshealthychildren.ca/resources

Cannabis

There is no known safe amount of cannabis (marijuana, hashish, hash oil) to use while breastfeeding. If a mom uses cannabis, it could affect her mood, judgment and how she supervises and cares for her baby. It could also affect her ability to breastfeed and respond to her baby's feeding cues.

THC from cannabis is passed into breastmilk and is stored there. If this breastmilk is given to the baby, the THC is passed to them. The THC is then taken into their brain and fat cells and can stay in the baby's body for weeks. There is limited research on the effects of cannabis on a breastfed baby. Some research shows that THC can affect a baby's brain development and cause them to have slower movements and reactions. More research is needed on the possible effects of cannabis use and breastfeeding. Until more is known about it, using cannabis while breastfeeding is not advised.

Cannabis smoke also has many of the same harmful chemicals as tobacco smoke. Second-hand cannabis smoke can cause babies and young children to be sick and it can affect their level of alertness, understanding and judgment. If someone around you uses

cannabis, it's important for them not to smoke or vape cannabis in your home, in your vehicle, or in any closed spaces around your baby and other children.

For information about cutting down, quitting or finding a safer alternative if you use cannabis for medical reasons, talk with your health care provider. To learn more, you can also call the Addiction Helpline 24/7 toll-free at [1-866-332-2322](tel:1-866-332-2322), or visit the *Links* section at healthyparentshealthychildren.ca/resources

Other drugs

Using other drugs such as ecstasy, methamphetamines, cocaine, heroin and fentanyl is not recommended while breastfeeding. These drugs can pass through your breastmilk to your baby and effect their health and well-being.



If you're concerned about your own or someone else's drug use, talk with your health care provider. To learn more, see page 74 or visit the *Links* section at healthyparentshealthychildren.ca/resources

Thinking and decision making



Alcohol, cannabis and other drugs can affect how you think and make decisions.

To learn more about alcohol, cannabis and other drugs, as well as cutting back and quitting, call the Addiction Helpline 24/7 toll-free at [1-866-332-2322](tel:1-866-332-2322), or visit the *Links* section at healthyparentshealthychildren.ca/resources

Challenges and What To Do

If you have breastfeeding challenges, you're not alone. Challenges are common in the first few weeks. Be gentle with yourself as you learn and build confidence. Breastfeeding is a personal experience and there's no 'one size fits all' approach to handling challenges. Some of the common challenges that can happen while breastfeeding and some tips you can try are included in this section. If you have any questions, call Health Link at **811** or talk with your health care provider.

“ *Know what your resources are before you even have the baby. Does your doctor's clinic have a breastfeeding clinic or where is one you can self-refer? Know all the resources you can use so that when the baby is there, you already know where these supports are.* **”**

~ Amanda, mom of a toddler

Call Health Link at **811** or your health care provider if your baby has any of the following:



- has trouble latching
- is fussy during or after breastfeeding
- wants to feed all the time
- does not have the number of wet or dirty diapers for their age
- does not make noise when swallowing after they're 72 hours old
- has hard stools that are difficult to pass
- has any other signs that concern you

Call Health Link at **811** or your health care provider **NOW** if your baby has any of the following:



- is not breastfeeding well or can't breastfeed
- falls asleep after only a few sucks
- will not feed or is not showing feeding cues

Sore nipples

During the first week of breastfeeding, your nipples may feel tender, but breastfeeding should not hurt. While some tenderness is common during the first week, pain that does not go away is not normal. Cracked, bleeding or blistered nipples are not normal either.



Call Health Link at **811** or your health care provider if your baby has white patches that stick to their mouth and tongue. This can look like milk curds.



The most common reason for sore nipples is that your baby is not positioned or latched properly. Sore nipples may also be caused by bacteria or a yeast infection (thrush). If you or your baby have a yeast infection, both of you will need to be treated, even if only one of you has symptoms. To learn more about thrush, visit the [Links](https://healthyparentshealthychildren.ca/resources) section at healthyparentshealthychildren.ca/resources

To help prevent sore nipples:

- Check your baby's position and latch. If your baby is not getting a deep latch, take them off your breast by sliding a clean finger between their gums until the suction is released. Latch your baby again.
- Do not use creams or ointments on your nipples unless your health care provider tells you to.
- Do not use soap on your nipples. This can make them too dry.
- Use cotton breast pads, not plastic-lined ones.

Call Health Link at **811** or your health care provider if you have any of the following:



- nipples that are red, itchy, burning or cracked
- sharp, shooting or burning pain in your breast during and after feeds
- nipples that are not feeling better within 1 or 2 days

If you have cracked or blistered nipples:

- Breastfeed your baby as soon as they wake up and before they start to cry—it's okay to wait to change their diaper until after the feed.
- Check your baby's latch and try different feeding positions.

- Massage your breast before and during the feed to help your milk flow.
- Start breastfeeding on the side that's less sore.
- Use a warm face cloth or towel on your nipples.
- Put some of your expressed breastmilk on your nipples to help them heal.

Sore nipples?



Check your baby's position and latch.

Talk with your health care provider before taking pain medicine, using a breast pump, or using a **nipple shield**.

Breast fullness

It's normal for your breasts to feel full and heavy in the first few weeks as your body makes more breastmilk. Your breasts will become softer after each feeding.

Sometimes your breasts might become very full and make you feel uncomfortable. Your breasts may feel firm, warm or tender but your milk will still flow and be easy to express. Your breasts will feel softer, less heavy and less tender after feeding.

If your breasts feel very full, here are some ways to help you feel more comfortable, help with milk flow and make it easier for you to breastfeed.

Before breastfeeding	While breastfeeding	After breastfeeding
<ul style="list-style-type: none"> ▪ Take a warm shower or bath just before you breastfeed. ▪ Put a warm cloth or towel on your breasts. ▪ Express a small amount of milk. 	<ul style="list-style-type: none"> ▪ Massage your breasts. ▪ Position and latch your baby so that their chin and nose are pointing to different areas of the breast while feeding. 	<ul style="list-style-type: none"> ▪ If your breasts are tender, put a cool compress such as a gel pack, frozen peas or ice that's wrapped in a dry cloth on your breasts for 5–10 minutes.

Engorgement

Engorgement is more than breast fullness. It happens when milk does not flow easily from your breasts. Signs that you're engorged:

- Your breasts are hard, swollen, shiny, painful and red.
- Your nipples become flat.
- It's hard to express your milk.

nipple shield: breastfeeding equipment that fits over the nipple and areola

How to prevent engorgement

Feeding your baby often is the best way to prevent engorgement. Other things that help include:

- good positioning and latch
- cue-based feedings—at least 8 feedings in 24 hours. Try not to miss any feedings.
- breastfeeding for as long as your baby wants
- expressing just enough milk by hand or by using a breast pump so you're comfortable. Pumping your breasts too much can make it worse as your body will make more milk.

How to manage engorgement

Here are some tips to help you feel more comfortable and make it easier for you to breastfeed.

Before breastfeeding	While breastfeeding	After breastfeeding
<ul style="list-style-type: none">■ Put a cool compress such as a moist towel, gel pack, frozen peas or ice that's wrapped in a dry cloth on your breasts for 5–10 minutes. Do this as often as you can, then gently massage your breasts.■ Talk with your health care provider about pain medicine you can take while breastfeeding.	<ul style="list-style-type: none">■ Help your milk flow by gently massaging your breasts.■ If your baby is having trouble latching, you can express some breastmilk by hand, or pump some breastmilk to soften your breast.■ Position and latch your baby so that their chin and nose are pointing to different areas of the breast while feeding.■ Feed on one breast and offer your other breast if your baby is still hungry.	<ul style="list-style-type: none">■ If your baby does not feed on your second breast, express just enough milk to feel comfortable. Start the next feed on this breast.■ Put a cool compress such as a moist towel, gel pack, frozen peas or ice that's wrapped in a dry cloth on your breasts for 5–10 minutes.■ If you're feeling uncomfortable between feeds, express a little milk until you feel better—expressing or pumping too much milk will make it worse as your body will make more milk.



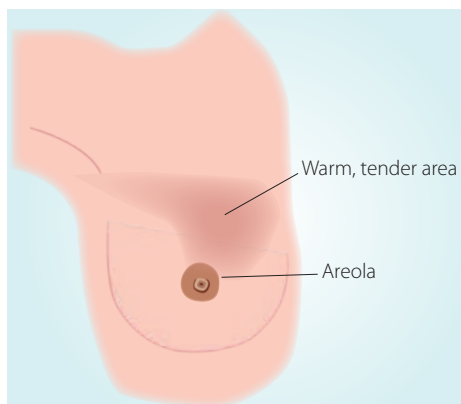
Call Health Link at **811** or your health care provider **NOW** if these tips do not help and your breasts are still engorged.

Blocked milk ducts

Blocked milk ducts happen when there is a build-up of milk in the breast ducts. These areas may be tender, lumpy, red and sore. Blocked ducts that are not drained can lead to an inflammation of the breast tissue called mastitis. Mastitis can also be caused by an infection.

To help prevent blocked milk ducts:

- Position and latch your baby correctly.
- Get help if your nipples are sore and are not getting better.
- Breastfeed your baby often and try different feeding positions.
- Try not to miss feedings.
- Wear a well-fitting bra and comfortable clothing.
- Do not wear underwire bras or a bra to bed.
- Wash your hands often.



Point baby's nose and chin to different areas ★

Your baby gets the most milk from the area where their chin and nose are pointing to. Changing the direction that they're pointing to will help relieve the pressure in the blocked duct and drain milk from different areas.

Here are some things you can do to help you clear the blocked duct:

- Feed your baby at least every 2–3 hours to keep your milk flowing.
- Put a warm cloth on your breasts for 5–10 minutes before breastfeeding, as this helps with let-down.
- Use your fingertips to gently massage from behind the tender area all the way to your nipple before and during breastfeeding.
- Have your baby breastfeed on your tender breast first, then the other breast.
- Position and latch your baby so their chin and nose are pointing to the tender area.
- Try to rest—ask your partner, family and friends to help you at home.
- Drink enough fluids and eat well.
- Express or pump regularly, if your baby is not feeding every 2–3 hours and at least once at night. This will help regularly empty your breast if your baby is not able to breastfeed.
- Talk with your health care provider about taking pain medicine, if you need it.

Even though you may not feel well, your milk is safe for your baby. Continue to feed your baby to keep your milk flowing. If the lumps do not soften or decrease with feeding, talk with your health care provider as you may need additional treatment for mastitis.

Mastitis

Blocked ducts that are not drained can lead to an inflammation of the breast tissue called mastitis. Mastitis can also be caused by an infection.

Signs that you may have mastitis:

- areas of your breast become inflamed and are red, painful, hard and swollen
- only one breast is affected
- you can feel a lump close to the skin
- your breast is tender or hurts around the lump
- flu-like symptoms that include a fever of 38 °C (100.4 °F) or higher, chills, and body aches

Here are some things you can do if you have mastitis:

- Feed your baby at least every 2–3 hours to keep your milk flowing.
- Put a cool cloth on your breasts for 5–10 minutes before breastfeeding, as this helps with let-down.
- Use your fingertips to gently massage from behind the tender area all the way to your nipple before and during breastfeeding.
- Have your baby breastfeed on your tender breast first, then the other breast.
- Position and latch your baby so their chin and nose are pointing to the tender area.
- Try to rest—ask your partner, family and friends to help you at home.
- Drink enough fluids and eat well.
- Express or pump regularly, if you're baby is not feeding every 2–3 hours and at least once at night. This will help regularly empty your breast if your baby is not able to breastfeed.
- Talk with your health care provider about taking pain medicine, if you need it.

Mastitis can be serious and may need to be treated with antibiotics if it's due to an infection. It usually clears up quickly once treated.

Your baby may refuse your breast because your milk may have a different taste when you have an infection. If this happens, your baby will need to be supplemented. You'll need to express your breastmilk to maintain your milk supply during this time.

Call Health Link at **811** or your health care provider if you have any of the following when breastfeeding:



- trouble with, or unable to breastfeed, express or pump
- flu-like symptoms such as headaches, aching muscles, chills, feeling tired or other signs of infection
- a fever of 38 °C (100.4 °F) or higher
- hard, red and painful breasts
- red, warm spots or streaks on your breasts
- hard, swollen breast that your baby has trouble latching to

Breasts leaking milk

After the first few weeks when your milk supply increases, milk may leak from one breast while your baby is feeding from the other—this is normal. You can either gently press a clean cloth or towel on your nipple to stop the flow or collect your breastmilk in a clean container.

Milk may also leak from your breasts between feedings. You may want to use cotton breast pads to protect your clothes. To help prevent infection, change your breast pads often.

Not enough milk

Women usually make enough milk for their baby. For information on how to tell if your baby is getting enough milk, see page 289. There are some things that can affect milk production.

Your body may make less milk if your baby:

- is not positioned and latched properly
- is only offered one breast at each feeding
- is not breastfeeding often enough during the day or night
- is being supplemented and you're not pumping or expressing your milk
- is not breastfeeding long enough at each feeding
- is feeding with a nipple shield, but you're not using it correctly

Your body may make less milk if you:

- lost a lot of blood during or after birth
- have had breast surgery, such as a breast reduction
- have certain health issues, such as thyroid problems, diabetes or high blood pressure
- take certain medicines, such as antihistamines or some herbal teas
- use certain types of birth control (see page 257)
- are in pain or stressed
- drink alcohol
- are pregnant

Talk with your health care provider if you think any of the above or something else may be affecting your milk supply.



Call Health Link at **811** or your health care provider if your breasts do not feel full and heavy by the time your baby is 72 hours old.

Herbal product claims

Some herbal products, such as teas, claim to increase breastmilk supply. There is not enough research around their safety. To learn more, call the Medication & Herbal Advice Line toll-free at **1-800-332-1414**.



Here are some tips to help increase your milk supply:

- Spend more time skin-to-skin cuddling with your baby.
- Rest when your baby's sleeping. Ask for help with household chores.
- Feed your baby at least 8 times in 24 hours and watch for their feeding cues.
- Offer both breasts at every feeding. Let your baby finish the first breast before offering the other one.
- Put a warm face cloth or small towel on your breasts and massage them before and during pumping, hand expressing or while your baby is feeding.
- Use breast compression when your baby's sucking slows down.
- Express milk by hand or using a breast pump after feedings. Using an electric pump together with expressing by hand will increase your supply more than pumping on its own.
- Use an electric breast pump if your baby is not breastfeeding well or you're not able to breastfeed. Set it at a comfortable setting and use it at least 6–8 times in 24 hours. Express at least once at night.

Call Health Link at **811** or talk with your health care provider if you have any concerns with not having enough breastmilk.

Breast compression

Breast compression is a way to gently squeeze your breast during feeding to increase milk flow. Increasing milk flow can encourage your baby to suck if they fall asleep after only a few minutes at your breast.

To do breast compression, gently massage and place your thumb on top of your breast and the fingers of the same hand below it.

Apply gentle pressure behind your areola for a few seconds. Do not squeeze so hard that it hurts. You can do this throughout the feed or at the end, when your baby gets sleepy.



To learn more about breast compression, visit the *Videos* section at healthyparentshealthychildren.ca/resources



Too much milk

Milk supply is usually affected by your baby's appetite. Sometimes you may have a larger milk supply than your baby needs (oversupply).

Signs that you may have an oversupply include:

- leaking a lot of milk during and between feedings
- feeling your breasts are really full
- getting blocked ducts often

There may be other reasons for having too much milk. If you have any questions, talk with your health care provider.

If you have too much milk, your baby may:

- gain weight well, but be fussy and always seems hungry
- spit up a lot
- have explosive, watery, green stools
- want to feed often, even after taking large amounts of breastmilk

Donating breastmilk



If you have too much breastmilk, you may be interested in donating it to the milk bank. To learn more about the milk bank in Alberta, visit the *Links* section at healthyparentshealthychildren.ca/resources



Here are some tips that may help if you have too much milk:

- Use different feeding positions, such as the laid-back position.
- Feed your baby as many times as they want.
- For 3–6 hours, offer only one breast at each feed. After 3–6 hours, offer the other breast at each feed. Let the breast you're not feeding from leak milk and express just enough milk for comfort. Once your symptoms are better, go back to offering both breasts at each feed.
- Use a cold face cloth or small towel on the breast you're not feeding on, for no longer than 20 minutes at a time.
- Burp your baby often.

Milk flows too fast

An overactive let-down is when your breastmilk flows too fast. Overactive let-down and oversupply are often seen together.

Signs that you may have milk that flows too fast include:

- pain with the let-down at the start of the feed
- breastmilk spraying from one breast, while your baby feeds on the other breast
- painful nipples from your baby biting down to slow milk flow

If your milk flows too fast, your baby may:

- have a poor latch, suck and swallow
- push off the breast when your breastmilk sprays
- be fussy and cough, sputter or pull away during feeds
- come on and off the breast often
- refuse to breastfeed

Call Health Link at **811** or your health care provider if you have any of the following:

- concerns about your milk supply
- your baby pulls off your breast often and looks like they're having trouble breathing
- your baby chokes, coughs or sputters while feeding
- your baby has explosive, green, watery stool
- your baby spits up more than usual
- you have any other concerns

Here are some tips to help with a fast milk flow:

- Use positions that put your baby above your breast, such as laid-back.
- Respond to your baby's feeding cues early, like when they're just waking up.
- Burp your baby often and take breaks so your baby can pace themselves during the feed.
- Express or pump a little milk before latching your baby.
- Release your baby's latch if they choke or sputter. Let your milk spray into a cloth before your baby latches again.
- Avoid using warm cloths or towels or taking long, warm showers or baths before breastfeeding.

Sleepy newborn

Some newborns are sleepier than others. A baby may be sleepy because of:

- a hard labour and birth
- medicine you're taking
- not getting enough breastmilk
- too much light and noise (over stimulation)
- long periods of crying
- illness such as an infection
- jaundice or other health reasons

Here are some ways to wake up your baby to feed:

- Do skin-to-skin cuddling.
- Unwrap or undress your baby, or change their diaper.
- Hold them upright while supporting their neck and head, make eye contact and talk to them.
- Gently stroke or massage your baby's body. Move their arms and legs, stroke their cheek, rub their back or circle their lips with your clean finger.
- Express breastmilk onto their lips.
- Burp and put them on the same breast to feed until your breast feels empty or you hear less swallows.
- If your baby falls asleep after only a few minutes at the breast, use breast compression while breastfeeding to encourage sucking (see page 315). You can do this throughout the feed or at the end when your baby gets sleepy.



Call Health Link at **811** or your health care provider **NOW** if you're having trouble getting your baby to wake up enough to feed.





Supplementing

There may be different reasons your baby needs to be supplemented. Talk with your health care provider if you have any concerns. If you need to supplement, you can use your own expressed breastmilk or an infant formula along with or in place of breastmilk. Although some hospitals may have pasteurized and screened donor human milk, there is a limited supply and it's used mainly for premature and very sick babies. For others, you may be able to buy it from a milk bank. To learn more, visit the **Links** section at healthyparentshealthychildren.ca/resources



When supplementing:

- Keep doing skin-to-skin cuddling with your baby during and after feeding.
- If possible, breastfeed first, then offer the supplement. Finish the feed at the breast. This helps your baby link the feeling of fullness with the breast.
- If you use a bottle, choose a nipple that has a slower flow rate and a single hole to help your baby coordinate their sucking, swallowing and breathing.
- If you're using infant formula, talk with your health care provider about the one that's right for your baby. Follow the manufacturer's formula mixing instructions exactly. Mixing and storing formula incorrectly could cause serious health problems for your baby. Information on infant formula can be found in the book *Healthy Parents, Healthy Children: The Early Years* or visit healthyparentshealthychildren.ca
- Try to express your breastmilk to help keep your milk supply up. If you do not, your milk supply will decrease.

If your baby no longer needs to be supplemented, you can start exclusive breastfeeding again. Talk with your health care provider if you have questions or concerns.

Weaning

Weaning (stopping breastfeeding) is a process, not a single event. It starts when you offer your baby foods other than breastmilk, like formula or solid foods, and ends when your baby stops breastfeeding. Your baby will gradually begin to eat more solids and breastfeed less. This may take several weeks or months, depending on you and your baby. Just as each baby has their own schedule for feeding, they'll also have their own schedule for weaning.

Weaning may be led mostly by your baby, mostly by you or by both of you. All of these are okay. Listen to your own feelings and read your baby's cues and you'll know when it's the right time. When it's time to start weaning, make a plan so you can have a gradual stop that makes it easier for your breasts to adjust.

If you're introducing formula, replace only one feeding at a time. Begin by feeding your baby using a cup or a bottle at a time of day when they're not as hungry. Your baby may refuse it at first—offer it again each day. When they're feeding well, you can start to replace other feedings.

If you're weaning when your baby is under 9 months:

- Use a store-bought infant formula.
- At 6 months old, use a cup without a lid for small amounts of water or infant formula.

Questions about weaning?



Talk to your health care provider.

Breastfeeding has provided food, security and comfort for your baby. Continue to offer skin-to-skin cuddles and hugs often during weaning to support your baby through this change and continue to build your attachment.

If you need to wean suddenly

If you and your baby need to be separated for a long time, such as during an illness, breastfeeding may need to stop suddenly. Here are some things to help you feel more comfortable:

- Wear a supportive bra.
- Use a gel pack, frozen peas or ice that's wrapped in a dry cloth on your breasts to relieve fullness, for no longer than 20 minutes at a time.
- Express a small amount of milk for comfort if needed. Taking a warm shower may also help your breasts leak.
- Your breasts may soften but will still produce milk for several weeks or months. You can wear breast pads if your milk leaks.

If you didn't plan to stop breastfeeding, you may feel a sense of loss. Ask for emotional support from your partner or friends and family. You can also call Health Link at **811** or talk with your health care provider for information and support.

When breastfeeding is not advised

In rare cases, it may not be safe to breastfeed, but you might still be able to feed your baby your breastmilk. This may happen if you have some types of infection, such as herpes lesions on your breasts.

There may be times when your health care provider advises you not to breastfeed or give breastmilk to your baby. This may happen if:

- your baby has a rare metabolic condition such as phenylketonuria (PKU), galactosemia or maple syrup urine disease
- you're HIV positive
- you're on chemotherapy or taking other medicine that is not safe while breastfeeding
- you're being given certain radioactive compounds
- you're misusing prescription medicine or alcohol, or using cannabis or other drugs such as ecstasy, methamphetamines, cocaine, heroin and fentanyl

***If you have been advised
not to breastfeed***



This may be an emotional time. Whatever you're feeling, be gentle with yourself and ask for help if you need it.

If you're advised not to breastfeed your baby, feed your baby infant formula. More information on feeding your baby infant formula can be found in the book *Healthy Parents, Healthy Children: The Early Years* or visit healthyparentshealthychildren.ca

If you have questions, call Health Link at **811** or talk with your health care provider.



The Early Years

Whether you're a new parent, or have been a parent for a while, you're likely to have many questions. The *Healthy Parents, Healthy Children: The Early Years* book has information to help you on your parenting journey. It's your relationship with your child and what you do every day that really makes a difference.

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 ends and will help guide you with parenting information from the newborn stage up to your child's 6th birthday.

In this book you'll find:

- **An Overview of Being a Parent** gives you a general look at parenting and some of the foundational information you need to know to begin your parenting journey, whether you're parenting with a partner, on your own or with other family members.
- **Healthy Growing Families** highlights health, safety and development information for families with babies and young children.
- **Feeding Your Baby** gives you information about breastfeeding or feeding your baby commercial infant formula.
- **Newborns: Birth–2 Months** gives you information about caring for your newborn baby and ideas to help your baby grow, learn, play and be healthy.
- **Young Babies: 2–6 Months, Older Babies: 6–12 Months, Toddlers: 1 and 2 Year Olds, Preschoolers: 3 and 4 Year Olds and Young Children: 5 Year Olds** are separate chapters that give you practical ideas to help your child grow, learn, play and be healthy for their age and stage of development.

“*Having a baby is intense and challenging for everyone—but every parent will tell you it goes by so quickly—ask for help and support, but most of all, get to know your baby.*”

~ Danielle, mom of two children

If you haven't already received a copy of *Healthy Parents, Healthy Children: The Early Years*, visit your local Community or Public Health Centre to get a copy. You can also visit healthyparentshealthychildren.ca

Feedback

We want to hear from you. Please email your feedback to us at hphc@ahs.ca

Index

A

Abduction (prevention at birth centre/hospital), 216

Abstinence, 56, 272

Abuse

call 911, 60

cycle of, 59-60

definition, 59

family (domestic) violence, 3, 56-60

getting help, 60

relationships, 55-58

Activity

See physical activity/exercise

See postpartum (caring for yourself)

Active labour, 166, 169, 171, 174

Acupressure (wristbands), 96

After pains, 230, 236

Alberta Adult Health Benefit, 26

Alberta Child Health Benefit (card), 220

Alberta Personal Health Card (number), 157, 159, 220

Alcohol (drinking)

brain development (baby), 19, 67-68

binge drinking, 68

breastfeeding (while), 304, 314, 320

Canada's Low-Risk Alcohol Drinking Guidelines, 250

Fetal Alcohol Spectrum Disorder (FASD), 67-68

postpartum, 248-250, 292

pregnancy, 19, 23, 25, 65-68, 109, 138

Allergies

latex (condoms), 263-264

breastfeeding (while), 303

pregnancy (during), 44, 118

Alternative sweeteners, 43

Amniocentesis, 125

Amniotic fluid/sac (bag of waters), 17, 29, 55, 91, 124-125, 156, 198, 202

Anemia/low iron, 34

Anesthetic

caesarean (c-section), 202-203

epidural/spinal, 194, 202-203

general, 202

local (freezing), 199

Anterior position, 171, 177, 181-182

Antibodies

blood type, 104

breastmilk, 85, 276-277

hepatitis B antigen, 105

HIV (Human Immunodeficiency Virus), 105

immunizations, 75

Rh immunoglobulin, 104

Anxiety

postpartum, 224, 246-249

pregnancy, 63-64, 66, 73, 102, 149, 152-153

Apgar score, 208

Aspartame, 43

Attachment (emotional connection)

postpartum, 140, 245, 280, 319

pregnancy, 11-12, 103, 140

Augmentation (of labour), 199

Autopsy, 141

B

Baby/newborn, how they look, 210-213

Baby blues/postpartum blues, 246-247

See also, postpartum (mental health)

Baby bottles

BPA-free, 300

cleaning, 301-302

feeding, 299-300

storing breastmilk, 297-298, 301-302

Baby clothes, 130, 136, 159

Babysitting (child care), 88, 254

Back labour, 181-182, 184

Backache

labour and birth, 167, 178-180

pregnancy, 45, 52, 115, 119, 149

Bacteria, 38-41, 43, 53, 99, 105, 154, 243, 300, 308

Bag of waters (amniotic fluid/sac), 17, 29, 55, 91, 124-125, 156, 198, 202

Bassinet, 130, 132-133, 215

Bath (baby), 131, 213

- Bath (mother)
 - breastfeeding (when), 295, 309, 317
 - labour and birth, 167, 184, 193
 - postpartum, 226, 229, 231, 236
 - pregnancy, 80, 150
- Bed sharing, 215, 292
- Belly button/naval, 17, 146
- Binge drinking (alcohol), 68
- Birth/delivery (second stage), 190-191
- Birth centre/hospital
 - birthing rooms, 87, 157
 - definition, 6
 - emergency, 911 (call NOW), 169
 - emergency, birth centre (go NOW), 7, 155
 - learn about, 157
 - packing for, 159-160
 - going home, 221-223
 - safe (keeping baby), 216
 - when to go to, 169-170
- Birth certificate, 220
- Birth control
 - getting pregnant again, 230, 257
 - types, methods, options (choices), 257-272
- Birth control (injection), 260
- Birth control (pill), 258
- Birth defects
 - causes of (possible), 36, 67, 69-70, 72, 74, 83, 104-105
 - testing for, 106-107, 125
 - prevention of (folic acid/folate), 34
- Birth wishes, 127-128, 159, 170
- Bladder
 - definition, 17
 - labour and birth, 166-167, 173, 176, 195, 197, 203
 - postpartum, 233-234, 265
 - pregnancy, 17, 100
- Bleeding (baby), 200, 208, 212
- Bleeding, mother (labour and birth)
 - bloody show, 166, 175
 - emergency, 911 (call NOW), 169
 - separation of placenta after delivery, 192
- Bleeding, mother (postpartum)
 - after pains, 230
 - emergency, 911 (call NOW), 227
 - healthy sexuality, 256
 - hemorrhoids/rectum, 231
 - menstrual period, 230
 - normal/excessive flow, 227-228
- Bleeding, mother (pregnancy)
 - changes in you, 93
 - emergency, 911 (call NOW), 162, 169
 - hemorrhoids/rectum, 101
 - miscarriage (signs of). *See* miscarriage
 - placental abruption, 162
 - preterm labour (signs of), 139, 162
- Blocked milk ducts, 311-312
- Blood clot, 77, 109, 192, 227-228, 258-259, 261
- Blood pressure (mother)
 - checkups, 103, 123, 154, 170
 - epidural, 194-195
 - high, 30, 73, 137, 161, 198, 239, 258-259, 261, 314
 - labour and birth, 170, 195, 197-198, 202-203
 - postpartum, 208, 239, 258-259, 261
 - pregnancy, 30, 73, 103, 123, 137, 154, 161, 202
- Blood tests (baby), 217
- Blood tests, mother (pregnancy/prenatal), 34, 103-107, 109, 124-125
- Blood type, 104, 109
 - See also*, antibodies
- Bloody show, 166, 175
- Body mass index (BMI), 26-29, 37
- Bottle feeding (baby), 299-302, 318-319
- Bowel movements (mother)
 - definition, 17
 - incontinence, 233
 - labour and birth, 166, 173, 175, 190
 - postpartum, 231-232, 234
 - pregnancy, 37, 101
 - See also*, constipation (mother)
- Bowel movements/stools/poops (baby), 289-290
- BPA-free plastic, 300
- Bra (breastfeeding/nursing), buying, 135

Brain development, baby (pregnancy/postpartum)

- changes during, 19-20, 91-92, 94, 115-116, 211, 145-146
- folic acid, 34
- harmed by 19, 40, 61, 67-75, 78, 105, 208, 252, 303-305
- omega-3-fats, 36

Braxton-Hicks contractions, 55, 113, 116, 147, 150, 166

Breast compression, 314-315, 317

Breast engorgement, 227, 309-310

Breast fullness, 309, 319

Breast massage, 294

Breastfeeding

- alcohol, 304, 314, 320
- benefits of, 85, 275-276
- bras (nursing), 135
- breast pumps, 135, 196
- burping, 291
- call Health Link at 811 or your health care provider, NOW, 290, 307, 317
- cannabis (marijuana). *See* cannabis
- cluster feeds, 287, 305
- compression (breast), 314-315, 317
- cues (feeding), 280-282
- deciding, 85-86
- diapers, wet (pee/urine) and bowel movements (meconium/poops/stools), 277, 289-290
- drugs (other), 306
- eating healthy, 303
- exclusive breastfeeding, 85, 230, 276, 279, 293
- expressing and storing breastmilk, 293, 295-298
- feeding expressed breastmilk (how to), 299-302
- goals, 275
- growth spurts, 276, 278, 287
- how breasts make milk, 277
- how long/often (frequency) to feed, 286, 289
- latch, 285-286
- massage (breast), 293-295
- medicine, supplements and herbal products, 304
- multiples (feeding twins, triplets and more), 278
- pads (nursing/breast), 135, 308, 313, 319
- positions, 282-286
- safety/bed-sharing (keeping baby safe), 292
- supplementing, 318
- tobacco and tobacco-like products, 304-306
- vitamin D (baby), 275
- weaning (stopping), 318-319

Breastfeeding (challenges)

- blocked milk ducts, 135, 283, 311-312, 315
- breast fullness, 309
- call Health Link at 811 or your health care provider, (NOW), 310
- engorgement (engorged), 226-227, 309-310
- leaking milk, 313
- mastitis, 311-313
- milk flows fast, 316-317
- not advised (when it's), 320
- not enough milk, 313-315
- sleepy baby, 317
- sore nipples, 308-309
- too much milk (oversupply), 315-316

Breastmilk, supply (production)

- affected by, 210, 257-259, 261, 277-279, 294, 313-316, 318-319
- changes in milk (colostrum, transitional, mature), 277
- establishing, 210, 277-279
- pumping, 218, 296

Breathing techniques, 62, 184-187

Breech (position/presentation), 200-201

Burping (baby), 291

C

Caesarean birth (c-section/incision)

- definition, 30, 201
- incision care, 236
- labour and birth, 201-204
- postpartum care, 203-204, 208, 225-226, 229, 236-237
- reasons for, 201-202

Caffeine (coffee, tea, energy drinks)

- breastfeeding (while), 303
- pregnancy, 43, 96-97, 151

Calcium, 35, 43, 85, 275

Campylobacter jejuni (campylobacteriosis), 39

Cannabidiol (CBD)/medicinal marijuana, 73

Canada Child Tax Benefit, 219

Canada's Food Guide

- breastfeeding (while), 303
- pregnancy, 30-31, 35-37, 117, 148
- See also*, eating (mother)

Canada's Low-Risk Alcohol Drinking Guidelines, 250

- Cannabis, marijuana, hashish, hash oil, weed, pot
 - breastfeeding (while), 250, 305-306, 320
 - Cannabidiol (CBD)/medicinal marijuana, 73
 - postpartum, 252, 292
 - pregnancy, 19, 23, 25, 73-75, 138, 152
 - Tetrahydrocannabinol (THC), 73, 305
- Car seats
 - birth centre (packing for), 159
 - buying, 133-134
 - prevent injuries (mother), 240
 - using, YES Test, 221-223
- Cat litter, 80
- Catheter, 107, 194-195, 197, 203
- Cervix
 - birth control, 257, 262, 265 definition, 17
 - labour, 166, 168, 170-175, 183, 190, 197-198, 201 prenatal, 103, 107, 109, 154
- Checkups
 - baby, 225
 - mother, 25, 103, 123, 154, 225
- Chemicals and hazardous substances, 19, 43, 68-69, 73-74, 83-84, 109, 251, 305
- Chicken pox, 76, 104
- Childbirth classes, 87-88, 126
- Child care, 88, 173, 254
- Child safety seat. *See* car seats
- Chlamydia, 56, 105
- Chorionic villus sampling (CVS), 107
- Cigarettes. *See* tobacco and tobacco-like products
- Circumcision, 129
- Cleaning products/household cleaners, 83
- Clothing (baby), 130, 133, 159
- Cluster feeds, 287, 305
- Cocaine, 19, 74, 252, 306, 320
- Coffee/caffeine, 43, 96-97, 151, 303
- Colostrum, 85, 114-115, 145, 277
- Community health nurse/public health nurse, 142, 214, 221, 225, 279
- Condom (male), 56, 78, 257, 263, 266-267, 271-272
- Condom (vaginal), 56, 78, 257, 264, 266-267, 271-272
- Conception, 16
- Constipation (baby), 290

- Constipation (mother)
 - definition, 34
 - postpartum, 229, 234, 237
 - pregnancy, 36-37, 45, 93, 101, 114, 115
- Contraception (birth control), 257-272
- Contractions
 - back labour, 181-182, 184, 195
 - body preparing for, 165-167
 - Braxton-Hicks contractions, 55, 113, 116, 147, 166
 - emergency, 911 (call NOW), 169
 - emergency department (go NOW), 108
 - monitoring (fetal), 196-200
 - orgasm, 102
 - preterm labour, 139, 162
 - progression through labour, 171-176
 - timing (how to), 170
 - what they're like, 168
 - when to go to birth centre, 169
 - working with your body during labour, 176-187
- Contractions (postpartum)
 - after pains, 227, 230
 - breastfeeding (uterus contracts), 276
- Cord blood (stem cells), 129
- Cord prolapse, 162, 169, 202
 - emergency, 911 (call NOW), 162, 169
- Cradles, 130, 132-133, 215
- Cramps
 - abdominal, 139, 162
 - after pains (postpartum), 230, 236
 - legs, 45, 116, 120, 147, 149
 - labour and birth, 168, 188
 - menstrual (birth control), 260, 262
 - preterm labour, 139, 162
 - stomach (food poisoning), 39-40
- Cravings (pregnancy), 99
- Cribs, cradles and bassinets, 130, 132-133, 215
- Chromosome(s), 103, 106, 125
- Crowning (of baby's head), 191
- Crying (baby), 213-214, 281, 317
- Crying (mother), 63, 93
- C-section. *See* caesarean birth

Cues (baby)
 crying, 213-214
 definition, 213, 278
 feeding, 279-282, 286-290, 299-300, 305, 307, 314, 317
 weaning, 319

CVS (chorionic villus sampling), 107

Cystic fibrosis, 217

Cytomegalovirus, 75

D

D vitamin (baby). *See* vitamins and minerals

Day care, 88, 173, 254

Delivery of baby (second stage), 190-191

Delusions, 250

Dental care (teeth and mouth care), 53, 95, 99, 156

Dental hygienist, 53, 99

Dentist, 23, 53, 95, 99, 117, 156

Depression
 baby blues/postpartum depression, 246-249
 pregnancy, 54, 63-66, 73, 102

Development, baby (changes during pregnancy), 11, 19,
 91-92, 94, 114-116, 145-147

Diabetes/testing (glucose tolerance), 30, 33, 45, 124, 137, 198,
 239, 314

Diapers (cloth, disposable), 131, 159, 289, 290

Diaphragm
 birth control, 257, 265
 muscle (breathing), 150

Diarrhea
 food poisoning, 39-40
 labour, 166
 preterm labour, 139, 162

Dietitian, 39

Dilation of cervix, 171-172
 See also, labour and birth (first stage)

Dilation and curettage (D and C), 109

Discomforts (mother)
 postpartum, 227-237
 pregnancy, 45, 73, 96, 117-118, 149-150, 152, 182

Discrimination at work (working/employment), 81-82

Diseases (infectious). *See* infectious diseases

Diuretics, 100

Dizzy/dizziness (mother), 66, 80, 98, 106, 147, 188, 193-194,
 216, 249

Doctor/physician/obstetrician, 18, 24, 225

Douching, 119

Down syndrome (prenatal tests), 106-107, 125

Driving safe (seat belts), 79

Drugs (illicit, street), 74-75

Due date, 18, 156, 161, 169

E

Early dating ultrasound, 106

Eating (baby). *See* feeding your baby

Eating (mother)
 cravings, 99
 food poisoning/safety, 38-40
 foods to avoid, 41-42
 healthy eating, 30-37, 64
 labour and birth, 173
 postpartum, 238
 weight gain, 26-30, 37, 95, 117, 148
 while breastfeeding, 303
 See also, vitamins and minerals (mother)

E-cigarettes (electronic cigarettes), 69
 See also, tobacco and tobacco-like products

E.coli (*Escherichia coli*), 39, 41

Ecstasy, 74, 252, 306, 320

Egg release (ovulation), 230, 257-262, 268

Effacement, 171

Effleurage, 184

Ejaculation, 269-270

Electrode, 193, 197

Electronic cigarettes (e-cigarettes), 69
 See also, tobacco and tobacco-like products

Embryo, 16, 91

Emergency
 911 (call NOW), 3, 60, 120, 162, 169, 227, 235, 248, 250
 birth centre (go NOW), 155
 department (go NOW), 108, 232

Emergency contraception (EC), 271

Emotions
 labour and birth, 173-175, 187
 postpartum, 140-142, 224, 226, 244-250, 253-254
 pregnancy, 54, 59, 61-66, 92-93, 102, 121-122, 152-153
 See also, mental health

Emotional connection (attachment), 11-12, 103, 245, 254,
 280, 319

Employment insurance (maternity and parental leave), 129

Endocrine conditions, 217

Endometriosis, 260

Endorphins, 165, 167, 175

Energy drinks, 43

Engorgement, engorged breast (overfilled with milk), 226-227, 309-310

Entonox (laughing gas), 194

Epidural, 194-195

Episiotomy, 152, 199, 229

Escherichia coli (E.coli), 39, 41

Exclusive breastfeeding, 85, 230, 268, 276

Exercise. *See* physical activity/exercise

Expressed breastmilk (expressing), 279, 293-299

Eyes (baby's)

- postpartum, 208, 212, 225
- prenatal (during pregnancy), 36, 78, 94

F

Family doctor, 24, 225

Family planning. *See* birth control

Family violence. *See* abuse

FASD (fetal alcohol spectrum disorder), 67-68

Father/partner

- breastfeeding, 280, 293
- labour and birth, 158-159, 173, 175, 183-189, 203, 218
- postpartum, 224, 237, 244-245, 247, 251, 254, 259, 280
- pregnancy, 12-13, 23, 24, 45, 54, 55, 62, 63, 67, 69, 76, 78, 80, 85, 87, 97, 102, 103, 110, 122, 140-141, 153, 158

Feeding cues (baby). *See* cues (baby)

Feeding your baby (planning ahead), 85-86

- See also*, breastfeeding
- See also*, infant formula

Fentanyl, 19, 74, 193, 252, 306, 320

Fetal alcohol spectrum disorder (FASD), 67-68

Fetal Doppler, 94

Fetal monitoring, 161, 196-197

Fetal movement, 11, 113, 114, 116, 145, 155, 169

Fetal well-being ultrasound (biophysical profile), 156

Fetus (baby), 17, 94

Fever, mother

- breastfeeding (while), 312-313
- postpartum, 227, 228-229, 232, 235, 237

Fibre

- postpartum, 229, 231, 233, 234, 237
- pregnancy, 34, 36-37, 101

Fifth disease (parvovirus/slapped cheek disease), 75

Financial information and programs

Adult Health Benefit, 26

Alberta Child Health Benefit, 220

Canada Child Tax Benefit, 220

Flu (flu-like symptoms)

- breastfeeding, 312-313
- influenza immunization, 75-77
- postpartum, 235

Fluids (mother)

- postpartum, 229, 231-235, 237, 244, 303, 311-312
- pregnancy, 34, 36, 41, 61, 77, 96, 101, 151, 167, 173-174, 176

Folic acid (folate), 23, 33-34, 95, 117, 238

Fontanelles (soft spots), 211

Food guide. *See* Canada's Food Guide

Food poisoning/safety (food-borne illness), 38-42

Food servings (mother). *See* eating (mother)

Forceps, 195, 200

Formula feeding. *See* infant formula

Freezing (local anesthetic), 199

Full term, 18, 211

Fundal height, 123, 154

G

General anesthetic, 202-203

Genetic abnormalities, 106

Genetic screening and testing, prenatal. 103, 106-107, 125

Genitals (baby), 56, 212

Genital warts, 56

Germs, control spread (of), 38, 243

German measles (rubella), 75-76, 104

Gestational diabetes, 30, 45, 124, 137

Giardiasis, 39

Gingivitis, 53, 99

Glucose tolerance test or diabetic testing, 124

Gonorrhea, 56, 105, 109

Grain products, 31, 34, 37

Groin pain, 115, 118

Group B Streptococcus (Group B Strep), 154, 198
 Growth, baby and mother (during pregnancy), 91-94,
 114-116, 145-147
 Growth spurts (baby), 276, 278, 287
 Guardianship, 14
 Gums (baby), 288
 Gums (mother), 53, 71, 93, 99, 116, 137

H

Hallucinations, 250
 Hand expression (of breastmilk), 295
 Hand washing, 38, 75, 80, 213, 229, 242-243, 288, 295, 301-302,
 305, 311
See also, infectious diseases
 Hashish (hash oil). *See* cannabis
 Hazards/hazardous substances, 23, 83
 Headache(s), 98, 137, 161
 Head shape (baby), 211
 Health Link (811), 3
 Heart rate/beat (baby), 92, 94, 123-124, 156, 161, 196-197
 Heartburn, 73, 95, 115, 150-151
 Hemoglobin, pregnancy (mother), 104
 Hemorrhoids, 37, 101, 179, 231-232
 Hepatitis B, 56, 105
 Herbal products (natural remedies). *See* medicine,
 supplements and herbal products
 Herbal teas, 43, 304, 314
 Heroin, 19, 74, 252, 306, 320
 Herpes, 201, 320
 High blood pressure (hypertension). *See* blood pressure
 HIV (Human Immunodeficiency Virus), 56, 105, 258-272
 Hormones
 labour and birth, 165-166, 173, 176-177, 210, 212, 217
 postpartum, 240. *See* birth control
 pregnancy, 17, 100-101, 119, 124, 146
 Hospitals. *See* birth centres 324
 Hot tubs, saunas and hot baths, 80
 Household cleaners, 83
 HPV (Human Papilloma Virus), 56
 Hunger cues (baby). *See* feeding cues
 Hyperemesis gravidarum, 96
 Hyperventilate, 188

I

IM (intramuscular) injection into a muscle, 193
 Immune (immunity), 36, 75, 103-104, 129, 146, 298, 301
 Immunizations (immunize, vaccinations)
 definition, 75
 during pregnancy, 75-77, 154
 immune/immunity. *See* immune (immunity)
 schedule, 4
See also, infectious diseases
 Implanting (embryo attaching), 16, 91
 Incision (cut). *See also* caesarean birth
 Income Tax (returns), 219, 220
 Incontinence, 49, 233
 Indigestion, 115
 Inducing labour (induced/induction), 161, 197-198
 Infant carrier (baby carrier), 134-135, 159, 240, 221-223
 Infant formula (baby formula),
 deciding, 85-86,
 for information about, 85
 menstrual period (postpartum), 230
 supplementing, 318-320,
 Infectious diseases, 75, 80,
See also, food poisoning/safety
See also, immunization
See also, sexually transmitted infections (STIs)
 Influenza (flu) immunization, 75-77
 Injury prevention, 240-241
 Iron (baby), 33-35, 95, 101, 147
 IUD/IUC/IUS (intrauterine contraceptives), 262, 271
 IV (intravenous/into a vein), 193

J

Jaundice, 225, 317
 newborn screening, 217

L

Labour and birth

- augmenting labor (stimulating contractions), 199
 - back labor, 181-182
 - birth wishes, 126-128
 - breath control, 186-187
 - c-section (caesarean birth), 201-204
 - contractions. *See* contractions
 - episiotomy, 199
 - fetal monitoring, 196-197
 - first stage: latent, active labor, and transition phases, 172-177
 - forceps, 200
 - inducing labor, 197-198
 - knowing what to expect, 166-171
 - pain relief, 193-195
 - positions for labor, 177-180
 - relaxation techniques, 183-185
 - second stage (birthing baby), 190-191
 - support person's role, 187-189
 - third stage (delivery of the placenta), 192
 - stages of labor, 171
 - vacuum-assisted birth, 200
- Lactation amenorrhea method (LAM), 268
- Lactose intolerance, 44
- Lanugo, 114, 211
- Latch, 285-286
- Latent phase of labour (early), 171-173
- Laughing gas (Entonox), 194
- Lead, 43, 83-84, 109
- Leaking milk from (breasts), 313
- Leg cramps, 45, 120, 147, 149
- Let-down (milk ejection reflex), 277, 311-312, 316
- Lifting, pregnancy (during), 48, 52, 81, 233-234
- Lightening, 166
- Linea nigra, 114
- Listeria (listeriosis), 39, 41-42
- Low birth weight, 30, 34, 56, 67, 68, 70, 74, 81, 82, 300
- Low iron (anemia), 34, 105
- Low-Risk Drinking Guidelines (Canada's), 250

M

- Malaria, 77-78
- Marijuana (Cannabis, hashish, hash oil). *See* Cannabis
- Massage
- breast, 294
 - labour and birth, 165, 167, 176, 182, 184
 - perineal, 152, 199
- Mastitis, 311-313
- Maternal blood test (prenatal screening), 104-107
- Maternal serum prenatal screen (MSPS/quad screen), 125
- Maternity and parental leave, 54, 129, 152
- Measles
- German (rubella), 75, 104
 - Red (rubeola), 76
- Meat and alternatives, 31, 42
- Meconium/stool (baby), 277, 289-290
- Medicine, supplements and herbal products
- breastfeeding, 227, 229
 - herbal products/natural remedies, 3, 72, 73, 278, 304
 - pain medicine. *See* labour and birth
 - prescription and over-the-counter medication, 25, 72-73, 304, 320
 - vitamins and minerals. *See* vitamins and minerals
- Menstrual period (period)
- after miscarriage, 110
 - birth control, 257, 260, 268
 - breastfeeding, 230, 276
 - postpartum, 230
 - pregnancy, 16, 91, 92
- Mental health
- postpartum, 244
 - pregnancy, 25, 54-66, 102, 121-122, 152-153
- Mercury, 39-40, 42, 303
- Metabolic conditions (baby), 217, 320
- Midwives, 24, 25, 225
- Milia, 211
- Milk, trouble with (lactose-intolerance), 44
- Milk and alternatives, 31, 35
- Milk (for baby)
- breastmilk. *See* breastfeeding
 - formula, *See* infant formula, 85-86, 230, 279, 318-320, 322
- Milk ejection (let-down), 277, 311, 312, 316
- Milk flow (breastmilk), 210, 277, 288, 294-295, 309-312, 315-317

Milk ducts (blocked), 135, 283, 311-312, 315
 Milk glands, 277
 Milk supply (breast). *See* breastmilk (supply)
 Minerals. *See* vitamins and minerals
 Miscarriage
 definition/general information, 14, 108-110, 141
 emergency department (go NOW), 108, 110 grief/
 support (emotions), 142
 possible causes, 39, 56, 67-68, 70, 78, 81, 83, 105, 107, 109,
 125
 MMR (measles, mumps, rubella) vaccine, 76
 Mood swings, 63, 93, 121
 Morning sickness. *See* nausea
 Mosquito-borne infections, 77-78
 Mucus plug, 166
 Multiples, twins, triplets and more. *See* twins, triplets and
 more
 Multivitamin. *See* vitamins and minerals
 Mumps, 76

N

Narcotics, 193
 Natural family planning, fertility awareness-based (FAB), 269
 Natural remedies, 73, 96
 Nausea
 labour and birth, 175, 190, 193, 194
 pregnancy, 30, 33, 92-93, 96, 114
 Navel (belly button), 17, 146
 Neonatal intensive care unit/special care nursery (NICU),
 140, 218
 Nesting, 11, 167
 Neural tube defects, 23, 33-34
 Newborn baby (how they look), 210-213
 Newborn blood spot screen, 217
 Newborn hearing screening, 218
 Newborn jaundice screening, 217
 Nicotine, 68-71, 304
 Nicotine replacement therapy, 19, 71
 NICU (neonatal intensive care unit/special care nursery),
 140, 218
 Night sweats, 235
 Nipple (baby bottle), 243, 299

Nipples (mother)
 breastfeeding, 308-309, 226-227
 pregnancy, 55, 114, 147
 shield, 309, 313
 Non-stress test (NST), 156
 Nursing bra, 135
 Nursing pads (breast pads), 135, 308, 313, 319
 Nutrition. *See* eating

O

Obstetrician, 18, 126
 Omega-3 fats, 36, 303
 Oral health. *See* teeth and mouth care
 Osteoporosis, 260
 Over-the-counter medicine (OTC). *See* medicine,
 supplements and herbal products
 Ovaries, 230, 258, 259, 261, 262
 See also, birth control
 Ovulate, 230, 257
 Oxytocin, 173, 176, 192, 195, 196, 198-199

P

Packing for birth centre, 159-160
 Pacifier (soother), 215
 Pain
 after pains, 230
 labour and birth, 165, 167-168, 177, 181, 193-195
 pregnancy, 50, 108-109, 115, 118-120, 137, 139, 161-162
 Paint and paint remover (lead-based paints), 83-84
 Pap test, 103, 225
 Parental leave 129
 Pasteurized, 39, 41, 318
 Patch, (birth control), 257, 259
 Pee. *See* urine
 Pelvic (pelvis)
 bones, 17
 exam, 103, 154
 floor muscles, 49-50, 101, 160, 232-234, 238
 organ prolapse, 234
 outlet, 180, 182
 tilt, 179-180, 182
 See labour and birth
 Periodontal disease, 53

- Perineum (perineal area)
 - care and comfort, 228-229
 - definition, 49
 - episiotomy, 152, 199
 - perineal massage, 152
- Period. *See* menstrual period
- Pertussis (whooping cough), 76, 154
- Pesticides, 83
- Pets and animals, 80
- Physical activity/exercise
 - postpartum, 237-239
 - prenatal, 44-48, 117, 148-149
- Pica, 93
- Placenta (placental)
 - abruption, 162, 202
 - definition, 17
 - delivery of, 171, 192
 - development, 91, 124
 - eating of (placentophagy), 192
 - previa, 201
- Plant-based drinks, 43
- Plaque, 53, 99
- Playpens, 133
- Positions
 - breastfeeding, 282-286
 - during labour (mother), 176-180
 - during labour (baby), 181-182
- Posterior position, 181-182
- Postnatal. *See* postpartum
- Postpartum, birth centre (at the), 208-223
- Postpartum, caring for yourself
 - birth control, 257-272
 - comforts for physical changes, 230-235
 - first few weeks, 224-229, 236-237, 240
 - healthy eating/physical activity (exercise), 237-239
 - mental health. *See* postpartum (mental health)
 - relationships, 253-256
 - visitors, 242, 245, 254, 280
- Postpartum depression, 247-249
 - See also*, postpartum mental health
- Postpartum (mental health)
 - anxiety, 247, 249
 - baby blues (postpartum blues), 246-247
 - depression, 247-249
 - emergency, 911 (call NOW), 248-249
 - psychosis, 250
 - relaxation techniques, 246
 - self-care, 244-246
- Posture, 46, 50-52, 98
- Pre-eclampsia, 137, 161
- Pregnancy care, routine checkups, tests. *See* trimester, first, second, third
- Premature/preterm, baby, 138-140, 218
- Premature/preterm labour
 - call Health Link at 811 or your health care provider, (NOW), 139, 164
 - definition, 137-138
 - possible causes, 30, 34, 67-68, 70, 74, 81
 - signs of, 139, 161-162, 167
- Prenatal care, checkups and tests. *See* trimester first, second, third
- Prenatal classes/childbirth classes, 87-88, 126
- Prenatal genetic screening/testing, 103, 106-107, 125
- Prenatal vitamins. *See* vitamins and minerals (mother)
- Prenatal yoga, 45, 47
- Prescription medicine. *See* medicine, supplements and herbal products
- Progestin only pill 'mini pill', 258
- Progressive relaxation, 183-185
- Prolapse (umbilical cord), 162, 169, 202
- Prostaglandin(s), 162, 166, 197, 198
- Psychosis (postpartum psychosis), 250
- Public health nurse/community health nurse, 142, 214, 221, 225, 279

Q

Quickening, 113-114

R

Radiation, 83
 Red measles (rubeola), 76
 Reflux, 73, 95
 Regional anesthetic, 202-203
 Registering a child's birth, 219

Relationships
 postpartum 253-256
 pregnancy, 55-58
 Relaxation techniques
 labour and birth, 183-185
 pregnancy (breathing), 62
 Reproductive system, 56, 69
 Restricted diets, pregnancy, 43, 303
 Rh factor/Rh immune globulin, 104
 Rickets, 85, 275
 Rimming/ripening (of cervix), 166
 Rubella (German measles), 75-76, 104
 Ruptured/rupturing the membranes, 162, 166, 169, 198-199, 202

S

Safe sleep (baby), 215. *See also* SIDS
 Safer sex, 56
 Safety, baby
 baby carrier, 241
 car seat, 134, 221-223
 falls, 216
 safe sleep. *See* SIDS
 stroller and carriage, 135
 Salmonella, 40-42
 Sauna (hot tubs/hot baths), 80
 Scalp, baby, 197
 Screening (newborn baby), 217
 Screening, mother, 103-105, 106-107, 125, 247.
 Scuba diving (pregnancy), 48
 Seat belt, 79
 Second-hand smoke and vapour. *See* tobacco and tobacco-like products
 Sexuality (sexual intercourse)
 postpartum, 225, 229, 256-257
 pregnancy, 55-58, 78-79, 102, 123, 154
 Sexually transmitted infections (STIs), 56, 257-271
 Short(ness) of breath, 147, 150
 Showering and bathing (postpartum), 226, 236
 Siblings (other children), 14-15, 254-255
 SIDS (sudden infant death syndrome), 68-70, 132-133, 215, 251, 276
 Sitting, 52
 Skin-to-skin cuddling, 140, 209-210

Sleep, mother
 positions, 150 postpartum, 240
 pregnancy, 64, 147, 150
 Sleep, baby/newborn
 how much, 287
 safe, 132-133, 215, 292
 sleepy newborn baby, 317
 Small for gestational age, 30
 Smoking/smoke. *See* tobacco and tobacco-like products
 Soft spots (fontanelles), 211
 Soother (pacifier), 215
 Sore nipples, 308-309
 See also, breastfeeding (challenges)
 Special care nursery/Neonatal intensive care unit (NICU), 140, 218
 Spermicide, 257, 266-267
 Sponge (birth control), 267
 Spotting, bleeding. *See* bleeding, mother
 Stages of labour. *See* labour and birth (stages)
 Standing (pregnancy), 48, 51, 81-82
 Staples/stitches (mother), 199, 203, 225
 Stem cells, 129
 STIs (sexually transmitted infections), 56, 257-271
 Stillbirth
 definition, 39
 grief/support, 141-142
 possible causes, 39-40, 56, 67, 78, 105
 Stools/poops/bowel movements (baby), 289-290
 Stools, mother. *See* bowel movements (mother)
 Stork bites, baby (reddish areas), 211
 Street (illicit) drugs, 74-75
 Streptococcus (Group B Streptococcus), 154, 198
 Stress management, 45, 61-63, 64, 102, 122, 149, 177, 214, 238, 244, 253
 Stress incontinence, 49
 Stretch marks, 116, 118
 Sweep membrane (strip), 197
 Sweeteners (alternative), 43
 Supplements, baby
 feeding (breastmilk, formula). *See* feeding your baby
 vitamins. *See* vitamins and minerals (baby)

Supplements, mother
 See medicine, supplements and herbal products
 See vitamins and minerals (mother)
Swelling (swollen)
 breasts. *See* breastfeeding (challenges)
 gums, 53, 93, 116
 hands, feet, ankles or calves, 120, 137, 145, 151, 161, 235
Syphilis, 56, 105

T

Tea. *See* caffeine and herbal teas
Teeth and mouth care (mother), 35, 53, 95, 156
Temperature. *See* fever (mother)
TENS (transcutaneous electronic nerve stimulation), 193
Tests (prenatal/pregnancy). *See* trimester, first, second and third
Third-hand smoke and vapour, 70, 251, 305
Throwing up (vomiting), 92-93, 96, 114, 290
Thrush (yeast infection), 308
Tobacco and tobacco-like products (breastfeeding), 304-305
Tobacco and tobacco-like products (postpartum), 3, 19, 68-71, 215, 251-252
Tobacco and tobacco-like products (pregnancy), 3, 19, 68-71
Too much milk, 315-316
Toothpaste (sodium lauryl sulfate-free toothpaste), 96
Toxoplasmosis (toxoplasma), 40, 80
Transition (phase of labour), 171, 175
Transverse lie, 201
Travel/travelling, 77-79
Trimester, first
 checkups, routine tests (prenatal), 103-107
 definition, 16, 90-91
 feeling uncomfortable, 96-101
 growing together (changes), 91-94
 mental health, 102
 miscarriage, 108-110, 141
 planning ahead, 85-88
 sexuality, 102
 taking care of yourself, 95
Trimester, second
 birth wishes, 127-128
Braxton-Hicks contractions, 113, 116
 call 911 NOW, 120
 checkups, routine tests (prenatal), 123-125
 definition, 16, 112-113
 growing together (changes), 113-116
 feeling uncomfortable, 118-121
 mental health, 121-122
 planning ahead, 126-136
 pregnancy (doesn't go as expected), 137-142
 sexuality, 123
 taking care of yourself, 117
 twins, triplets and more. *See* twins, triplets and more
Trimester, third
 birth center (packing for), 159
 checkups, routine tests (prenatal), 154-156
 definition, 16
 due date (going past), 161
 feeling uncomfortable, 150-151
 fetal movement count/fetal movement, 155
 growing together (changes), 145-147
 mental health, 152-153
 perineal massage, 152
 taking care of yourself, 148-149
 planning ahead, 156-160
 pregnancy (doesn't go as expected), 161-162
 preterm labour. *See* premature/preterm labour
 sexuality, 154
 twins, triplets and more. *See* twins, triplets and more
Trisomy 13, 106-107
Tubal ligation, 270
Twins, triplets and more, 18, 37, 125-126, 160, 278

U

Ultrasound, 11, 106-107, 124, 156, 161
Umbilical cord, 17, 129, 162, 191, 212-213
Unpasteurized milk/juice/cheese, 39, 41
Urinary tract infection (UTI), 105
Urine/pee/wet diapers (baby), 289-290
Urine/pee/voids (mother), 49, 100, 106, 232-234
Uterus/womb, 17, 172, 190, 208, 227, 230
 See also, contractions

V

- Vaccine/vaccination, 75-76
 - See also*, immunizations
- Vacuum assisted birth, 195, 200
- Vagina (mother), 17
- Vaginal birth after a caesarean (VBAC), 201
- Vaginal bleeding. *See* bleeding, mother
- Vaginal contraceptive ring, 261
- Vaginal discharge (baby), 212
- Vaginal discharge
 - emergency, 911 (call NOW), 227
 - labour and birth, 173-174
 - postpartum, 227
 - pregnancy, 115, 119, 139
- Vaginal spermicides, 266
- Vaping (vapour). *See* tobacco and tobacco-like products
- Varicella (chicken pox)/varicella titre, 7, 104
- Varicose veins, mother
 - changes in you, 116, 120, 147
 - emergency 911 (call NOW), 120
- Vasectomy, 270
- VBAC (vaginal birth after a caesarean), 201
- Vegan diet, 43, 303
- Vegetables and fruit, 31, 38, 41
- Vegetarian, 43, 303
- Vernix, 115, 210
- Violence, family (domestic), 56-60
- Visitors, postpartum, 218, 242, 245, 254, 280
- Vitamins and minerals (baby)
 - calcium, 85, 275
 - iron, 147
 - vitamin D, 85, 210, 275-276
 - vitamin K, 208
- Vitamins and minerals (mother)
 - calcium, 35, 43
 - folic acid (folate), 23, 33-34, 95, 238
 - iron, 33-34, 101, 104
 - important vitamins and minerals, 23, 33-37, 95, 96, 117, 238
 - multivitamin (with folic acid), 23, 33-34, 95-96, 117, 238
 - omega-3 fats, 36, 303
 - vitamin A/vitamin B12/vitamin D, 33, 35, 36, 43, 95, 238
- Vomiting, mother, 92-93, 96, 114 *See also*, nausea
- Vomiting, baby, 290

W

- Washing hands, 38, 75, 80, 213, 229, 242-243, 288, 295, 301-302, 305, 311
 - See also*, infectious diseases
- Water breaks (ruptured membranes), 162, 166, 169, 174-175, 198-199, 202
- Weaning, from breastfeeding, 318-319
- Weight gain
 - gain, 26-30
 - tracking, 28
 - twins, triplets and more, 37
- Weight loss (postpartum), 239, 276
- Well water, 43
- Whooping cough (pertussis), 76
- Working/employment, 81-82

Y

- Yeast infection (thrush), 308
- YES Test (car seat safety), 221-223
 - See also* car seat
- Yoga (prenatal), 45, 47

Z

- Zika virus, 77-79

HEALTHY PARENTS, HEALTHY CHILDREN

Pregnancy & Birth

Healthy Parents, Healthy Children: Pregnancy and Birth is filled with everything that expectant parents want and need to know about pregnancy and birth 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?

You can also find this book online at **healthyparentshealthychildren.ca**

Follow us on

 /healthyparentshealthychildren

 @AHS_HPHC

