



Best Beginning



Healthy Pregnancy
Healthy Baby

Important Telephone Numbers

Labour Support Person Name: _____

Phone: _____

Caregiver/Doctor/Midwife Name: _____

Phone: _____

Birth Centre/Hospital Name: _____

Phone: _____

Childcare Name: _____

Phone: _____

Family/Friends Name: _____

Phone: _____

Community Health Centre Name: _____

Phone: _____

Other Important Numbers Name: _____

Phone: _____

Name: _____

Phone: _____

Health Link Alberta 403-943-LINK (5465)
or 1-866-408-LINK (5465) toll-free

This book belongs to: _____

My due date is: _____

**You can bring this book to your appointments and to the hospital.
Your caregivers can also review it with you.**

Acknowledgements

This book has been developed by Public Health-Calgary Zone, Alberta Health Services, and community partners. Best Beginning helps pregnant women have a healthy pregnancy and a healthy baby.

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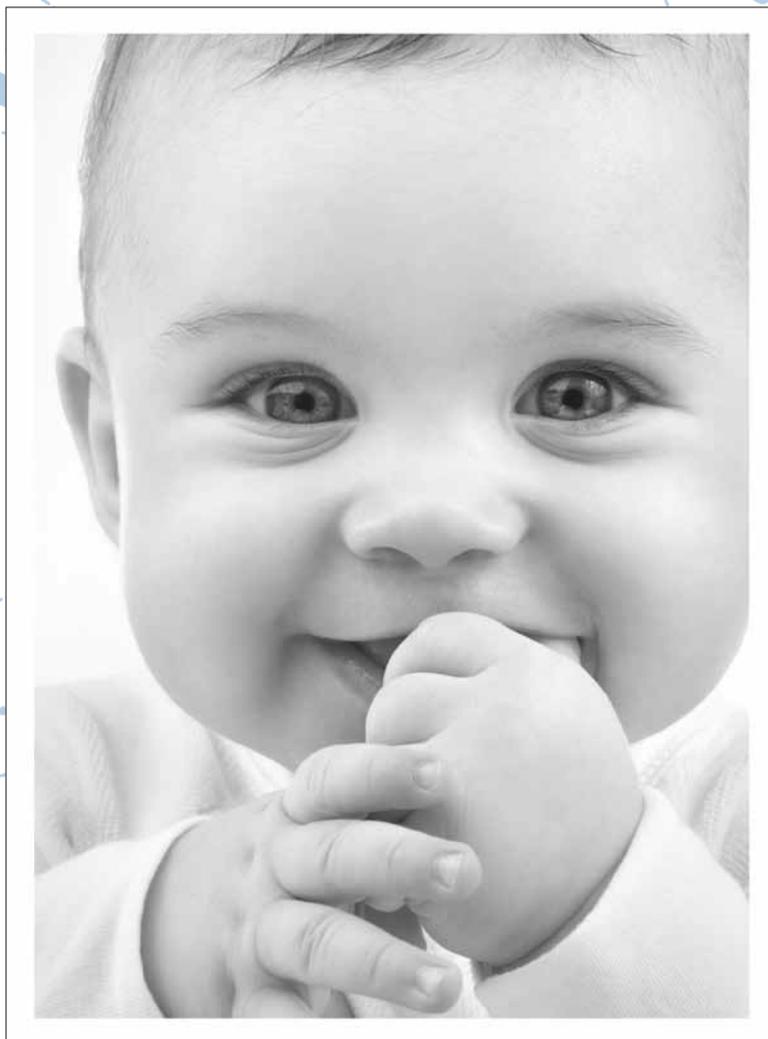
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My Thoughts about Being Pregnant

Some hopes I have for my pregnancy...

Some hopes I have for my baby...

Your Pregnancy



Words and What They Mean

Below are some words it helps to know when you are having a baby.

<i>Afterbirth</i>	Another word for the placenta, membranes, and umbilical cord. It comes out “after” your baby is born.
<i>Amniotic sac</i>	Sac or membranes lining the inside of the uterus. The amniotic sac holds your baby and surrounding fluid.
<i>Amniotic fluid</i>	The fluid that surrounds your baby when inside your uterus. It helps “cushion” and protect your baby.
<i>Areola</i>	The darker area around the nipple. A baby’s mouth covers most of the areola during breastfeeding.
<i>Bloody show or pink show</i>	A small amount of blood-stained mucous that comes out of the cervix before labour begins.
<i>Body Mass Index (BMI)</i>	A way to measure body fat that uses your height and weight.
<i>Braxton-Hicks Contractions</i>	Often called pre-labour or false labour. Mild contractions of the uterus that help to get the muscles of the uterus ready for labour.
<i>Caregiver</i>	Your family doctor, obstetrician, or midwife.
<i>Cervix</i>	The opening of the uterus.
<i>Cesarean Section</i>	A way of giving birth through a surgical cut made into the abdomen and uterus. Also called a C-section.
<i>Circumcision</i>	Surgery that removes the foreskin that covers the top of the penis.
<i>Colostrum</i>	The breastmilk that comes out of your breasts while you are pregnant and for a few days after birth. Colostrum is yellowish and has a lot of nutrients.
<i>Constipation</i>	Hard bowel movements.
<i>Contractions</i>	The tightening and relaxing of the muscles in your uterus during labour.
<i>Dilation</i>	During labour the cervix opens so that your baby can come out of the uterus (womb).
<i>Doula</i>	A person you hire to help support you while you are in labour.
<i>Effacement</i>	Thinning that the cervix does during labour, before the cervix can open.
<i>Embryo</i>	The name given to an unborn baby for the first 8 weeks of pregnancy.
<i>Episiotomy</i>	A small cut that is sometimes made in the opening of the vagina to make it bigger.

<i>Fetal Monitor</i>	A machine used to check your baby's health before he or she is born.
<i>Fetus</i>	The name given to an unborn baby from 8 weeks of pregnancy until birth.
<i>Formula</i>	Milk that you buy. It is used if a mother is not breastfeeding.
<i>Heartburn</i>	A burning feeling in the chest caused by stomach acids backing up into the swallowing tube (esophagus).
<i>Hormones</i>	Body chemicals that travel in the bloodstream and help with growth, sexual activity, and other body systems.
<i>Labour</i>	The hard work done by your uterus to push your baby out of the womb to be born.
<i>Lochia</i>	The flow of blood from the vagina, similar to menstrual (period) blood. This usually lasts about 6 weeks after birth.
<i>Meconium</i>	A baby's first bowel movement. It is black and sticky.
<i>Mucous Plug</i>	A thick, mucous substance that fills the cervix during pregnancy and comes out when the cervix starts to open.
<i>Nursing</i>	Another word for breastfeeding.
<i>Nutrients</i>	Substances in food that help you and your baby to grow and stay healthy.
<i>Pelvic Area</i>	The area between your hip bones where the uterus is.
<i>Perineum</i>	The smooth, firm area of skin between your vagina and anus.
<i>Placenta</i>	Also called afterbirth. Nutrients and oxygen pass through it from you to your baby.
<i>Preterm Baby</i>	A baby born earlier than 37 weeks.
<i>Preterm Labour</i>	Labour that begins before 37 weeks.
<i>Sexually Transmitted Infections (STIs)</i>	Infections passed from one person to another during sex. They can make your unborn baby very sick.
<i>Umbilical Cord</i>	The cord that connects your baby to the placenta.
<i>Uterus (womb)</i>	The muscular organ that holds and supports your baby while you are pregnant. The uterus is in the pelvis, behind the bladder.
<i>Vagina</i>	The opening in your body that your baby comes through to be born.

How long does a pregnancy last?

The average length of a pregnancy is 40 weeks (about 9 months). It takes this much time for a baby to fully develop.

Pregnancy is divided into 3 parts called trimesters. Each trimester is about 3 months long.

1st Trimester (weeks 1 to 12)	1st Month
	2nd Month
	3rd Month
2nd Trimester (weeks 13 to 28)	4th Month
	5th Month
	6th Month
3rd Trimester (weeks 29 to 40)	7th Month
	8th Month
	9th Month

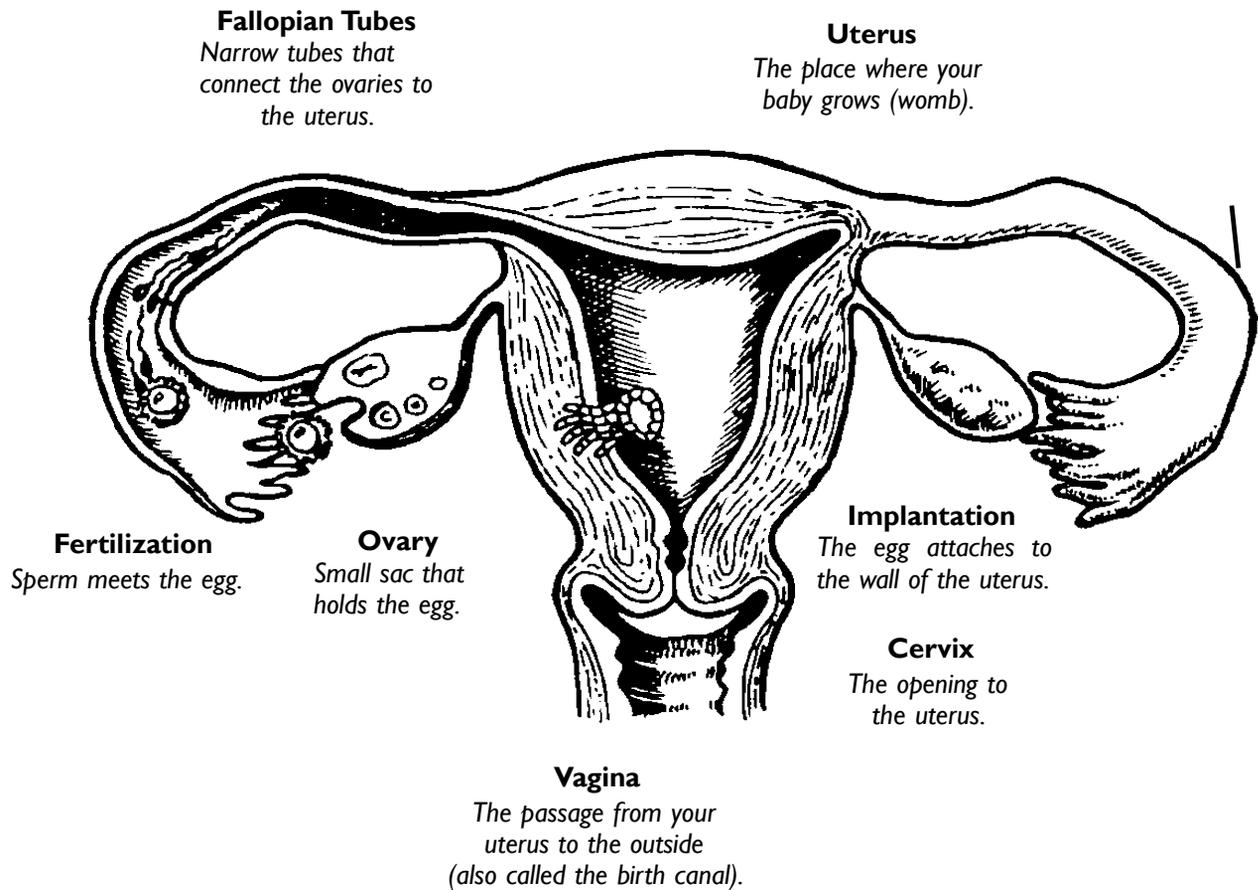
During the 1st trimester a baby is called an embryo. By the end of the 1st trimester, the embryo begins to look like a human baby.

During the 2nd trimester your growing baby is called a fetus. He is usually called a fetus until he is born. By the end of the 2nd trimester your baby sucks his thumb, opens and closes his eyes, and hears sounds outside the uterus (womb).

During the 3rd trimester your baby is fully developed. He needs to strengthen his lungs and put on weight (body fat).

How does a pregnancy begin?

This picture shows how fertilization happens. An egg is released from the ovary and is fertilized by a sperm. The fertilized egg travels down the fallopian tube and implants into the wall of the uterus.



Healthy Weight Gain

Weight gain is an important part of pregnancy. Eating well and gaining weight when you are pregnant is good for you and your baby.

Healthy weight gain:

- Helps you have a healthy weight baby.
- Helps you have a healthy pregnancy.

Not enough weight gain:

- Your baby may be small.
- Small babies have more health problems.

Too much weight gain:

- May cause health problems in pregnancy.
- It might be harder to lose the extra weight. This may cause long-term health problems like diabetes.

Pregnant women sometimes worry about gaining too much or too little weight.



How much weight should I gain?

Most women need to gain 11.5 to 16 kg. Some need to gain a little more, some a little less.

- The weight gain to help you have a healthy baby depends on your age and your weight before you were pregnant.
- Talk to your caregiver about the weight gain that is best for you.



Guidelines for Weight Gain During Pregnancy

<i>Weight before Pregnancy</i>	<i>Pre-Pregnancy BMI</i>	<i>Recommended Weight Gain</i>
Underweight	less than 18.5	12.5–18 kg (28–40 lbs.)
Healthy Weight	18.5–24.9	11.5–16 kg (25–35 lbs.)
Overweight	25–29.9	7–11.5 kg (15–25 lbs.)
Obese	30 and over	5–9 kg (11–20 lbs.)

Where the Weight Goes

Your blood: 1.8 kg (4 lbs.)

Your protein and fat storage: 2.3 to 3.6 kg (5 to 8 lbs.)

Your body fluids: 0.9 to 1.4 kg (2 to 3 lbs.)

Breasts: 0.9 to 1.4 kg (2 to 3 lbs.)

Baby: 2.7 to 3.6 kg (6 to 8 lbs.)

Placenta: 0.9 to 1.4 kg (2 to 3 lbs.)

Uterus: 0.9 to 1.4 kg (2 to 3 lbs.)

Amniotic fluid: 0.9 to 1.4 kg (2 to 3 lbs.)

Average Total Weight Gain: 11.5 to 16 kg (25 to 35 lbs.)



Discomforts of Pregnancy

Nausea and Vomiting (Morning Sickness)

Morning sickness means feeling sick, and/or vomiting (throwing up). It can happen any time during the day or night. The smell or taste of some foods may make you feel sick. This is different for every woman. This usually happens during the first 3 months but can last longer.

Try these tip if you feel sick:

- Eat dry toast or crackers a few minutes before you get out of bed.
- Get up slowly.
- Eat small meals or snacks every 2 hours. Having an empty stomach can make you feel sick.
- Drink fluids between meals, not with meals.
- Don't eat foods that bother you like spicy, fatty, or fried foods.
- Eat cold food. The smell may not bother you as much as hot food. You can ask someone to cook for you.

You can also:

- take your prenatal vitamin with food
- get lots of fresh air
- stay away from warm places, as they can make you feel sick
- get lots of rest, as being tired can make you feel sick

Eat foods that you like. These foods help many pregnant women feel better:

- | | | |
|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> fruit juice | <input type="checkbox"/> crackers | <input type="checkbox"/> noodles |
| <input type="checkbox"/> canned fruit | <input type="checkbox"/> rice | <input type="checkbox"/> soup |
| <input type="checkbox"/> fruit juice popsicles | <input type="checkbox"/> bread | <input type="checkbox"/> cereal |

If you throw up, rinsing your mouth after will help wash away the acid in vomit that can cause dental cavities.

Call your caregiver if you throw up more than 2 times a day.

Heartburn

Heartburn is a burning feeling in the chest and throat. It can be caused by the pressure the baby puts on your stomach. Hormones in pregnancy may slow the time it takes for food to pass through your stomach, which can also cause heartburn.

If you have heartburn:

- eat smaller meals
- wait for 2 hours before you lie down after eating
- eat slowly and chew foods well
- don't eat foods that make you feel uncomfortable
- sleep with your head raised
- walk after eating
- don't eat or drink spicy, fried, or greasy foods or caffeine (coffee, tea, cola, chocolate)
- drink fluids between meals, not with meals

Talk to your caregiver if your heartburn does not go away.

Constipation

Constipation may happen because the muscles in the bowel are more relaxed when you are pregnant. Your growing baby may also put pressure on the bowel.

If you are constipated:

- drink at least 2.5 L of fluids each day. Good choices are water, milk, 100% juice, and soup.
- include foods that are high in fibre in your diet. Foods high in fibre include vegetables, fruits, nuts, seeds, legumes, and whole grain foods like 100% whole wheat bread, barley, brown rice, or whole grain couscous.
- exercise every day

Talk to your caregiver if constipation is a problem.

Leg cramps

Leg cramps are painful or tense muscles in your lower leg. You can get cramps in your legs if you stand for too long or point your toes. They often happen at night. They are more common in the second and third trimester.

If you get cramps:

- stretch the cramping area—gently push your foot against a firm surface or have someone gently push against your foot
- rest with your feet up on a stool or pillow several times during the day
- don't massage the muscle
- try not to stand for too long without moving or sitting down

If the leg cramps are a problem for you, speak to your caregiver.

If you notice red streaking line(s) on your leg, call your caregiver right away.



Dental care

See a dentist when you are pregnant to keep your teeth and gums healthy.

- Brush and floss your teeth every day.
- Your gums may become sensitive and may bleed easily when you are pregnant. A softer toothbrush may help.
- Ask your caregiver about low-cost dental care.

Warning Signs to Report Right Away

Warning signs might mean that something is wrong. Call your caregiver right away for any of the below:

- you have bright red bleeding from your (fell) vagina, with or without pain
- you have a sharp pain in your stomach that does not go away
- your baby stops moving or moves less often
- you have pain in your stomach or back that comes and goes when you still spots have more than 3 weeks before your due date
- your bag of water breaks, either with a sudden gush or leaking fluid from your vagina
- you have a temperature of 38 °C for any your reason
- you are throwing up often
- you feel dizzy or have fainted
- you hurt yourself (for example, you
- your face, hands, and/or feet suddenly become swollen or puffy
- you have a very bad headache that does not go away
- you suddenly gain a lot of weight in less than a week
- you have blurred vision or see before your eyes
- it burns when you pass urine
- you have a bad smell coming from your vagina
- you have bad feelings about pregnancy that do not go away
- you feel worried or anxious

Miscarriage

What is a miscarriage?

While most pregnancies are normal, a few will end in a miscarriage. A miscarriage is the unplanned ending of a pregnancy before 20 weeks, or before the growing baby can live outside of the mother. A miscarriage may happen suddenly, or it may happen over hours, days, or weeks.

What are the warning signs?

Phone your caregiver or Health Link Alberta if you have any of the following:

- chills or fever (temperature over 38°C)
- discharge from your vagina that smells bad
- bleeding from your vagina that soaks 1 thick pad or more in 1 hour
- passing blood clots the size of a walnut or larger from your vagina
- pain in your stomach that does not go away or is not helped by pain medicine

Go to the emergency department if:

- bleeding from your vagina is soaking 1 thick pad or more in 1 hour, for 2 hours
- the pain in your stomach is getting stronger or sharper
- you feel weak and dizzy
- you have a temperature of 38°C or more that lasts more than 4 hours after taking acetaminophen

What can I expect at the emergency department?

If the emergency department is very busy, you may have to wait for a doctor to see you, as the sickest people are seen first. This can be a stressful time for you and your family. You will be asked if you want to meet with a social worker. The social worker can give you more support and information. The staff in the emergency department will try to find a private area where you can wait until the doctor sees you.

Unfortunately, if a miscarriage is going to happen, there is nothing that you or the doctor can do to stop it. Tests may be done to find out if you are having a miscarriage or not. If you are having a miscarriage, you may be sent home to wait for it to happen. The staff will explain what you can expect over the next few hours and days, how you can take care of yourself, and when you need to see a doctor again.

Preterm Labour

What is it?

Preterm labour is labour that begins too soon (before 37 weeks), which means that your baby could be born too early. Babies who are born early or are very small may have trouble breathing and feeding. They often stay longer in the hospital. A baby who is born early may need special care in the Neonatal Intensive Care Unit (NICU).

What are the signs of preterm labour?

Some women just know that something is not right. Some signs are:

- cramps like the kind you get with your periods, or like gas pains
- change in or more discharge from the vagina
- contractions (don't have to hurt)
- a low, dull backache that may come and go
- fluid leaking or a gush from the vagina
- pressure that feels like the baby is pushing down into the pelvis (pressure may come and go)
- bleeding from the vagina



Who is at risk?

Preterm labour can happen in any pregnancy. Some things you can do to decrease the risk are:

- stop smoking and/or stay away from second-hand smoke
- don't use alcohol and drugs
- try to avoid injuries (for example, wear a seatbelt)
- get help for family violence
- get prenatal care early in your pregnancy, including dental care

What should I do?

Trust your feelings! If you have any symptoms of preterm labour, call your caregiver right away or have someone take you to the hospital. It can make a big difference to your baby's health.

Your Caregiver Visits

Good healthcare is important to give you and your baby a healthy start.

See a doctor or midwife for prenatal care. Women who start prenatal care soon after they become pregnant and during their whole pregnancy usually have fewer problems and healthier babies. Your caregiver will look for health problems you may not know you have.

When should I see my caregiver?

See your doctor or midwife after you have missed your second period, then once a month until 32 weeks, then every 2 weeks until 36 weeks. See your caregiver every week for the last 4 weeks of your pregnancy.

What happens at my visit?

Your doctor or midwife may:

- ask you questions about your health now and in the past
- do a physical exam that may include:
 - an internal (pelvic) exam
 - a breast exam
 - checking your heart and lungs
 - measuring your weight and height
- test your blood, urine and take your blood pressure
- take a swab of your cervix and do a Pap smear
- listen to your baby's heartbeat
- talk with you about healthy eating, exercise, vitamin and mineral supplements, and other things you can do to have a healthier baby



What tests might your caregiver do?

There are many tests your caregiver might do to make sure your baby is well. Ask your caregiver why these tests are important for you. Early testing will help you get the treatment you need to have a healthy baby.

<i>Pap Smear</i>	A screening test to check for cancer and to look for problems with your cervix.
<i>Internal Pelvic Exam</i>	To check your cervix and uterus.
<i>Swab or Sample from the Cervix</i>	To check for sexually transmitted infections (STIs) such as gonorrhea.
<i>Blood Tests</i>	<p>To see if you have an infection or other conditions that might affect your pregnancy or baby.</p> <ul style="list-style-type: none"><input type="checkbox"/> CBC – a blood test to check for conditions like low iron (anemia)<input type="checkbox"/> Blood Group and Type Screening – to check your blood type and to find out if you are Rh negative<input type="checkbox"/> Hepatitis B – to check for a viral infection of the liver<input type="checkbox"/> Rubella (German Measles) testing – to see if you have protection against rubella<input type="checkbox"/> Syphilis – to check for this sexually transmitted infection<input type="checkbox"/> HIV testing – to look for the virus that causes AIDS<input type="checkbox"/> Varicella (chicken pox) testing – is done on all pregnant women who have not had chicken pox or had the chicken pox needle
<i>Urine Tests</i>	To check for diabetes, infections, or problems with your kidneys or blood pressure.
<i>Blood Pressure</i>	To check for high blood pressure as it can cause problems in pregnancy.

What other tests may be done?

There are many tests that can tell if an unborn baby is well. Your caregiver will talk with you if you need any of these tests.

Amniocentesis	A test to find out more about your baby. Ultrasound is used to help guide a fine needle through your abdomen (belly) and into the uterus. A small sample of amniotic fluid is taken for testing.
Counting Baby Movements	Your caregiver may ask you to count your baby's movements. Counting movements each day is an easy way to check your baby's health. An active baby is one sign of a healthy baby.
Fetal Monitoring	A machine that records your contractions and your baby's heartbeat on a graph. Monitoring is done when you go to the hospital, or your caregiver may want monitoring done before your baby is born.
Group B Streptococcus	A swab taken from the vagina and sometimes from the rectum to see if you have this germ. This germ can make your baby very sick.
Maternal Serum Prenatal Screen (MSPS)/Triple Screen	A blood test done up to 20 weeks of pregnancy. The test measures three substances in the blood to see the chance of your baby having Down syndrome, trisomy 18, or a neural tube defect (like spinal bifida).
18–20 week Ultrasound	Sound waves are used to make an image of your baby. It is not an x-ray. These waves show up as a picture on a screen and give information like the size and position of your baby.
Glucose Screening	A blood test done between 24 and 28 weeks. The test finds if your blood sugar is high. If your blood sugar is high, it may mean you have gestational diabetes (diabetes during pregnancy). It can be controlled by diet while you are pregnant. See page 28 to learn more.



Your Baby's Growth

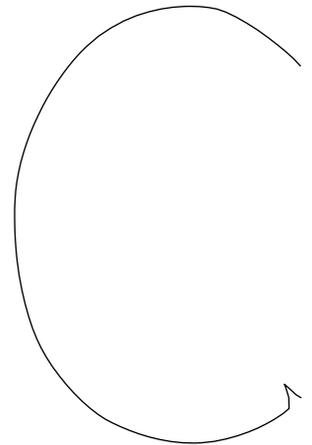
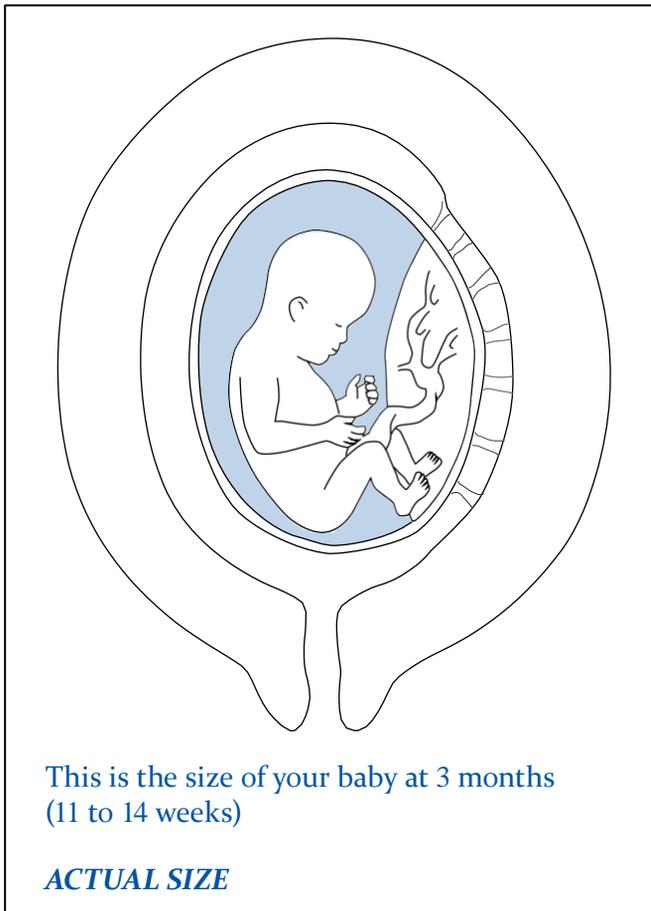
3 Months

By the end of the first trimester (week 12) your baby:

- is 7.6 to 10.2 cm long and weighs 30 g
- can move his arms and legs now (you can't feel the kicks yet)
- is starting to look like a real person

Also, your baby's:

- brain is growing very fast
- heart is beating
- face is forming
- eyes are still closed
- arms, legs, fingers, and toes are forming



6 to 7 Months

By the end of the second trimester (week 28) your baby:

- is about 35.6 cm long and weighs about 900 g
- can open his eyes
- has eyebrows and eye lashes
- can suck his thumb and hiccup
- makes movements that you can feel
- hears sounds such as your voice
- has a stronger heartbeat that your caregiver can hear



*This is the size of your baby at
6 to 7 months (20 to 30 weeks)*

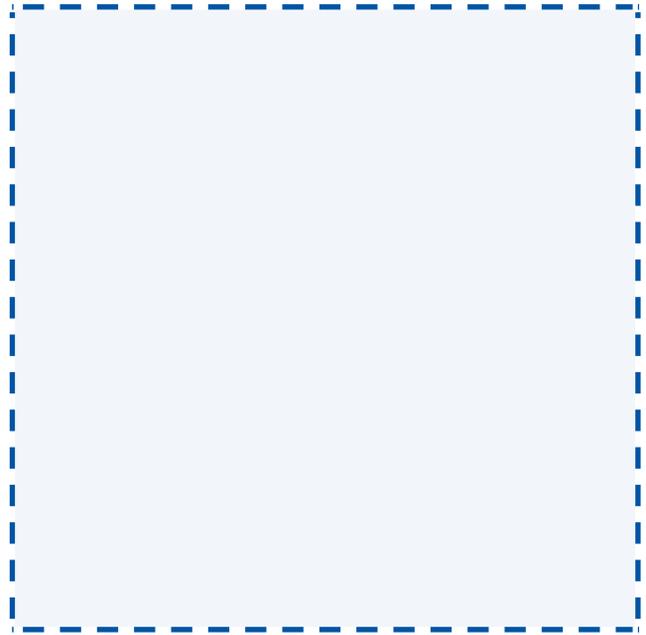
ACTUAL SIZE



9 Months

By the end of the third trimester (week 40) your baby:

- is about 48 to 50 cm long and weighs about 3400 g
- has less wrinkled skin as he gains weight
- may not roll fully around anymore, but will still kick and move often (babies do not move less or stop moving before labour)
- may move into a head-down position, getting ready to be born



*Your baby is this big at 9 months
(35 to 40 weeks)*

ACTUAL SIZE



Diabetes and Pregnancy

If you have diabetes, managing your diabetes before and during your pregnancy is important for you and your baby to be healthy.

Talk to your caregiver about a plan to control your diabetes. Your plan will include food choices, being more active, and using insulin to keep your blood sugars normal. Remember to check your blood sugar often.

What is gestational diabetes?

Gestational diabetes means diabetes in pregnancy. This means that a woman's blood sugar becomes high when she is pregnant. To check for this, your caregiver should check the amount of sugar in your blood when you are about 24 to 28 weeks pregnant. If your blood sugar is high, your caregiver may do more tests. Some women with diabetes in pregnancy may develop diabetes when they are older.

Ask your caregiver for a referral to a dietitian. For healthy eating:

- spread your food over 3 meals and 3 snacks each day
- have a bedtime snack
- limit drinks high in added sugar, like pop
- drink water when you are thirsty
- choose fresh fruit instead of juice
- limit foods high in added sugar, like candy, jams, and sweet baked goods



Sexuality and Pregnancy

You may have changes in your sexual feelings or desires. This is normal. Having sex will not harm your baby if your pregnancy is normal. You can express your sexuality in many ways. Intimacy and caring for one another includes cuddling, hugging, kissing, and showing tenderness towards each other.

Keeping Sex Safe

It is very important to protect yourself and your unborn baby from sexually transmitted infections (STIs).

- STIs are infections that can spread from one person to another during sex
- STIs include herpes, Chlamydia, syphilis, gonorrhea, hepatitis B, and HIV/AIDS. Any of these can harm your unborn baby.
- Using a condom with water-based lubricants (like K-Y Jelly®) during vaginal, anal, or oral sex reduces the risk of getting or spreading STIs.

HIV Infection and Pregnancy

HIV positive women should have a medical exam as part of their first prenatal visit. Starting antiviral medications early in pregnancy lowers the risk of passing HIV to the baby.

When a mother is HIV positive, other factors that increase the risk of HIV infection for the baby are:

- drug use, such as heroin or crack/cocaine
- when the amniotic sac has been broken for a long time during labour
- if the unborn baby has an infection and/or the amniotic sac is infected

HIV can be passed to a baby in breastmilk. If you are HIV-positive, you should formula feed your baby.

Smoking, Alcohol, and Drugs

Smoking, using alcohol, or using drugs (marijuana, cocaine, heroin, or some medicines) when you are pregnant can harm your unborn baby. Tell your caregiver if you are taking any medicine.

Does a little bit really hurt?

Maybe. We don't know how much alcohol, tobacco, or drugs are dangerous for your baby. The best choice is not to use alcohol, tobacco, and/or take drugs. Try to give your baby the best start you can.

Smoking

Smoking has harmful chemicals called nicotine and carbon monoxide. These chemicals make your blood less able to carry oxygen and food to your baby.

When you smoke:

- you have more chance of having a miscarriage
- you may have a small, sick baby
- your baby may be born early
- your baby may get sick more often



Alcohol

When you drink alcohol (beer, wine, coolers, whisky, etc.) it goes into your blood, through the placenta, and to your baby. Alcohol is not good to have anytime during your pregnancy. Your baby will do better if you stop at any time.

Babies born to mothers who drink too much alcohol may have health problems known as Fetal Alcohol Spectrum Disorder (FASD). Even drinking once in a while can harm your baby.



Children with FASD may have some or all of these problems:

- permanent brain damage
- brain grows more slowly
- trouble with talking and walking
- body grows more slowly
- learning problems, including hyperactivity



Drugs

Drugs like marijuana, heroin, crack, cocaine, and LSD are very dangerous for your baby while he is growing inside of you.

Babies born to mothers who use drugs during pregnancy can:

- be born too soon
- be smaller than average
- be mentally and/or physically handicapped or delayed
- have serious medical problems
- go through withdrawal symptoms



If you use drugs, tell your caregiver, get some help, and try to quit. Talk with your caregiver or call the Addiction and Substance Abuse 24-hour Helpline at 1-866-332-2322.

Medicine

Some medicine (even cough drops) may hurt your baby. Make sure that your caregiver knows you are pregnant and knows about all the medicine you take—even non-prescription medicine.

Healthy Eating

Healthy eating is important for you and your baby when you are pregnant. It helps your baby grow and develop. It helps you feel better, look better, have more energy, and deal with stress better.

How does my baby get nutrients from food?

- Your baby gets all his nutrients from you. Whatever you eat and drink goes into your mouth and down a long tube called the esophagus.
- The food enters your stomach and intestines where it is broken down into nutrients. The nutrients go into your blood.
- The placenta takes the nutrients from your blood and sends it to your baby through the umbilical cord.
- Your baby uses these nutrients to grow.

Esophagus

Stomach

Placenta

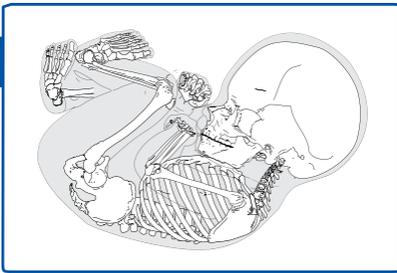
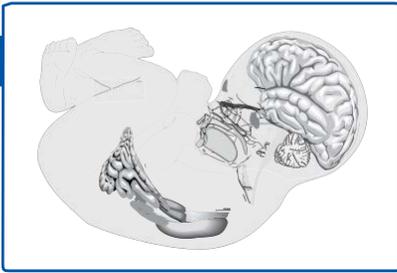
Umbilical cord

Uterus

Intestine

Eating Well with Canada's Food Guide

Canada's Food Guide helps you choose the right kinds and amounts of foods.



- Eat every 3 to 4 hours when you are awake.
- ⌚ Have 4 to 6 meals and snacks each day. This helps your baby get the food he needs.
- Enjoy many different kinds of foods from the 4 food groups.
- Eat at least 1 dark green and 1 dark orange vegetable each day. Vegetables and fruits help you stay healthy. They help your baby's brain, spinal cord, skin, and other organs to be healthy (see Figure 1).
- Choose whole grain foods. Breads, cereals, grains, rice, and pasta give you energy. They give your baby energy to grow (see Figure 2).
- Drink at least 500 mL of milk each day to get enough vitamin D. Milk, yogurt, cheese, and fortified soy milk help build strong bones and teeth for you and your baby (see Figure 3).
- Eat at least 2 Food Guide servings of fish each week. Fish has important fats and other nutrients your baby needs. Fish, meat, chicken, eggs, nuts, seeds, legumes, and tofu help make healthy blood and muscles for you and your baby (see Figure 4).
- Include 30 to 45 mL of unsaturated fat each day. This includes oil used for cooking, non-hydrogenated margarine, salad dressing, and mayonnaise.
- Drink 2.5 litres of fluids each day. Good choices are water, milk, 100% juice, and soup.
- ⌚ Limit sweet, sugary drinks and junk food.

**Pictures used with permission from Saskatchewan Region, FNIH, Health Canada*

How can I eat safely while I am pregnant?

Coffee, tea, green tea and cola drinks have caffeine.

Too much caffeine can harm your baby. Drink 500 mL or less of these drinks each day.

- Do not have energy drinks like Red Bull®. They may not be safe for you and your baby.

Herbs and herbal teas can act like drugs in your body.

Only some herbal teas are safe. Drink less than 750 mL each day of teas that are safe. These include:

- ginger
- orange peel
- red raspberry leaf
- rose hip
- peppermint leaf

Other herbs, herbal teas, or herbal products may not be safe for you and your baby. Ask your caregiver if you are not sure.

Most artificial sweeteners are safe when you are pregnant.

These include aspartame (Nutrasweet®), sucralose (Splenda®) or acesulfame K, saccharin and stevia. Use only small amounts.

- Do not use cyclamate.

Fish is very important for building a healthy baby.

Good choices include:

- salmon
- char
- herring
- mackerel (atlantic)
- sardines
- trout
- haddock
- pollock
- sole
- cod
- shrimp
- canned light tuna

Some types of fish are higher in mercury. Eating too much of these fish can harm your baby. Fish that are higher in mercury include:

- shark
- swordfish
- orange roughy
- escolar
- marlin
- fresh and frozen tuna

Ask your caregiver about safe amounts of fish that are higher mercury.

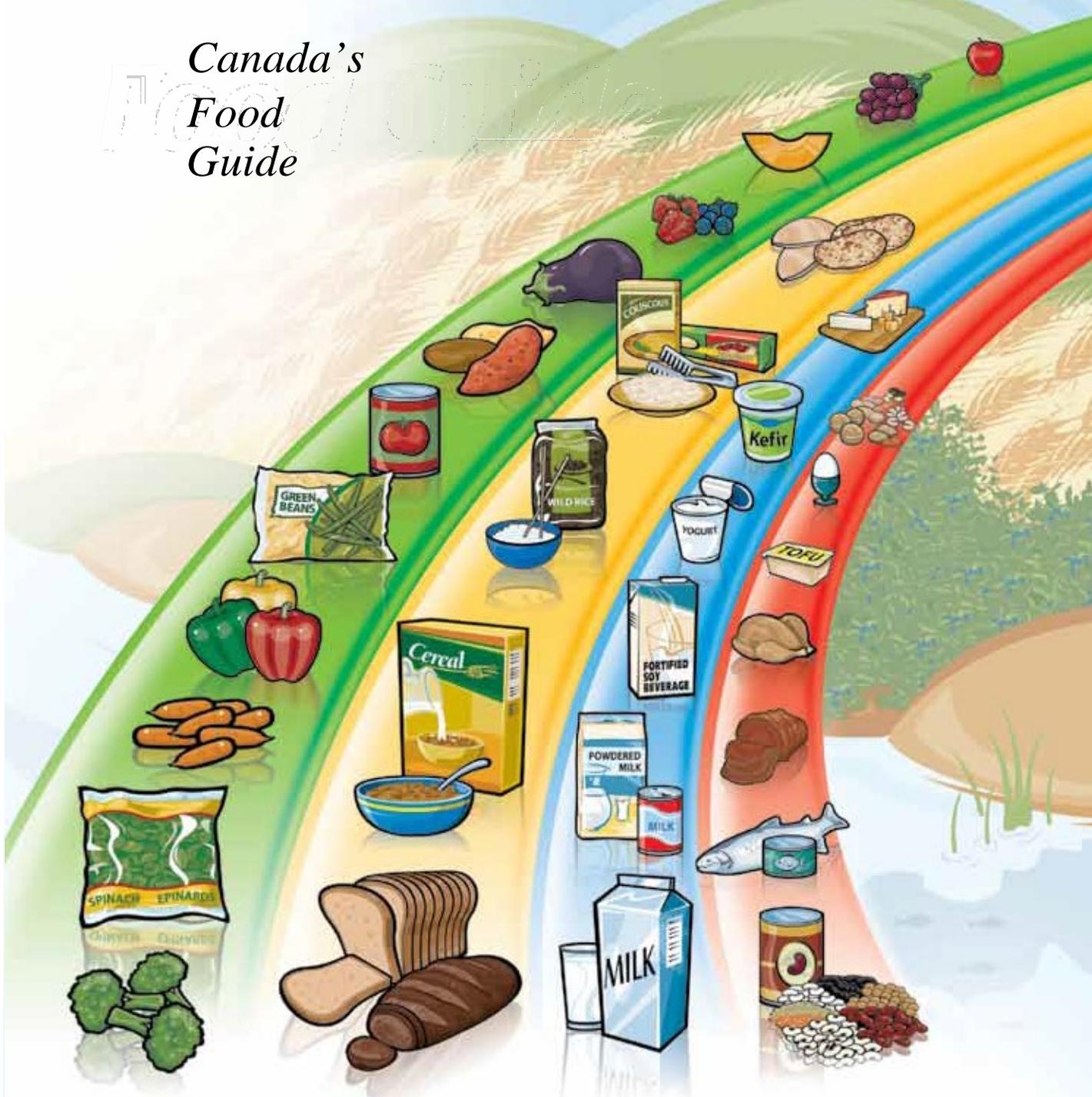
The foods below may have bacteria that could make you or your baby very sick:

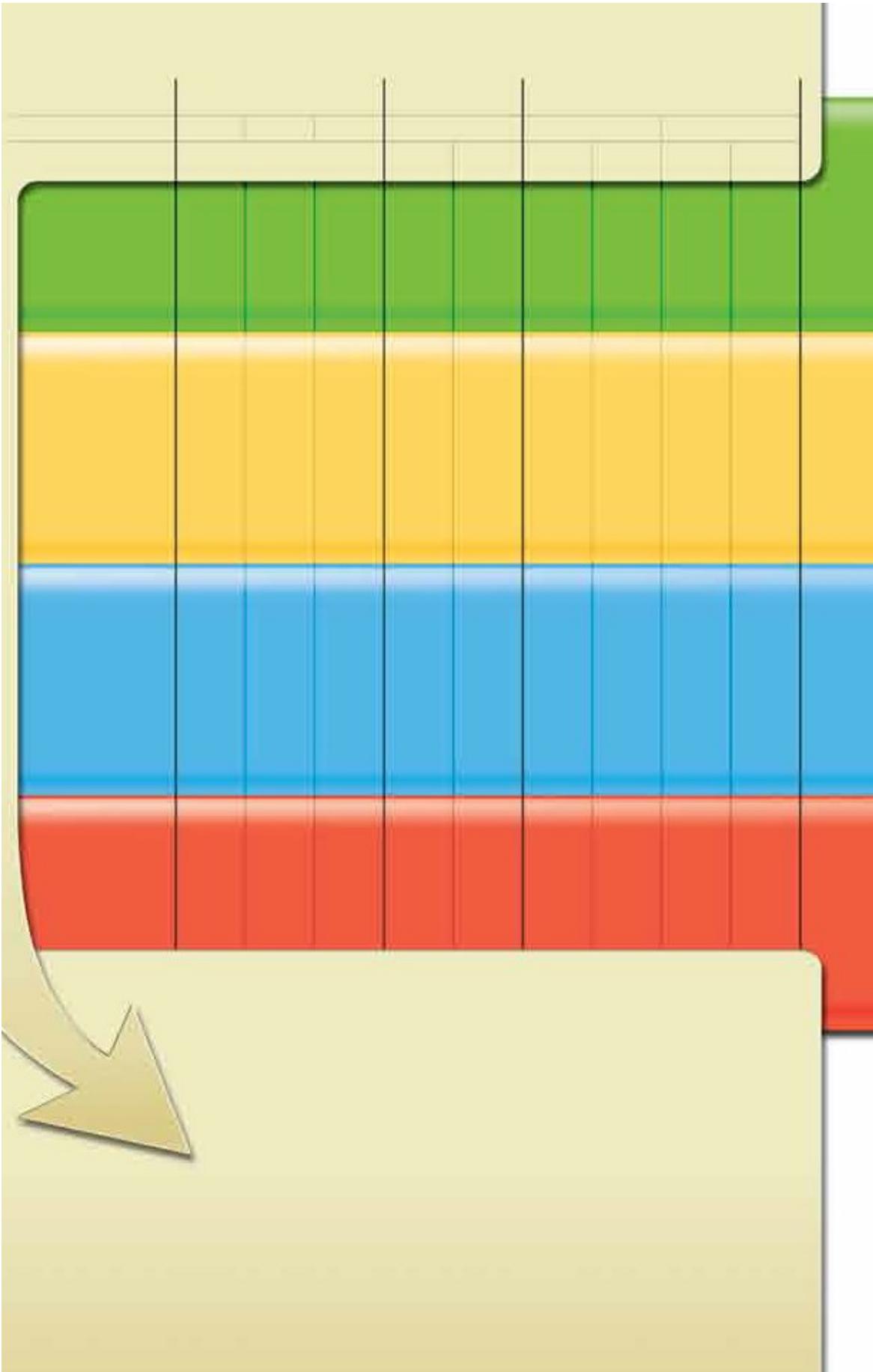
- Deli meats or hot dogs: Do not eat unless heated to steaming hot (at least 74 °C).
- Do not eat raw or undercooked meat, poultry, fish, and soft eggs.
- Soft cheeses such as Brie, Camembert, or blue-veined cheese: Do not eat unless they are made with pasteurized milk or cooked well.
- Do not eat sprouts, including alfalfa and radish sprouts. These may be contaminated even when cooked.
- Liver: Limit to one-100 g serving per month. It is high in vitamin A. Too much vitamin A can harm your baby.



Eating Well with

Canada's Food Guide





What is One Food Guide Serving?

Look at the examples below.



Fresh, frozen or canned vegetables
125 mL (½ cup)



Leafy vegetables
Cooked: 125 mL (½ cup)
Raw: 250 mL (1 cup)



Fresh, frozen or canned fruits
1 fruit or 125 mL (½ cup)



100% Juice
125 mL (½ cup)



Bread
1 slice (35 g)



Bagel
½ bagel (45 g)



Flat breads
½ pita or ½ tortilla (35 g)



Cooked rice, bulgur or quinoa
125 mL (½ cup)



Cereal
Cold: 30 g
Hot: 175 mL (¾ cup)



Cooked pasta or couscous
125 mL (½ cup)



Milk or powdered milk (reconstituted)
250 mL (1 cup)



Canned milk (evaporated)
125 mL (½ cup)



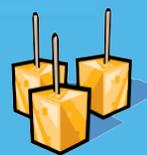
Fortified soy beverage
250 mL (1 cup)



Yogurt
175 g (¾ cup)



Kefir
175 g (¾ cup)



Cheese
50 g (1 ½ oz.)



Cooked fish, shellfish, poultry, lean meat
75 g (2 ½ oz.)/125 mL (½ cup)



Cooked legumes
175 mL (¾ cup)



Tofu
150 g or 175 mL (¾ cup)



Eggs
2 eggs



Peanut or nut butters
30 mL (2 Tbsp)



Shelled nuts and seeds
60 mL (¼ cup)



Unsaturated Fat

- Include a small amount – 30 to 45 mL (2 to 3 Tbsp) – of unsaturated fat each day. This includes oil used for cooking, salad dressings, margarine and mayonnaise.
- Use vegetable oils such as canola, olive and soybean.
- Choose soft margarines that are low in saturated and trans fats.
- Limit butter, hard margarine, lard and shortening.

Make each Food Guide Serving count...
wherever you are – at home, at school, at work or when eating out!

▶ **Eat at least one dark green and one orange vegetable each day.**

- Go for dark green vegetables such as broccoli, romaine lettuce and spinach.
- Go for orange vegetables such as carrots, sweet potatoes and winter squash.

▶ **Choose vegetables and fruit prepared with little or no added fat, sugar or salt.**

- Enjoy vegetables steamed, baked or stir-fried instead of deep-fried.

▶ **Have vegetables and fruit more often than juice.**

▶ **Make at least half of your grain products whole grain each day.**

Eat a variety of whole grains such as barley, brown rice, oats, quinoa and wild rice.
 Enjoy whole grain breads, oatmeal or whole wheat pasta.

Choose grain products that are lower in fat, sugar or salt.

- ▶ Compare the Nutrition Facts table on labels to make wise choices.
 Enjoy the true taste of grain products. When adding sauces or spreads, use small amounts.

▶ **Make at least half of your grain products whole grain each day.**

Eat a variety of whole grains such as barley, brown rice, oats, quinoa and wild rice.
 Enjoy whole grain breads, oatmeal or whole wheat pasta.

Choose grain products that are lower in fat, sugar or salt.

- ▶ Compare the Nutrition Facts table on labels to make wise choices.
 Enjoy the true taste of grain products. When adding sauces or spreads, use small amounts.

▶ **Have meat alternatives such as beans, lentils and tofu often.**

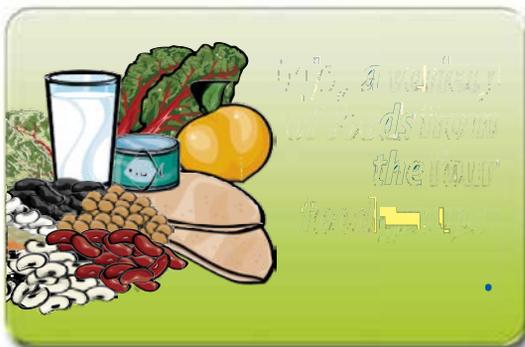
Eat at least two Food Guide Servings of fish each week.*

- ▶ Choose fish such as char, herring, mackerel, salmon, sardines and trout.

Select lean meat and alternatives prepared with little or no added fat or salt.

- Trim the visible fat from meats. Remove the skin on poultry.
- Use cooking methods such as roasting, baking or poaching that require little or no added fat.

If eat luncheon _____, or _____, choose those lower in salt (sodium) and fat.



* Health Canada provides advice for limiting exposure to mercury from certain types of fish. Refer to www.healthcanada.gc.ca for the latest information.

* Health Canada provides advice for limiting exposure to mercury from certain types of fish. Refer to www.healthcanada.gc.ca for the latest information.

Advice for different ages and stages...

Children

Following *Canada's Food Guide* helps children grow and thrive.

Young children have small appetites and need calories for growth and development.

- Serve small nutritious meals and snacks each day.
- Do not restrict nutritious foods because of their fat content. Offer a variety of foods from the four food groups.
- Most of all... be a good role model.



Women of childbearing age

All women who could become pregnant and those who are pregnant or breastfeeding need a multivitamin containing **follic acid** every day.

Pregnant women need to ensure that their multivitamin also contains **iron**. A health care professional can help you find the multivitamin that's right for you.

Pregnant and breastfeeding women need more calories. Include an extra 2 to 3 Food Guide Servings each day.

Here are two examples:

- Have fruit and yogurt for a snack, or
- Have an extra slice of toast at breakfast and an extra glass of milk at supper.



Men and women over 50

The need for **vitamin D** increases after the age of 50.

In addition to following *Canada's Food Guide*, everyone over the age of 50 should take a daily vitamin D supplement of 10 µg (400 IU).



How do I count Food Guide servings in a meal?

Here is an example:



Vegetable and beef stir-fry with rice, a glass of milk and an apple for dessert

250 mL (1 cup) mixed broccoli, carrot and sweet red pepper = 2 **Vegetables and Fruit** Food Guide Servings

75 g (2 ½ oz.) lean beef = 1 **Meat and Alternatives** Food Guide Serving

250 mL (1 cup) brown rice = 2 **Grain Products** Food Guide Servings

5 mL (1 tsp) canola oil = part of your **Oils and Fats** intake for the day

250 mL (1 cup) 1% milk = 1 **Milk and Alternatives** Food Guide Serving

1 apple = 1 **Vegetables and Fruit** Food Guide Serving

Eat well and be active today and every day!

The benefits of eating well and being active are:

- Better overall health.
- Lower risk of disease.
- A healthy body weight.
- Feeling and looking better.
- More energy.
- Stronger muscles and bones.

Be active

To be active every day is a step towards better health and a healthy body weight.

Canada's Physical Activity Guide recommends building 30 to 60 minutes of moderate physical activity into daily life for adults and at least 90 minutes a day for children and youth. You don't have to do it all at once. Add it up in periods of at least 10 minutes at a time for adults and five minutes at a time for children and youth.

Start slowly and build up.

Eat well

Another important step towards better health and a healthy body weight is to follow Canada's Food Guide by:

- Eating the recommended amount and type of food each day.
- Limiting foods and beverages high in calories, fat, sugar or salt (sodium) such as cakes and pastries, chocolate and candies, cookies and granola bars, doughnuts and muffins, ice cream and frozen desserts, french fries, potato chips, nachos and other salty snacks, alcohol, fruit flavoured drinks, soft drinks, sports and energy drinks, and sweetened hot or cold drinks.

Read the label

- Compare the Nutrition Facts table on food labels to choose products that contain less fat, saturated fat, trans fat, sugar and sodium.
- Keep in mind that the calories and nutrients listed are for the amount of food found at the top of the Nutrition Facts table.

Limit trans fats

When a Nutrition Facts table is not available, ask for nutrition information to choose foods lower in trans and saturated fats.

Nutrition Facts	
Amount	% Daily Value
Per 0 mL (0 g)	
Calories 0	
Fat 0 g	0 %
Saturates 0 g	0 %
+ Trans 0 g	
Cholesterol 0 mg	
	Sodium 0 mg
	0 %
Carbohydrate 0 g	0 %
Fibre 0 g	0 %
Sugars 0 g	
Protein 0 g	
Vitamin A 0 %	Vitamin C 0 %
Calcium 0 %	Iron 0 %

Take a step each day...

- ✓ Have breakfast every day. It may help control your hunger later in the day.
- ✓ Walk wherever you can – get off the bus early, use the stairs.
- ✓ Benefit from eating vegetables and fruit at all meals and as snacks.
- ✓ Spend less time being inactive such as watching TV or playing computer games.
- ✓ Request nutrition information about menu items when eating out to help you make healthier choices.
- ✓ Enjoy eating with family and friends!
- ✓ Take time to eat and savour every bite!

For more information, interactive tools, or additional copies visit Canada's Food Guide on-line at: www.healthcanada.gc.ca/foodguide

or contact:

Publications
Health Canada
Ottawa, Ontario K1A 0K9
E-Mail: publications@hc-sc.gc.ca
Tel.: 1-866-225-0709
Fax: (613) 941-5366
TTY: 1-800-267-1245

Également disponible en français sous le titre : Bien manger avec le Guide alimentaire canadien

This publication can be made available on request on diskette, large print, audio-cassette and braille.

Foods with Folate

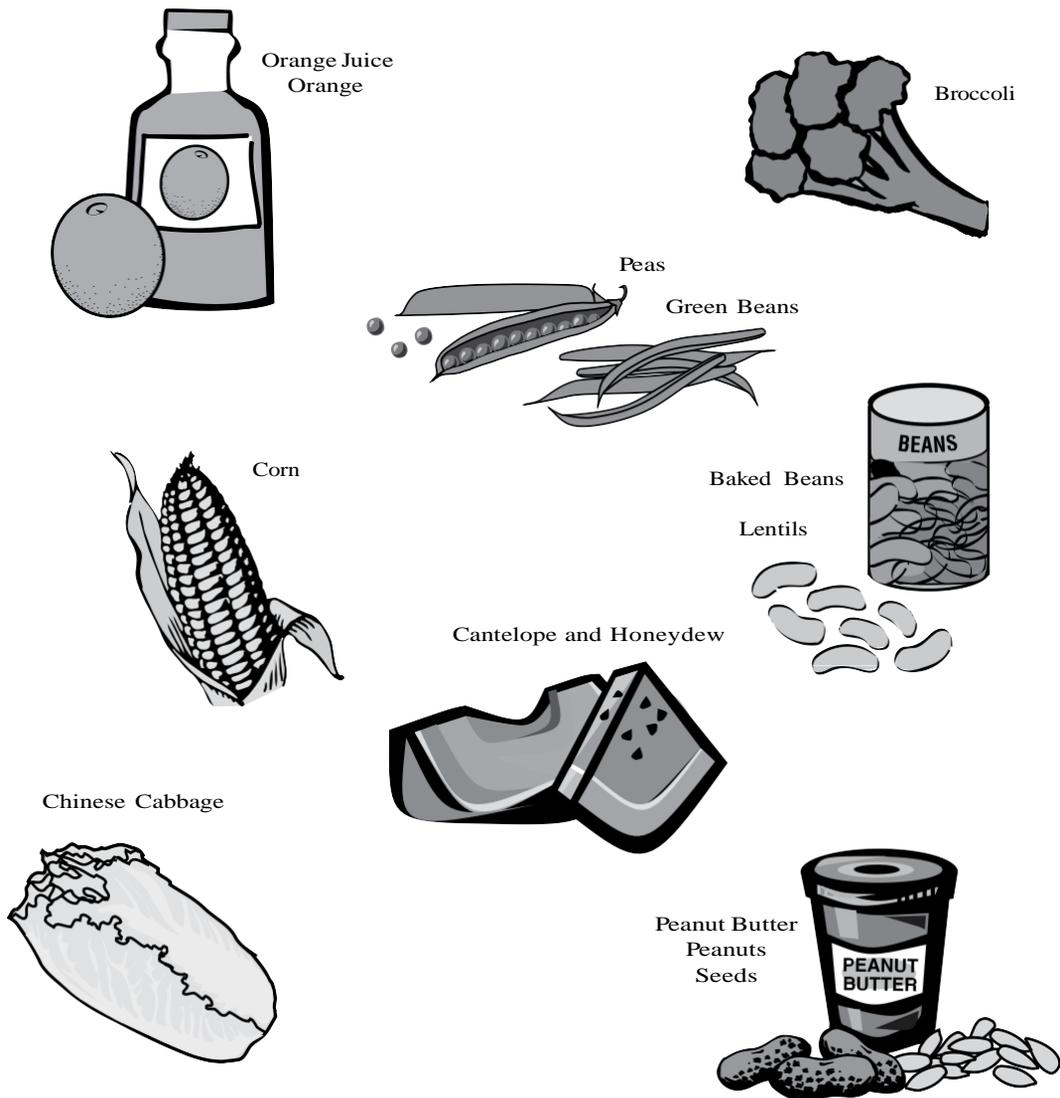
Needed for:

- cell growth and healthy blood
- the healthy growth of your baby's spine and brain

Found in:

- spinach
- green beans
- peas
- nuts and seeds
- legumes (lentils, beans, chick peas)
- grain products
- egg yolks
- white flour, enriched pasta, and many cereals have folate added

Also found in:



Foods with Iron

Needed:

- for healthy blood
- to help keep you from feeling tired
- to build up your baby's iron stores

Found in:

- all meats (best absorbed)
- cereals with added iron
- legumes (lentils, chickpeas, beans-soybeans, white beans)
- dried fruit
- tofu

Also found in:



Foods with Vitamin C

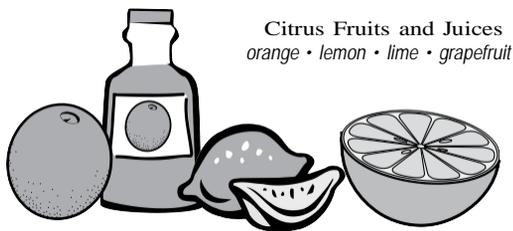
Needed:

- for healthy skin and blood
- to help your body use iron from food
- to help fight infection

Found in:

- 100% juice with vitamin C added
- tomatoes (juice, soup, sauce)
- peppers
- potatoes

Also found in:



Green Pepper



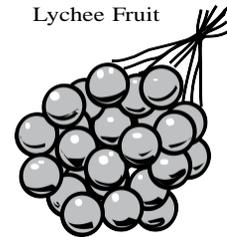
Apple Juice
vitamin C added



Papaya



Lychee Fruit



Kiwi



Broccoli



Tomatoes
juice • soup • sauce



Baked Potato



Cabbage



Cantelope



Foods with Calcium

Needed for:

- healthy bones and teeth
- healthy muscles, heart, and nerves

Have 2 cups or more of milk each day for vitamin D. Vitamin D helps your body use calcium. Drink skim, 1%, or 2% milk.

Found in:

- kefir
- orange juice with calcium added
- tofu made with calcium
- canned salmon and sardines with bones

Also found in:



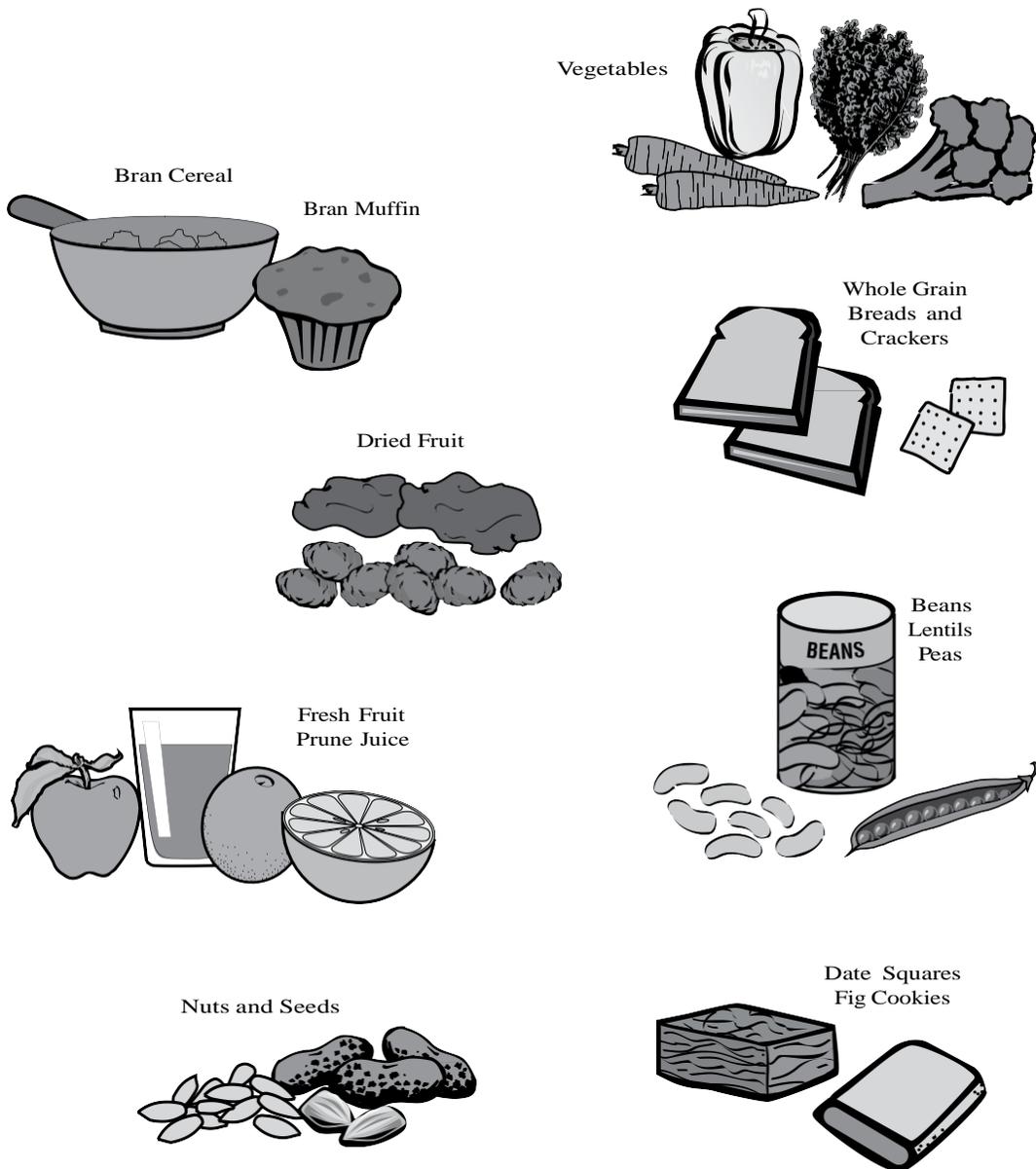
Foods with Fibre

- Helps you have regular bowel movements

Found in:

- legumes (beans, chickpeas)
- whole grains
- oats, oat bran, oatmeal
- barley, bran cereal, bran muffin
- fresh fruit (pear, apple, orange)
- dried fruit (prunes, raisins)
- vegetables (green peas, baked potato with skin, Brussels sprouts)

Also found in:



Vitamin and Mineral Supplements

- All women who could become pregnant need to take a multivitamin with folic acid each day.
- Folic acid helps prevent birth defects like spina bifida. Spina bifida is a birth defect of the spine.
- Pregnant women and breastfeeding women need a multivitamin with folic acid, iron and Vitamin D each day.
- Talk to your caregiver about the supplement that is right for you.



What about breakfast, snacks, and fast food?

Here are some ideas:

<i>Breakfast</i>	<i>Snacks</i>	<i>Fast Food</i>
<p>Eat something in the morning. Include at least 3 out of 4 food groups. For example:</p> <ul style="list-style-type: none"> ◆ sandwich and milk ◆ leftovers – stew, soup, casserole or pizza ◆ fruit, cheese and crackers ◆ flatbread and dahl ◆ rice or grain dishes with meat or beans and vegetables ◆ porridge or cereal and milk, add nuts or dried fruit ◆ toast with peanut butter and fruit 	<p>Include at least 2 out of 4 food groups.</p> <p>Quick ideas:</p> <ul style="list-style-type: none"> ◆ cheese, lettuce, tomato sandwich ◆ hard boiled egg and carrots ◆ yogurt and fresh or canned fruit ◆ dried fruit, or raisins and nuts ◆ crackers and cheese ◆ hummus and pita ◆ fruit and yogurt smoothie 	<p>These ideas fit into the 4 food groups:</p> <ul style="list-style-type: none"> ◆ cheeseburger with lettuce and tomato ◆ grilled chicken sandwich ◆ pizza with cheese and vegetables ◆ baked potato instead of French fries ◆ soft taco with chicken or beef and vegetables ◆ bean burrito ◆ chili with a bun ◆ Chinese steamed vegetables with beef/chicken and plain rice ◆ milk, water, or 100% juice instead of pop pop ◆ salads

Cooking at Home

Eating out costs at least 2 times more than making your meals at home.

- Making meals is easier when you have basic foods at home.
- Buy foods and spices your family will eat.
- Keep a grocery list. When you run out of something, write it on your list.
- Plan meals ahead to save time and money.
- Try cooking extra food. You can use the extra for leftovers. You can also freeze the extra and save it for after your baby is born.

<i>In Your Cupboard</i>	<i>In Your Fridge</i>
<ul style="list-style-type: none"> <input type="checkbox"/> whole wheat bread <input type="checkbox"/> rice <input type="checkbox"/> potatoes <input type="checkbox"/> onions <input type="checkbox"/> noodles, spaghetti or macaroni <input type="checkbox"/> canned light tuna or canned salmon <input type="checkbox"/> canned chicken or turkey <input type="checkbox"/> canned beans or lentils <input type="checkbox"/> canned vegetables (choose ones that are lower in salt) <input type="checkbox"/> canned fruits (choose ones that are canned in fruit juice or water) <input type="checkbox"/> dried fruits or raisins <input type="checkbox"/> canned soup (choose ones that are lower in salt) <input type="checkbox"/> whole grain cereal <input type="checkbox"/> oatmeal <input type="checkbox"/> peanut butter <input type="checkbox"/> jam <input type="checkbox"/> flour <input type="checkbox"/> sugar <input type="checkbox"/> skim milk powder <input type="checkbox"/> salt and pepper <input type="checkbox"/> baking soda, baking powder <input type="checkbox"/> seasonings such as cinnamon, chili powder, garlic 	<ul style="list-style-type: none"> <input type="checkbox"/> milk <input type="checkbox"/> eggs <input type="checkbox"/> cheese <input type="checkbox"/> meat <input type="checkbox"/> non-hydrogenated margarine <input type="checkbox"/> vegetables <input type="checkbox"/> fruits <input type="checkbox"/> condiments
	<i>In Your Freezer</i>
	<ul style="list-style-type: none"> <input type="checkbox"/> frozen meat <input type="checkbox"/> frozen 100% juice (choose 100% when possible) <input type="checkbox"/> frozen vegetables <input type="checkbox"/> frozen fruit

Tips for Buying Food

<i>Milk and Alternatives</i>	<i>Meat and Alternatives</i>
<ul style="list-style-type: none">◆ buy plain yogurt and flavour it yourself◆ use skim milk powder for baking and soups◆ buy block cheese instead of grated cheese, cheese strings, or processed cheese	<ul style="list-style-type: none">◆ dried and canned beans, peas, and lentils cost less to buy than meat◆ add canned beans to recipes for more nutrients◆ utility grade chicken costs less and missing parts do not affect quality◆ good buys include hamburger, blade or rump roasts, and eggs
<i>Vegetables and Fruit</i>	<i>Grain Products</i>
<ul style="list-style-type: none">◆ buy fresh produce in season◆ no-name (generic brands) cost less than brand name products◆ plain frozen vegetables cost less than those with sauces◆ buy lower grade canned fruits and vegetables (grade level is about how it looks, not the quality)◆ canned frozen orange juice costs less than juice from a carton (choose 100% juice)	<ul style="list-style-type: none">◆ hot cereals you cook (porridge, oatmeal, cream of wheat) cost less than the ready-to-eat instant cereal or porridge◆ plain rice and pasta cost less than fancy shapes and instant types◆ day-old bread and baked products cost less

Physical Activity

Physical activity is a great way to stay healthy and feel good. Unless you have a medical reason, try to be active during your pregnancy.

Ways to be active include:

- climbing stairs instead of taking the elevator
- cleaning your house
- gardening
- walking
- shopping
- swimming

Regular activity, such as walking, has many benefits:

- You will feel less tired and have more energy.
- It helps you sleep.
- It can help with nausea, swelling, and constipation.

Walking

- Walking is one of the best activities and it is easy to do. Try walking about 30 minutes every day, more if you want to. You do not need to do it all at once—two-15 minute walks, or even three-10 minute walks will do!
- Find someone to walk with.
- If the weather is bad, walk indoors in a shopping mall.

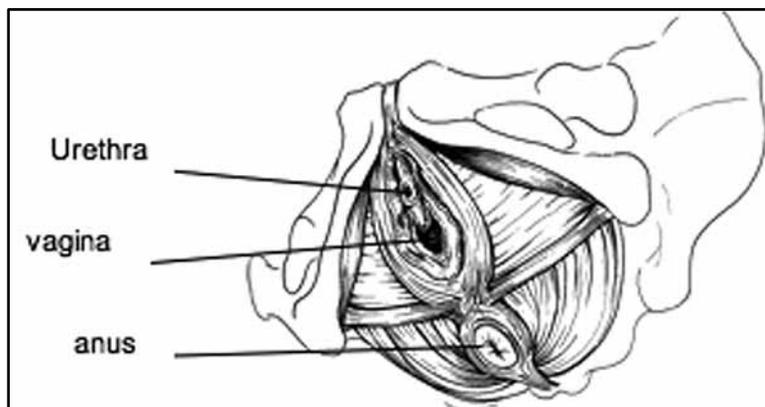


Pelvic Floor Muscle Exercises

Where is my pelvic floor?

The pelvic floor is a hammock of muscles and ligaments that extend from back to front and side to side across the bottom of your pelvis. They attach to your pubic bone in the front, your sit bones on each side, and to your tail bone at the back. The three openings that pass through the pelvic floor are the:

- urethra (the tube that your urine (pee) passes through)
- the vagina
- the anus



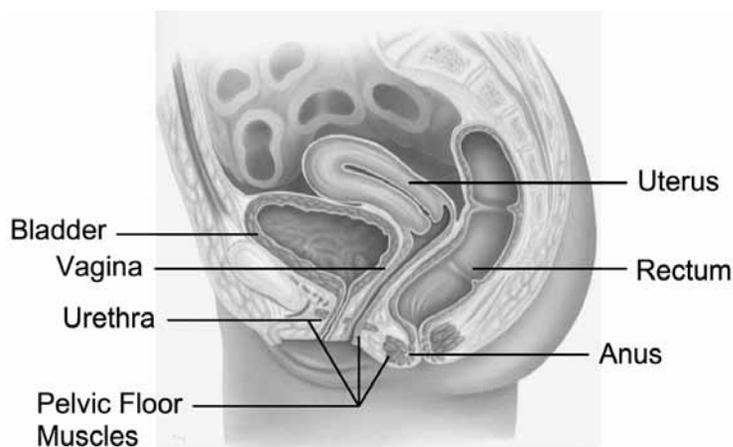
What does my pelvic floor do?

Your pelvic floor:

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



*Anatomy pictures courtesy of Blandine Calais-Germain (2006). The Female Pelvis Anatomy & Exercise. Seattle: Eastland Press



*Anatomy picture courtesy of Tim Peters and Company, Inc. Peapack, NJ

Side views of pelvis and pelvic floor muscles

How can I feel my pelvic floor muscles?

1. Can you stop or slow the flow of urine halfway through emptying your bladder? (This is just a test to find where the muscles are. Do not use as an ongoing exercise.) These muscles are towards the front of the pelvic floor.
2. When you insert two fingers in your vagina, can you feel your muscles squeeze around your fingers? These muscles are in the centre area of the pelvic floor.
3. Can you tighten the muscles around your anus, as if you are trying to stop passing gas? These muscles are towards the back of the pelvic floor.

If you are not sure if you are using the right muscles, speak with your doctor, nurse, continence advisor, or pelvic health physiotherapist.

How do I do pelvic floor muscle exercises?

You can practice using the muscles all together or tighten those at the front, centre, or back. As you tighten the pelvic floor muscles, do **not** tighten your legs, bottom, or tummy. Do **not** push down or hold your breath. It is important to focus on the **full relaxation** of the muscles after the contraction. Pelvic floor muscles need to be able to contract and relax.

Use this technique to do the exercises below:

- Slow and Sustained:** Squeeze then pull up and in slowly. Work up to holding for 10 seconds at a time. Relax completely. Repeat 10 times.
- Quick and Short:** Squeeze and lift as quickly as possible, holding for 1 second, then release. Repeat up to 10 times.

Practice these exercises regularly three times a day, through all stages of your life. Start doing these exercises in a position that is easy for you to feel your pelvic floor muscles.

Once you can do the exercises easily, you can do them:

- during commercial breaks
- when you are waiting in a line
- as part of a warm up or cool down exercise
- in the shower
- cleaning your teeth

When should I notice a difference?

It can take 6 to 8 weeks to notice improved pelvic floor function. If you do not notice results after 2 months, speak with your family doctor.

Counting Your Baby's Movements

An active baby is usually a healthy baby. Get to know when your baby moves and is active. Studies show that babies who move less than 6 times in 2 hours may not be getting enough oxygen.

Use the chart on the next page to write down your baby's movements.

How do I count my baby's movements?

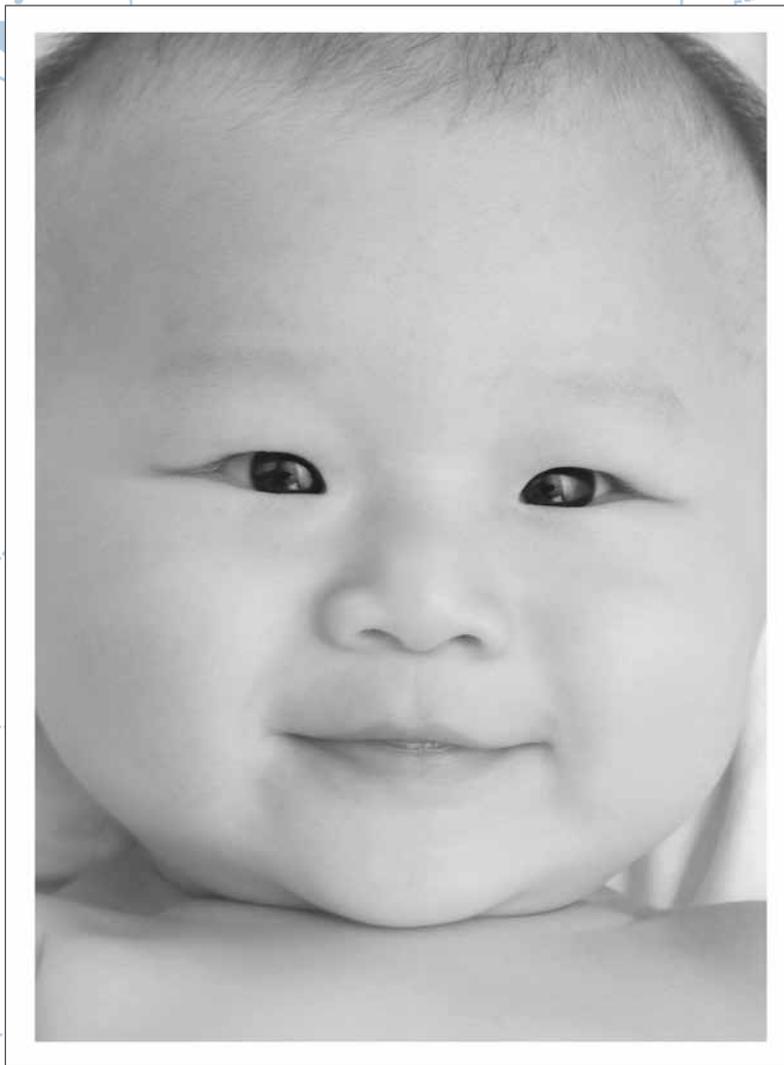
1. Write the date and the time that you start counting.
2. Sit or lie on your left side.
3. Count each time you feel your baby move.
4. Make a mark on the chart each time you feel your baby move.
5. Stop counting once you have counted 6 movements.
6. Write down the time you stopped counting.

What if I don't feel 6 movements in 2 hours?

Go to the hospital birthing unit right away. A nurse will check your baby's heart rate and movements with a fetal monitor. If you live too far from the hospital or birth centre, call your caregiver right away.



Getting Ready for Your Baby's Birth



Planning for Your Baby's Birth

Plan to have a support person help you through labour and those first few months of your baby's life.

Think about taking prenatal classes. There are many things you could learn. You may also meet new people and make new friends.

If you want to take a prenatal class, try to find someone to go with you as your birthing partner.

You could ask:

- the father of your baby
- your mother or sister
- an aunt or grandmother
- a friend
- a neighbour
- your boyfriend
- your partner

Labour is hard work. Your partner, a friend, or family member can support you during labour and birth. A supportive person can be very comforting to have during labour and birth.

Your support person can:

- rub your back
- wipe your face with a cool cloth
- give you a drink or ice cubes to suck on to keep your mouth moist
- help you to relax and stay calm and find comfortable positions
- talk with you and comfort you
- breathe with you to keep you focused

Start buying some of the baby's things little by little. Look for sales, go to second-hand stores, or ask your friends for baby clothes they do not use any more. Some people choose to wait until after the baby is born to buy things for the baby.

Think about how you will feed your baby. Talk about the options with your caregiver.

Start thinking about how to get to the hospital:

You can find someone ahead of time who can drive you or save money for a taxi.

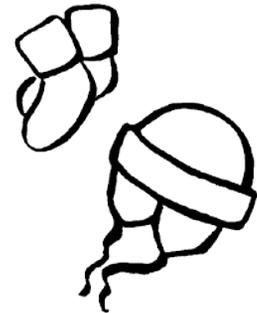
Find someone who will care for your other children and/or pets while you are in the hospital. Store some food to have when you come home with your baby.

What kinds of things might my baby and I need?

- nursing bras
- nursing pads
- bibs (2 to 3)



- diapers, small size (3 to 4 dozen, cotton or disposable)
- plastic pants, if needed
- undershirts (at least 3 to 4)
- sleepers (3 to 4)
- sweaters (1 or 2)
- hat and booties or socks
- winter clothing (like a snow suit) for going outside when not in a car seat
- receiving blankets or light cotton sheet (3 to 4)
- receiving blankets (3 to 4)
- baby blankets (2)



- crib and mattress (safety approved)
- crib sheets (2)
- quilted crib pad (waterproof)
- plastic pail with a lid for diapers
- approved car seat
- diaper bag
- stroller
- thermometer
- warm blanket
- laundry bag or basket for dirty clothes

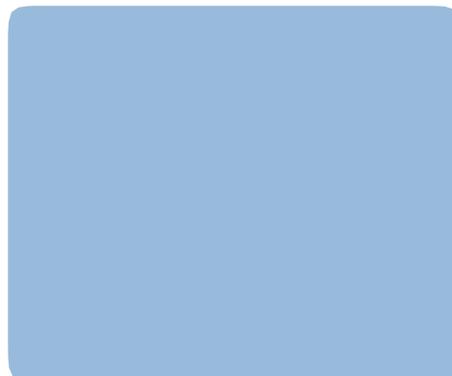


Feeding Your Baby

This is a good time to think about how you will feed your baby. Talk to other women, your caregiver, and people close to you. There is a lot to think about before you decide the best choice for you and your baby.

Why should I breastfeed my baby?

Breastmilk is the perfect food for your baby. In Canada, we want babies to have only breastmilk until they are 6 months old. Breastfeeding has many benefits for you and your baby. There are no substitutes for breastmilk that can give your baby the same benefits.



<i>Best for baby</i>	<i>Best for mom</i>
<ul style="list-style-type: none">◆ easy to digest◆ may protect your baby from allergies and infections◆ always available◆ always clean, fresh, and at the right temperature◆ changes to meet your growing baby's needs◆ provides closeness with mom	<ul style="list-style-type: none">◆ helps your uterus return to its normal size◆ may help you to lose weight◆ saves you time◆ saves you money◆ helps you feel close to your baby◆ helps cut down your risk for breast and ovarian cancer

While you are pregnant, your body is preparing to breastfeed. For example, your breasts are already making colostrum. Colostrum is the name of the first breastmilk. Colostrum is a yellowish fluid that has a lot of nutrients in it. It helps protect your baby against infections.



What if I want to formula feed my baby?

Breastmilk is the best milk for your baby. For medical or personal reasons you may decide to formula feed your baby.

- If you choose to formula feed your baby, the only type of milk you should use is iron-fortified infant formula.
- Use iron-fortified infant formula until your baby is 9 to 12 months old.
- You can buy infant formula at a grocery store or drug store.
- It takes time and work to make formula. You need equipment (bottles, bottle liners, nipples, measuring cups, etc.).
- Formula feeding costs more than breastfeeding.
- Talk to your caregiver to learn more.



Packing for the Hospital

You may only be in the hospital for 1 or 2 days. Bring your own comfortable clothes and supplies for you and your baby.

<i>For Mom</i>	<i>For Baby</i>
<ul style="list-style-type: none"> <input type="checkbox"/> Alberta Personal Health Care card and other insurance cards (for example, Blue Cross) <input type="checkbox"/> hospital admission card, if available <input type="checkbox"/> housecoat, slippers, 2 nightgowns, pajamas, or sweatsuit <input type="checkbox"/> 5 to 6 panties and 2 bras (nursing bras if breastfeeding) <input type="checkbox"/> toiletries including toothpaste, toothbrush, floss, tissue, shampoo, 1 package of long, maxi sanitary pads <input type="checkbox"/> coins for the telephone, phone numbers <input type="checkbox"/> loose-fitting clothing to wear home (for example, maternity clothing) <input type="checkbox"/> camera and film <input type="checkbox"/> black pen <input type="checkbox"/> your <i>Best Beginning</i> book 	<ul style="list-style-type: none"> <input type="checkbox"/> 3 to 4 receiving blankets <input type="checkbox"/> 3 to 4 undershirts <input type="checkbox"/> 4 sleepers or nighties <input type="checkbox"/> 1 package of infant diapers <input type="checkbox"/> hat or toque <input type="checkbox"/> 1 warm blanket <input type="checkbox"/> laundry bag or plastic bag for dirty clothing <input type="checkbox"/> baby clothes for going home: T-shirt, outfit, hat, receiving blanket, outer blanket <input type="checkbox"/> approved car seat

<ul style="list-style-type: none"> <input type="checkbox"/> drinks, juice, popsicles for mom and partner <input type="checkbox"/> lip balm, mouth spray, mints, or hard candies to suck on <input type="checkbox"/> something to look at (focal point), like a picture <input type="checkbox"/> music (iPod™, CD player) 	<ul style="list-style-type: none"> <input type="checkbox"/> massage tools, like tennis balls or frozen rolling pins <input type="checkbox"/> oil or lotion for massage <input type="checkbox"/> warm socks for mom <input type="checkbox"/> extra pillows
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Other items you may want to bring

Labour and Birth



When Your Body is Getting Ready for Labour

Although every woman's labour is different, there are some signs that labour is beginning. You may have some of these signs on and off for a few days before labour starts.

Signs that your body is getting ready for labour

- ⌚ Your baby “drops” into the pelvis (also called lightening or engagement). This can happen up to 4 weeks before labour starts. When your baby drops, you may be able to breathe easier but you will have more pressure on your bladder. You will feel like you need to pass urine more often.
- ☐ Nesting (a burst of energy and a need to have everything ready) may happen a few days before labour starts. Be careful not to do too much. You will need your energy for your labour and birth.
- ☐ Diarrhea, nausea, and vomiting sometimes happen before labour starts. If you have these symptoms, be sure to rest. Call your caregiver or Health Link Alberta if these symptoms last more than 24 hours or if you are worried.
- ☐ Pink mucous discharge (called show) from your vagina may happen up to a week before your baby is born. If this looks more like bright red blood than mucous, call your caregiver right away.
- ☐ You may have a backache when labour starts. Massage, movement, and heat (such as a shower) will often help you feel better. If your backache comes and goes in a pattern, you are probably having contractions.
- ☐ Rupture of the membranes (a gush or trickle of fluid from your vagina) usually means that your bag of waters is leaking or has broken. Sometimes this happens before labour starts. There is a risk of an infection in your uterus when your water breaks. Call your caregiver and go to your hospital even if you are not having contractions.

What is the difference between pre-labour and labour?

In late pregnancy, many women have contractions that are quite strong. They may even wake you up. They may last off and on for a few hours or days and then go away. These contractions help your uterus get ready for birth. The chart below shows differences between pre-labour contractions and labour contractions.

<i>Pre-Labour Contractions</i>	<i>Labour Contractions</i>
<ul style="list-style-type: none">◆ are usually irregular (do not come in a pattern)◆ do not get stronger as time goes by◆ walking does not make them stronger (in fact, walking or lying down may make them go away)	<ul style="list-style-type: none">◆ become longer and stronger◆ get closer together◆ walking or changing position makes them stronger

When do I go to the hospital?

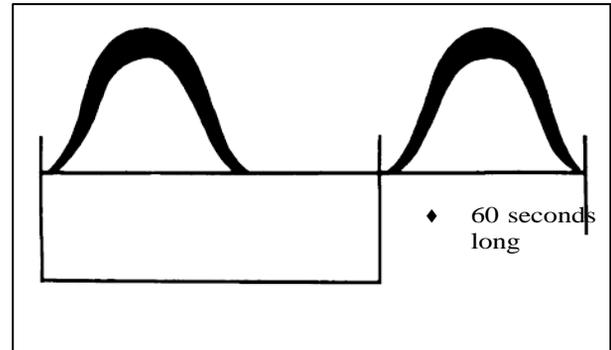
Go to the hospital if:

- you have bright red blood coming from your vagina
- your baby has stopped moving or is not moving as much usual
- your contractions are 5 to 7 minutes apart, last 60 seconds, and have gotten stronger since your labour began
- you are not able to talk or walk through the contractions
- your bag of water breaks

Timing Contractions

Keep track of the contractions:

- How far apart are they? Note the time from the start of one contraction to the start of the next.
- How long does each contraction last?
- How strong are they?



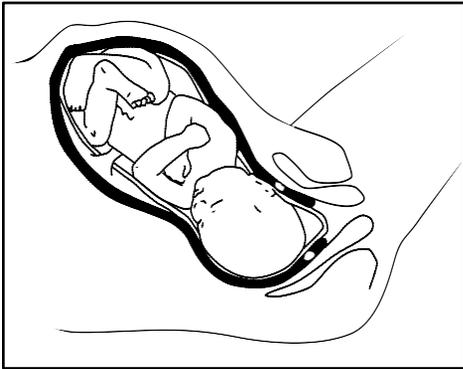
What happens when I get to the hospital?

1. Go to the Labour and Birthing unit.
2. The nurse will:
 - ◆ ask you questions about your pregnancy
 - ◆ check your temperature, pulse, breathing, and blood pressure
 - ◆ take a urine sample
 - ◆ feel your tummy (abdomen) and your baby (The nurse might be feeling for your baby's head, feet, hands or bottom. It is okay to ask the nurse to explain.)
 - ◆ do a vaginal examination
 - ◆ use a fetal monitor to listen to your baby's heartbeat for 15 to 20 minutes
3. If you are in labour, you will go to a labour room. If you are not in active labour you may be sent back home. The nurse will tell you when to come back.
4. If you are staying in the hospital, your support person will go to the Admitting Desk to pick up your admitting papers.
5. The nurse will tell your caregiver that you are in the hospital. If you are having any problems in labour, a doctor will come before your baby is born.



Stages of Labour and Birth

Labour is hard work. It is the work your body does so your baby can pass out of the uterus through the vagina to be born. The uterus contracts (tightens) to help the baby come out. The uterus will tighten, rest, and tighten again over many hours. Contractions can feel different to everyone. They may feel like stretching, cramping, or pressure low in your belly, your thighs, or lower back.



Stage 1 Labour

The contractions of your uterus gradually thin and open your cervix (the neck of the uterus) to 10 centimetres. This lets your baby move out your uterus and into the birth canal (vagina).

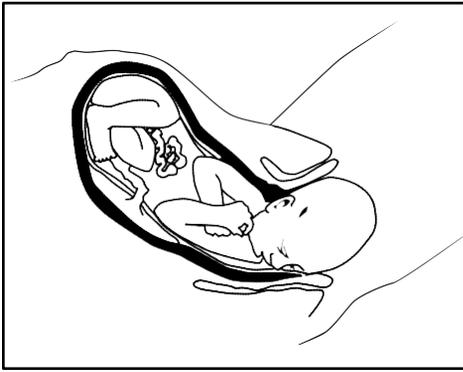
Every labour is different. Labour can last from just a few hours to 36 hours or more. For many women, the early part of labour is the longest.

It can also be the easiest because contractions are short, fairly mild, and there is lots of time between each one. In fact, many women spend the first half of labour not sure they are even in labour!

When you think labour has started, call your partner or support person. Rest if you can, or watch TV, read a magazine, go for a short walk, or keep busy with some other light activity. Eat lightly and drink as much water as you need. You may want to call a babysitter if you have other children, and make any other final plans to go to the hospital.

As your labour progresses, your contractions will become longer, stronger, and closer together. You will find it hard to walk or talk during the contractions. Your support person or nurse may need to remind you to keep breathing during your contractions.

By the end of the first stage of labour, your contractions will be very strong and will come quickly, one after the other. You may feel sick to your stomach, have a lot of pressure in your low back, and feel very tired. It may seem like your labour will never end! This can be the hardest part of labour, but it also is the shortest.



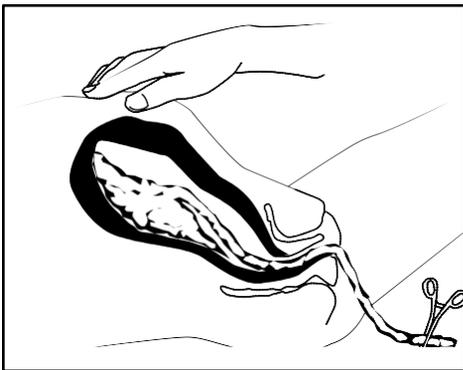
Stage 2 Birth

Once the cervix is fully open (10 centimetres), the contractions of your uterus push your baby through the birth canal. As your baby slowly moves down, your vagina will slowly stretch around your baby. This stage can last for just 3 or 4 pushes, or for as long as 2 hours.

When your cervix is open, you may feel like you need to push. This is an exciting and scary time—your labour will soon be over. You will feel a lot of pressure in your low back and in your bottom.

Your nurse will help you as you work with your body to move your baby down the birth canal. Just before your baby is born there will be a moment when the largest part of your baby's head is at the opening of your vagina. This is called "crowning". Many women say they have a very strong burning feeling at this time. Your caregiver will ask you to stop pushing so your baby can ease out slowly. This can be hard for you to do, but it only lasts a few seconds.

After your baby's head is born, you may need to push again gently to help the shoulders be born. After this, your baby's body follows quickly. Once your baby is born, your caregiver will put your baby on your tummy for you to cuddle. It's over—great job!



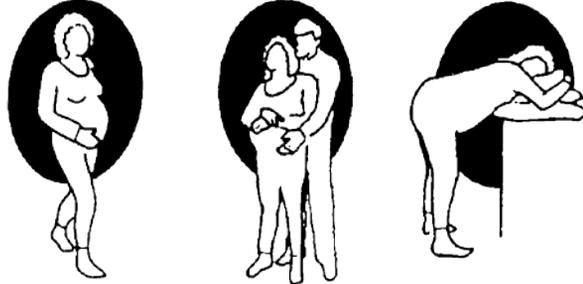
Stage 3 Delivering the Placenta

After your baby is born, the uterus keeps on contracting. This helps the placenta come away from the lining of the uterus and out the vagina. Most women do not feel this at all, while some women may have some cramping.

Positions for Labour

Here are some positions you can take to be more comfortable during labour. Change your position every 20 to 30 minutes.

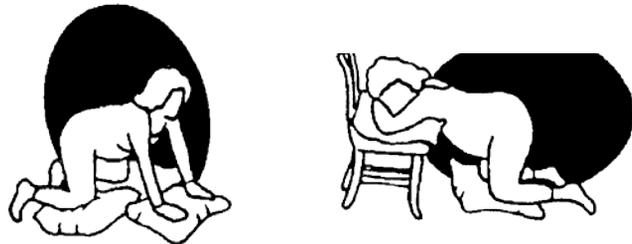
Walking, standing, and leaning keeps your back comfortable and helps your baby move down.



Sitting on a bed, chair, toilet, or birth ball helps your pelvis open. Don't sit too long, as it can bother your back or hemorrhoids.



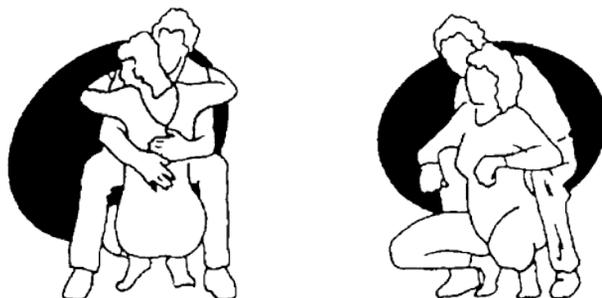
Kneeling on all fours relaxes your back when you rock your pelvis.



Lying on your side gives you a rest. You rest best when your upper leg can relax on a pillow.



Squatting any time in labour widens your pelvis to help your baby to move down.



What can I do to for my comfort when I am in labour?

It is normal for contractions to be painful. Here are some ways to help you feel more comfortable and handle the pains during labour.

Move

- Walk or move around as long as you can. You can also kneel on the bed or squat beside the bed.
- Change your position often, at least every 30 minutes.
- Lie on your side to alternate with walking. Stand, rock, and sway.
- Try to pass urine every hour or so.

Massage

- Have your support person rub your back.
- Gentle touching, massaging, or stroking the abdomen, face, lips, arms, legs, or back may help to decrease the tension and help you feel more relaxed.
- Anything warm or cold on your skin may also help decrease the pain. Some examples are ice chips or a cold pack to the thighs, perineum, back, feet, or taking a warm shower. A cold cloth on your face or neck may also help.

Relax

- Keep your muscles relaxed. Breathing slowly will help you feel more relaxed.
- Look at a pretty picture or an object, or think about a happy time or place to help keep your mind busy. Bring along a picture or something to look at.
- Try to sleep or relax between contractions.
- Listen to music.

Breathe

- Deal with one contraction at a time. At the start and end of each contraction take a deep breath through your nose and blow the breath out through your mouth. During the contraction do relaxed breathing.
- Lip moisturizers, brushing your teeth or sucking on candies can help keep your mouth moist.
- Drink juice, water, and eat light foods like toast, puddings, and fruit to keep your energy up.
- Lots of encouragement from your support person can help you get through strong contractions.

Breathing in Labour

- ❑ Breathe in a way that makes you feel comfortable. It is important not to hold your breath as this may cause your baby to get less oxygen.
- ❑ When you feel the pain of a contraction starting, take a deep, “cleansing” breath. To do this, take a deep breath through your nose and blow it out through your mouth. Then breathe slowly, just like you would if you were sleeping during the contraction.
- ❑ When the contraction ends, blow it away with another cleansing breath—in through your nose and out through your mouth.
- ❑ As your contractions become harder, you might breathe faster. This is normal. Breathe the way that is easiest for you.
- ❑ You might feel like pushing before your cervix is fully open. Taking quick breaths through your mouth (like panting) will help you not to push until your cervix is fully open. Your nurse will help you with this kind of breathing.
- ❑ Just before your baby is born, your caregiver might ask you to pant (take quick breaths). This will help to slow down the baby’s birth so the vaginal opening has time to stretch.

Your Support Person in Labour

- ❑ Your partner or support person can be a big help when you are in labour. Your support person will help you find comfortable positions, rub your back, remind you to breathe during contractions, and comfort you.
- ❑ If you are the support person and this will be your first time at a birth, it will help if you go to prenatal classes with the mom. You will learn about and practice different positions and comfort measures, and you and mom can talk about the ones that might work best for her.
- ❑ If you are driving mom to the hospital when she is in labour, make sure that your car always has some gas in it so you won’t have to worry about that when the time comes.

Tips for the support person:

- ❑ Wear comfortable clothes. Dress in layers so that you can stay at a comfortable temperature.
- ❑ Bring water or juice to drink, and some high-energy snacks (cheese, crackers, fruit, nuts, sandwiches)
- ❑ Bring your toothbrush and toothpaste. Moms in labour can become very sensitive to smells!
- ❑ Bring a magazine or book. There may be slow times in labour when she is resting and does not need your help.
- ❑ Rest when you can. If you can sit down to help her or rub her back, do that.

Things for the support person to remember:

- ❑ Don't take anything personally that she says to you during labour. The pain and stress of labour may cause a mom to take it out on the person closest to her because it feels safe.
- ❑ Follow her lead. When she is quiet, then you give quiet support. What helps in early labour may not help at all as contractions get stronger, so you may need to try different things.
- ❑ You can encourage mom with words like "You are doing so well.", "Great job.", or "Breathe with me." You may need to say the same thing more than once because she is focused on her labour and may not really hear you or remember what you have said.
- ❑ Between the contractions, remind her to stretch, roll her shoulders, or shake off the tension in some other way. She should also sip some water or juice.
- ❑ It's okay to ask for help. Whether the labour is short and strong, or long and drawn-out, at times you may feel a bit helpless. Talk to your nurse. You and the labouring mom may both need the reassurance that things are normal and moving along as they should.

Pain Medicine During Labour

Every woman feels labour pain differently. For many women, the comfort tips in this book work well. Sometimes pain medicine is also needed. Here are some pain medicines you could choose:

Entonox

- ❑ Also called "laughing gas".
- ❑ You breathe it in through a face mask, so you control how much you get.
- ❑ It is used during a contraction. In between contractions, you breathe regular air.
- ❑ Helps lessen the pain in labour, but does not completely take it away.

Narcotics

- ❑ Includes pain medicine like Demerol®, morphine, or Fentanyl®.
- ❑ Can be given by a needle into your vein or muscle.
- ❑ Reduces the pain of labour contractions.
- ❑ Lasts for 1 to 3 hours.
- ❑ Can make you feel sleepy or sick.
- ❑ Can sometimes make your baby sleepy and slow to feed.

Epidural anesthesia

- ❑ Medicine that "freezes" your abdomen so you do not feel as much pain but you are still awake and alert.
- ❑ A small tube is put into the space between the bones of your spine. The medicine is given through this tube.
- ❑ You should notice less pain after 2 to 3 contractions.
- ❑ The doctor will talk with you about the risks and possible rare complications before you get an epidural.

Medical Procedures in Labour

During labour and birth you may need a medical procedure to help you or your baby. Ask your caregiver to tell you why you need the procedure.

Induction

While many women go into labour on their own, sometimes there are medical reasons for starting labour. Your labour may be induced if:

- you are 1 to 2 weeks past your baby's due date
- your baby is not growing well
- your bag of water has broken but no contractions start within 24 hours
- your baby is having problems
- you have certain health problems like high blood pressure, diabetes, or an infection in your uterus

Labour can be induced by rupturing your membranes or by using medicine that is given through an IV or put into the vagina.

IV (intravenous)

Some mothers in labour need to have extra fluids. These may be given through an IV. An IV is a very thin tube put into a vein in your hand or lower arm. Medicine (antibiotics or pain medicine) can also be given through the IV.

Episiotomy

An episiotomy is a small cut made in the opening of the vagina to make it bigger. Not every woman has this. It may be done near the end of labour if your baby needs to be born quickly. Medicine is given to freeze the area first.

Forceps

Forceps speed the birth when your baby is having trouble. They help your baby to turn and move down the birth canal. These spoon-like instruments are gently placed on each side of your baby's head.

Vacuum extraction

A vacuum extractor is a small cup placed on your baby's head. When you push the doctor uses the suction to help with your baby's birth.

Vacuum extraction is used to:

- speed up the birth if your baby is having trouble
- help with the birth if you are not able to push

Cesarean Birth

A cesarean birth (also called C-section) is the birth of a baby through a surgical cut made into the abdomen and uterus. Some cesarean births are planned, while others are done as an emergency.

Why would I need to have a cesarean birth?

You may need to have a cesarean birth if:

- your baby is having problems
- your baby's position makes it hard for him to be born vaginally (for example: he is lying with his bottom or feet first instead of his head down)
- there is a problem with the umbilical cord or placenta
- your baby is very big and it may be very hard to push him through your pelvis
- you have an active herpes virus infection

How do I get ready for a planned cesarean birth?

Your doctor's office will book your cesarean birth with the hospital.

- You go to the hospital the same day your surgery is booked.
- The night before surgery, you must not eat or drink anything after midnight.
- Shower before you go to the hospital.

What happens when I get to the hospital?

Nurses will get you ready for surgery by:

- making sure your blood tests are done
- taking your blood pressure, pulse, temperature, and your baby's heart rate
- putting in a catheter (thin, rubber tube) into your bladder
- starting an IV

In the operating room:

- you will lie down on a table that tilts a bit to the left
- your blood pressure and heart rate will be monitored
- your abdomen and upper legs will be washed and covered with sterile cloths, leaving only a small area on your abdomen uncovered

Two types of anesthesia can be used:

- epidural or spinal anesthesia (“freezing” your abdomen): you will be awake and alert
- general anesthesia: you will be asleep during your baby’s birth

What happens after my cesarean birth?

- You will have some pain in the area of your surgery. Be sure to ask for pain medicine.
- You can start breastfeeding. Your nurse will help you.
- You may first start a liquid diet and then eat solid food.
- You will have an IV until you can keep fluids down.
- The bladder catheter may stay in for a few hours to help you pass your urine.
- Some kinds of stitches are absorbed. If your stitches are not this kind or if you have staples, a nurse will take them out either in the hospital or at your home.

Your Baby is Born



Congratulations

My Baby's Name

My Baby's Birthday

About My Baby

Weight: _____ Length: _____

Head Size: _____

Time Born: _____

Hospital: _____

Caregivers who helped at my baby's birth

My labour support person(s)

Letter to My Baby

A large blue oval frame containing horizontal dashed lines for writing. The lines are arranged in a series of approximately 15 rows, with varying lengths to fit the oval shape. The lines are intended for a child to write a letter to their baby.

Your Newborn Baby

Weight

- The average baby weighs 3400 g (7½ pounds). Your baby may lose weight right after birth and then should return to his birth weight by 14 days.

Length

- The average baby is between 46 and 56 cm (18 to 22 inches) long.

Head

- A baby's head is very large compared to the rest of the body. Sometimes the head is shaped like a cone after a vaginal birth. It may take up to 6 weeks before the head becomes round. You will feel a soft spot on the top of your baby's head. This is where the skull bones have not yet grown together. The soft spot will close after several months.



Muscle control

- Your baby will have little control over his head and neck. You will need to support his head and back when holding or carrying him.

Hair

- Your baby may be born with lots of hair or may have little or none. Baby's hair may fall out in the early weeks leaving some bald areas. New hair will then grow.
- Some babies may have body hair called lanugo. Lanugo is fine downy hair on your baby's forehead, ears, and shoulders. This body hair is usually gone by the time your baby is 2 months old.

Face

- Your baby's face may look swollen. This will go away with time.

Eyes

- ❑ Some babies are born with dark eyes. Some are born with blue eyes. Over time, your baby's eyes will change to their permanent colour.
- ❑ A baby's eyes may be crossed or seem to wander. This is because babies do not have good muscle control in their eyes. This is normal and will get better over time.

Skin

- ❑ The skin will look loose and wrinkled.
- ❑ The skin may be covered with a creamy covering called vernix. The vernix goes away over time.
- ❑ Newborn rash is very common in the first month.
- ❑ Some babies have black or blue spots mostly found on a baby's back or bottom. These spots usually fade by the time your child is 5 years old.

Genitals

- ❑ Your baby's genitals may look large and swollen. Newborn girls may have whitish vaginal discharge with a tiny bit of blood in it.
- ❑ The penis may be red for a few days if your baby is circumcised. You will learn how to care for that area.
- ❑ Do not pull the foreskin back if your baby has not been circumcised. Just wash the area that you see.

Legs and feet

- ❑ Your baby's legs may be bowed, with the feet turned in. The legs may stay bowed for several months.

Umbilical cord

- ❑ The cord is clamped and cut after birth. Your baby will have a stump in his belly button. This stump will fall off in about 7 to 21 days.
- ❑ Let the cord dry after your baby's bath.
- ❑ A small amount of bleeding is normal when the cord is ready to fall off.

How Your Baby Learns

You are the most important influence in your baby's life. Learn and develop with him.

Seeing

- Your baby can tell the difference between light and dark, and shapes and patterns.
- When quiet and alert he can look at objects 20 to 25 cm away.
- Your baby likes to look at faces and may watch objects for long periods.
- Most of all, your baby will enjoy watching your face as you smile, laugh, and talk.



Hearing

- Your baby enjoys hearing sounds that change in tone, like your voice or soft music. When your voice sounds kind and loving your baby will feel comfortable and loved.
- Talking or reading to your baby is the first step to helping him learn words.

Tasting and smelling

- Babies have a good sense of smell.
- They prefer sweet fluids like breastmilk.

Touching

- Most babies like being touched, massaged, and comforted. Holding and cuddling will not spoil your baby. Your loving touch will help him grow up to feel secure and good about himself.

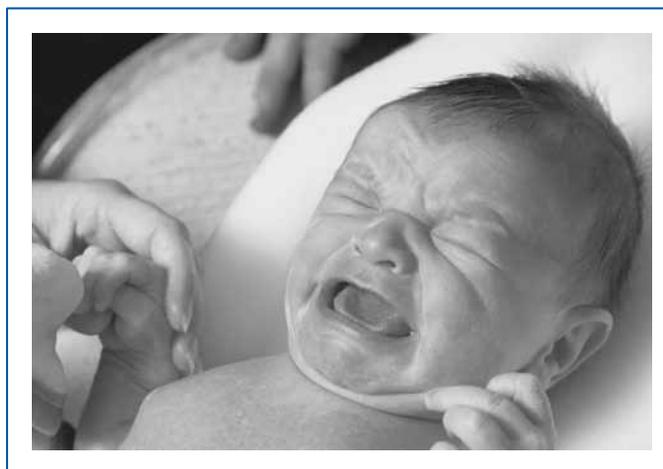
Caring for Your Baby

Crying

Is crying normal?

Crying is normal. All babies cry, starting when they are born. Babies cry to tell you that they:

- need to sleep
- need a diaper change
- are hungry
- need a cuddle
- don't feel well

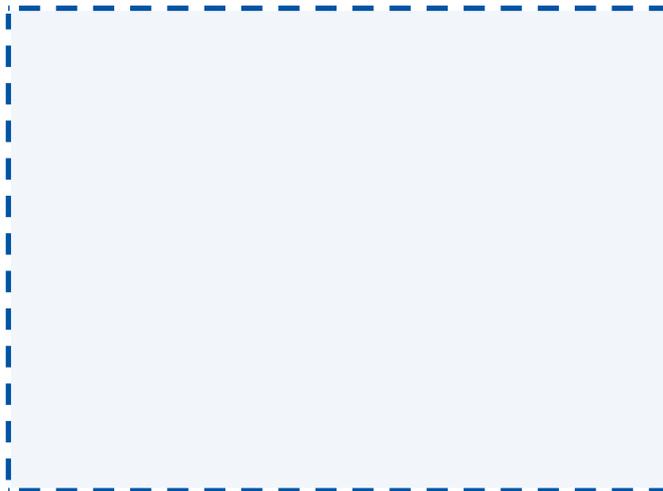


It is normal for babies to:

- cry the most when they are about 2 months old
- start to cry less when they are about 3 to 4 months old

What can I do to soothe my baby?

- Feed your baby slowly and burp him often.
- Make your baby as comfortable as possible.
- Provide gentle motion. Walk or rock with your baby.
- Provide some soft music or other relaxing sounds.
- Stay calm and take a break.



Other ways I can soothe my baby...

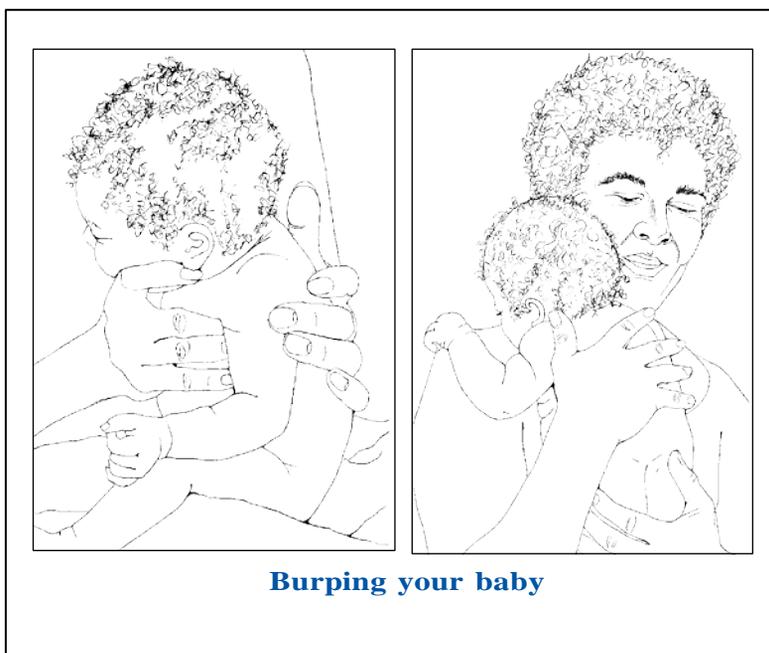
It is okay to ask for help

A crying baby can sometimes make you feel helpless or angry. It is more important to stay calm than to stop the crying.

- Put your baby in a safe place like the crib, leave the room, and shut the door.
- Plan ahead — have the phone numbers of people who can help.
- Make sure your baby's caregiver knows how to soothe your baby.
- Call Health Link Alberta to speak with a nurse.

Burping

Your baby might need to be burped. Babies often get gas or air bubbles in their tummies during or after feeding. Support your baby's chest and chin. Gently rub or pat your baby's back.



Sleeping

Your baby may be very sleepy for the first 24 hours after birth. By the second or third day, your baby will be more awake and feed more often (about 8 to 12 times a day).

- Always put your baby on his back to sleep.**
- Change your baby's head position during sleep. Babies who lie in one position for too long can end up with a flat area on their heads.
- Change mobile and crib positions often so that your baby does not always look in one direction.
- Place your baby on his tummy or side when he is awake and being watched.

Some babies have fussy times each day. They seem sleepy but will not settle down. This happens most often in the evening. Cuddle, rock, sing, or talk to your baby to show him that you care.

See "Safe Sleep and SIDs" on page 113.

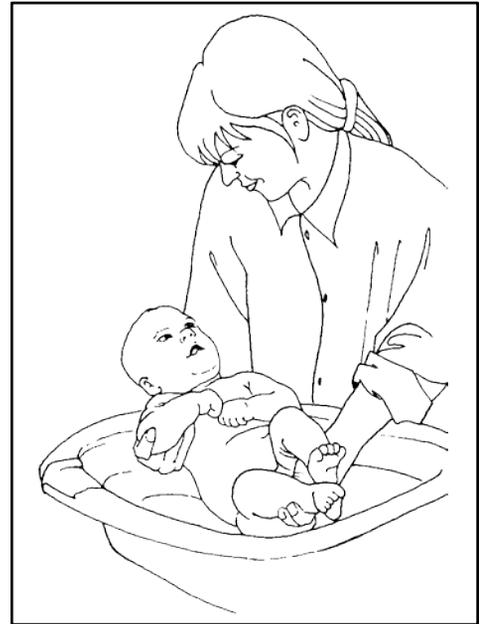
Bathing

Your baby does not need a tub bath every day. A gentle daily wash of your baby's face, hands, and bottom is all that is needed.

While some babies love the water, others do not. Talking calmly to your baby will tell him that all is well.

Be safe:

- Have everything you need within easy reach before you start to bath your baby.
- The temperature of the bath water should be warm. Use your wrist to check the temperature.
- Do not use mineral oil in the bath water. It will make your baby too slippery to handle safely. If your baby's skin is dry, put on a small amount of mineral oil after the bath.
- Lotions and powders can bother your baby's skin.



Bowel movements

In the first 48 hours, your baby will have black, sticky bowel movements (called meconium). The bowel movements will then change to greenish-brown.

After 48 hours, the colour and texture of your baby's bowel movements will depend on what you are feeding your baby.

- A **breastfed** baby should have bowel movements that are seedy, yellow, loose, and easy to pass.
- Many breastfed babies have bowel movements at every feeding.
- See the chart "What to Expect When Breastfeeding Your Baby" on page 100.
- A formula-fed baby should have bowel movements that are soft, pasty, usually brown to pale yellow, and easy to pass.
- Some formula-fed babies have bowel movements at every feeding.
- When breastfed and formula-fed babies are 1 to 2 months old, they may not have as many bowel movements. Bowel movements should still be soft and easy to pass.

Your Baby's Movements

- ❑ Most of your baby's movements, like sucking, grasping, and rooting, are reflexes. You can help develop your baby's movement skills during the first few months by playing with your baby.
- ❑ Try activities such as playing peek-a-boo, massage, holding, rocking, and carrying your baby in different positions.
- ❑ Your baby needs to spend time each day on his tummy to prevent a flattened head and help strengthen his back and neck muscles. Start with a few minutes at a time. You can help by getting down on the floor and face your baby, to play with him.



Clothing

It is easy for your baby to get too hot. Dress your baby in about the same amount of clothing as you are wearing.

Outside in the summer

- ❑ Your baby's skin can be damaged by the sun.
- ❑ Never put your baby in the direct sunlight, as you can't use sunscreen on your baby for the first 6 months.

Outside in the winter

- ❑ Dress your baby with one more layer of clothing than you are wearing.
- ❑ Cover your baby's head, hands, and feet for protection.

Laundry

You can prevent skin rashes by:

- ❑ washing all new and used baby clothing with a mild soap
- ❑ not using perfumed fabric softeners
- ❑ rinsing your baby's clothing twice or adding 125 mL of vinegar to the final rinse

What if my baby is born with a problem?

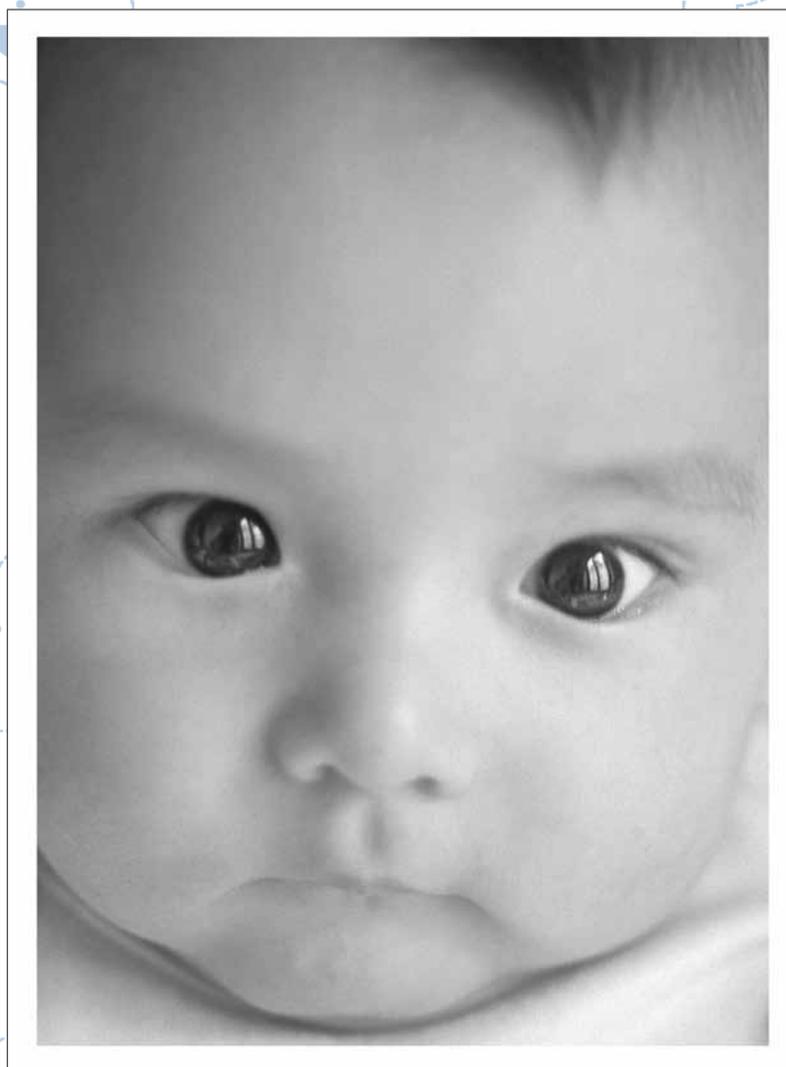
We all hope our babies will be well. However, if your baby is born with a health problem we want him to have the best possible care.

Doctors and nurses in the Neonatal Intensive Care Unit (NICU) are trained to care for your baby.

You might feel worried or upset when you see your baby in a place with strange machines and equipment. Tell a hospital nurse or social worker how you are feeling. Let the nurse know you want to be with your baby. Your baby will feel good if you are there, to hear your voice or to feel your touch. You have a right to be with your baby. Ask a nurse or social worker to help you through this difficult time.



What to Expect in Your First Few Weeks

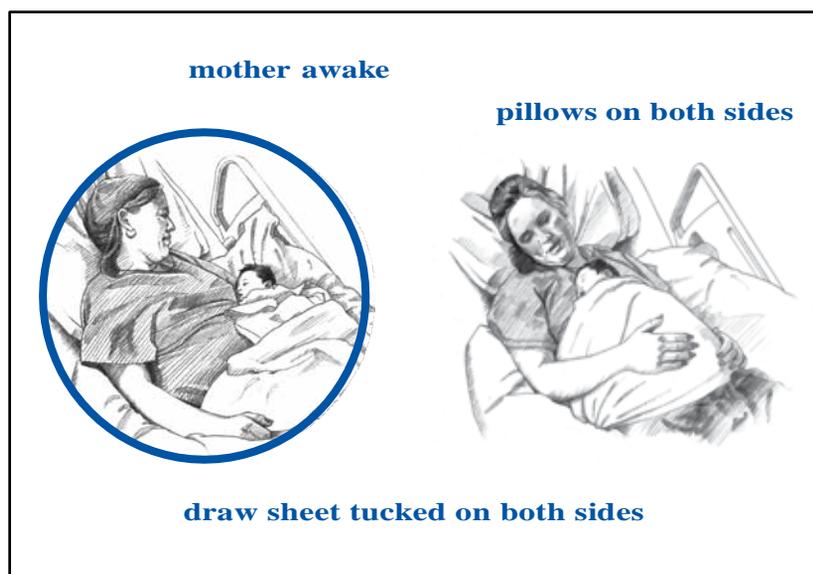


Your Hospital Stay

You will be in the hospital about 24 to 48 hours after your baby is born. If you had a cesarean birth, you will be in the hospital about 3 days.

Some things to know when you are in the hospital:

- Your baby will be with you in your room. This will help you get to know your baby and to learn how to take care of him.
- Your partner can visit you. Your baby's grandparents, brothers, and sisters can have short visits.
- Ask your friends and family to send flowers and gifts to your home. You can enjoy your flowers longer at home.
- To keep your baby safe, feed and cuddle in the armchair when possible. The hospital beds are not wide enough for both you and your baby.



Ask your nurse to show you how to feed and cuddle your baby safely.

The Public Health Nurse

A public health nurse will call you within 24 hours after you leave the hospital. The nurse will answer your questions and make plans to visit you in your home or to see you in the clinic.

The public health nurse will:

- look at your baby and take his blood sample if needed
- look at you and take out your stitches or staples if you have a cesarean birth
- answer any questions about your health or your baby's health



Looking After Yourself

You will need lots of rest for the first few weeks after the birth of your baby. This can be hard as you are getting to know your baby and learning many new things all at once! Taking care of yourself helps you to take care of your baby.

Try to sleep whenever the baby sleeps. This may be hard to do when you have other children to care for and work to be done. Ask your partner or friends and family to help you out.

Changes in Your Body

- Bleeding from the vagina (like your period) can last up to 6 weeks after your baby is born. Use pads not tampons because tampons can cause infection. The bleeding will lessen and slowly stop. If the bleeding is heavy, becomes heavier, or smells bad call your caregiver.
- If you had stitches because of an episiotomy or tear, you may be sore. Sitting in a warm bath may help. Keep the area very clean by pouring warm water over your perineum after passing water (urinating) or having a bowel movement.
- Expect to have a bowel movement within 3 days of your baby's birth. Eating foods high in fibre and drinking lots of water will help to keep your bowel movement soft and easier to push out. Call your caregiver if you have not had a bowel movement after 5 days.
- Your uterus will go back to near normal size within a few weeks. You may have cramps for the first few days as your uterus is contracting back to its normal size.
- Your moods may change often because your hormones are changing. Feeling sad or angry at times is normal. This should go away soon. If you are worried, call your caregiver or public health nurse.

When will I have a period?

- Every woman is different. Some women will have a period within 2 months after the birth, some will have it later. Women who breastfeed may not have a period until they stop breastfeeding, or until they give their babies formula or solid food.
- You can still get pregnant even if you do not have a period. Use birth control. Ask your caregiver for information about birth control.**

What if I am not feeling well?

Call your caregiver or public health nurse if you have questions or problems after your baby is born.

If you have any of the problems below, call your caregiver right away:

- fever over 38 °C
- soaking more than **1 pad in 1 hour** in the first 3 days
- soaking more than **1 pad in 3 hours** after the first 3 days
- passing a clot larger than an egg
- vaginal bleeding that has a bad smell
- no bowel movement by 5 days after your baby is born
- painful cramps that do not go away
- hard, painful lumps in your breast
- pain and/or troubling passing water (urinating)
- feelings that you may harm your baby or yourself

Postpartum Blues

Many new mothers feel sad or cry easily. Such feelings happen because your body's hormones are changing. It may also be due to feeling tired and to all the changes in your life.

- Postpartum blues may last from a few hours once in a while, to lasting for several weeks. Sometimes just talking to a supportive friend can help.
- If the blues last longer than 2 weeks and you do not feel better with rest, sleep, or support from others, you may have postpartum depression.
- Any new mother can develop postpartum depression. Postpartum depression can happen from a few weeks to a year or more after your baby is born.

Call your caregiver, public health nurse, or Health Link Alberta if you:

- feel very worried
- feel helpless
- feel very sad
- have no feelings for your baby
- feel like you want to harm yourself or your baby
- want to sleep all the time or you can't sleep at all

Ask for Help

You probably will find that you have very little time for other activities. Your baby needs almost all of your attention in the first months of life. It can be a very hard time for you. Having someone else help with the housework while you take care of your baby can give you a break and help you feel less tired.

Friends, grandparents, or other mothers are possible support people. Ask them to come and give you a break. They can help you in many ways, like doing your shopping, cleaning, laundry, cooking a meal, holding the baby, etc.

If there is a time when you cannot cope anymore and might hurt the baby, put your baby in a safe place like the crib or on the floor and leave the room. Then you can calm yourself down, gather your thoughts, and call someone for help if needed. Go back to your baby as soon as you can.

Note to new mothers

This time is very demanding but it will pass.

It can take up all your time and energy. Watching your new baby grow should be an exciting and challenging experience. Look for a supportive group of friends to help you.



Healthy Eating

Whether you are breastfeeding or formula feeding your baby, it is important that you eat a healthy diet to give you the energy you need to care for yourself and your new baby.

If you are breastfeeding

- Still eat a well-balanced diet, in similar amounts to when you were pregnant. Follow Canada's Food Guide To Healthy Eating.
- You may find you are very thirsty, so drink lots of fluids such as milk, juice, soup, or water. Have a glass close by when you sit down to feed your baby.
- You do not have to avoid any foods when you are breastfeeding. Check with your caregiver if someone in your family has allergies.
- If your baby is fussy, cut down on your caffeine. Caffeine is found in coffee, tea, cola, chocolate, and some medicines.

If you are bottle feeding

- Follow Canada's Food Guide to Healthy Eating.
- Select the number and size of servings recommended for a non-pregnant person.



Parenting

Being a parent is a big job and not an easy one. With time and practice, you will learn what your baby needs and you will become more comfortable. Do the best you can.

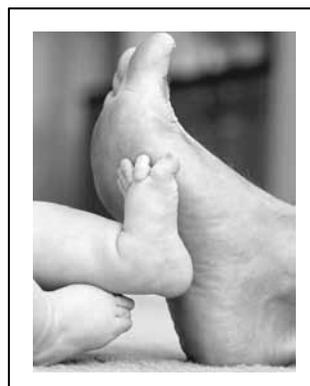
Having a baby means changes in your life. You may feel frustrated, sad, or angry at times. These feelings are all normal.

Your baby completely depends on you for all his basic needs, such as:

- food
- sucking
- warmth and touch
- skin-to-skin closeness
- affection and love
- safety
- comfort to sleep

Attachment

- When your baby trusts you to meet his needs, he feels loved and secure. This is called secure attachment.
- Showing your love by doing things like touching, rocking, talking, and smiling helps your baby's brain to develop.
- Early loving relationships help shape later learning and behaviour.



Sexuality

After childbirth, you will go through many physical and emotional changes. You are a new parent. You are busy and often tired. These may all affect your sexual desire.

Your body needs time to recover from the changes during pregnancy and birth. When you are physically comfortable and feel ready, you can start having sexual relations again. Some couples are not interested in sex for the first few months. It is important to talk to your partner or someone you are close to about your feelings.



There are some normal physical changes that may happen:

- Your vagina may be dry. You can use a water-soluble lubricant (like K-Y Jelly®) during sex.
- You may have some soreness or discomfort due to the birth. Take your time or try different positions. Focus on holding and touching if you do not feel like having sex.
- If you are breastfeeding, your breasts may be sensitive. Your breasts might leak milk during sex and/or orgasm.

Family Violence

Pregnancy and having a new baby brings big changes in your life. For some people, these changes may cause conflict. Conflict sometimes leads to abuse.

Abuse is any behaviour used to control another person's actions, such as:

- pushing, shoving, slapping, punching
- threatening to hurt/kill you, your children, or the family pets
- damaging things that belong to you
- forcing you to have sex
- not giving you money
- cheating or stealing
- giving you the “silent treatment”, constant criticism
- limiting your contact with friends and/or family

Abusive behaviour often happens in a cycle:

1. Tension-building stage

- verbal attacks

2. Second stage

- physical abuse

3. Honeymoon stage

- The abuser becomes loving, kind, and promises the violence will never happen again

As the tension builds, the cycle happens again—and again, and again.

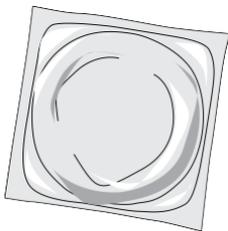
- Safety plans for you and your children: Keep emergency numbers with you.
 - Be ready to leave quickly:
 - make a copy of your key, leave a key with a friend
 - try to hide some money
 - keep some clothes and a suitcase at a friend's house
 - make a plan for your children's safety
 - change travel routes and routines
 - let people know you are not feeling safe
 - call a shelter for more safety advice (See Community Resources)
 - make copies of important documents and leave them with a friend (such as immigration papers, passport, and custody papers)
- 

Birth Control

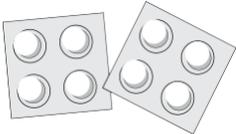
It is a good idea to think about birth control before your baby is born. It is important to know:

- you can get pregnant before your first period
- breastfeeding alone may not prevent pregnancy
- birth control can help space out the time between having children (85% of women who do not use birth control will get pregnant within 1 year)
- some types of birth control should not be used if you are breastfeeding
- your next baby may be born small or early if he is born less than 18 months after his brother or sister

The chart below has some general information about birth control. Please speak to your nurse or doctor for more information.

Type	Description	What it is	Disadvantages
<p>Condom</p>  <p>Male</p> <ul style="list-style-type: none"> <input type="checkbox"/> 85%–98% effective <p>Female</p> <ul style="list-style-type: none"> <input type="checkbox"/> 79%–95% effective 	<p>Men</p> <ul style="list-style-type: none"> <input type="checkbox"/> A thin cover that fits over the man’s stiff penis. <input type="checkbox"/> It stops sperm from going into your body. <p>Women</p> <ul style="list-style-type: none"> <input type="checkbox"/> A thin, plastic “sleeve” that you put inside your vagina. <input type="checkbox"/> It catches the sperm before it goes into your body. 	<ul style="list-style-type: none"> <input type="checkbox"/> Can use it right after your baby is born. <input type="checkbox"/> Can use it when breastfeeding. <input type="checkbox"/> Can buy it at the drug store. <input type="checkbox"/> Does not need a prescription. 	<ul style="list-style-type: none"> <input type="checkbox"/> Should use it every time you have sex. <input type="checkbox"/> Male condoms are free or low-cost from a family planning or sexual health clinic. <input type="checkbox"/> A water-based lubricant can help if you have vaginal dryness. <input type="checkbox"/> It must be stored properly, away from heat and friction as these might cause the condom to break. <input type="checkbox"/> Never use a male and female condom at the same time.

Type	Description	What it is	Disadvantages
<p>Spermicides: Foam or Film</p>  <p>⌚ 71%–82% effective</p>	<ul style="list-style-type: none"> ❑ Spermicides kill sperm. They come as a contraceptive foam or a vaginal contraceptive film (VCF). ❑ A spermicide must be inserted into the vagina before each act of sex. 	<ul style="list-style-type: none"> ⌚ Can buy them at a drug store. ⌚ Neither partner can feel it. ⌚ Can use it when breastfeeding. 	<ul style="list-style-type: none"> ❑ May irritate your vagina. This may increase your risk of developing an STI or HIV. ❑ Works best to stop a pregnancy if used with another birth control method, such as condoms. ❑ Does not protect against STIs.
<p>Lactation Amenorrhea Method (LAM)</p> <p>⌚ If used correctly, gives 98% protection for up to the first 6 months after birth.</p>	<ul style="list-style-type: none"> ❑ LAM is a way that breastfeeding can be used to stop pregnancy. ❑ Lactation means your body is making breastmilk. ❑ Amenorrhea means no monthly periods. ❑ You have to do this method totally correctly to prevent getting pregnant while you are breastfeeding. 	<ul style="list-style-type: none"> ⌚ Easy. ⌚ Free. ⌚ Does not interrupt sex. ⌚ No hormones. 	<p>Works only when:</p> <ol style="list-style-type: none"> 1. your baby is fully breastfed (no other liquids or solids except vitamins, vaccines, or medicine) and 2. your baby does not go more than 4 hours between breastfeeding during the day or 6 hours at night and 3. your baby is less than 6 months old and 4. your period has not returned (a period is any spotting or bleeding after 2 months has passed since giving birth) <ul style="list-style-type: none"> ❑ You need to use another form of birth control if you do not do all 4 things above. ❑ Does not protect against STIs.

Type	Description	What it is	Disadvantages
<p>Emergency Contraception (EC)</p>  <p>⌚ EC is also known as the “morning after pill”, Plan B, or NorLevo.</p>	<ul style="list-style-type: none"> ❑ This hormone pill works best when taken less than 24 hours after you have unprotected sex or a broken condom. ❑ Can take EC up to 120 hours (5 days) after you have unprotected sex or a broken condom. ❑ EC does not stop a pregnancy that has already happened. 	<ul style="list-style-type: none"> ❑ Can buy it at the drug store. ❑ Does not need a prescription. ❑ Can buy it for less at a sexual health or family planning clinic. ❑ Can use it when breastfeeding. 	<ul style="list-style-type: none"> ❑ Does not protect against pregnancy. It should not be used as an ongoing method of birth control. ❑ Think about using EC if you have unprotected sex any time after your baby is 3 months old. ❑ Does not protect against STIs.
<p>Depo Provera® (“The Shot”)</p> <p>⌚ 97%–99.7% effective</p>	<ul style="list-style-type: none"> ❑ A needle (shot) of progesterone. ❑ It is given into the arm or hip every 12 weeks. ❑ It stops the egg from being released. ❑ It makes the mucus of the cervix thick so that sperm cannot get into the uterus. ❑ If breastfeeding, it is usually started 6 or more weeks after you give birth. ❑ It can be started right away if you are not breastfeeding. 	<ul style="list-style-type: none"> ❑ Easy. ❑ Does not interrupt sex. ❑ Can be used by women who need to use estrogen-free birth control. ❑ Can use it when breastfeeding. 	<ul style="list-style-type: none"> ❑ The shot may cause irregular or unexpected bleeding. You may bleed more often or stop having periods. ❑ Almost half of women will stop having periods after 1 year. This is not bad for your body. ❑ After stopping the shot, it may take up to 1 year for your periods to go back to normal. ❑ It may take you longer to become pregnant. ❑ It may increase your risk of thinning bones. ❑ Need a prescription. ❑ Does not protect against STIs.

Type	Description	What it is	Disadvantages
<p>Combined Hormonal Contraception (CHC):</p> <p>birth control pill birth control patch birth control ring</p>  <p>🕒 92%–99.7% effective</p>	<ul style="list-style-type: none"> ❑ There are two hormones in these contraceptives: estrogen and progesterone. ❑ The hormones stop your eggs from being released so you cannot get pregnant. ❑ CHC can lower your breastmilk supply. ❑ If you are breastfeeding, they should not be used until 6 months after you had your baby. ❑ If you are not breastfeeding, you can start them about 1 month after you have your baby. Speak with your doctor about when the best time is for you. 	<ul style="list-style-type: none"> ❑ Easy. ❑ Comes in different forms. ❑ The pills are taken by mouth every day. ❑ The patch is put onto your skin every week. ❑ The ring is put into your vagina once a month. ❑ Does not interrupt sex. ❑ Lowers the chance of some types of cancer. 	<ul style="list-style-type: none"> ❑ You must use the method as directed. <p>You should not use CHCs if you have:</p> <ul style="list-style-type: none"> ❑ high blood pressure ❑ a history of migraine headaches with vision problems ❑ history of blood clots ❑ are over 35 years old and smoke ❑ Need a prescription. ❑ Does not protect against STIs.
<p>Permanent Methods of Birth Control (Sterilization)</p> <p>Tubal Ligation</p> <ul style="list-style-type: none"> ❑ 99.5% effective <p>Vasectomy</p> <ul style="list-style-type: none"> ❑ 99.9% effective 	<p>Tubal Ligation</p> <ul style="list-style-type: none"> ❑ An operation that closes a woman's fallopian tubes. This stops the egg and sperm from meeting. <p>Vasectomy</p> <ul style="list-style-type: none"> ❑ A surgery that closes the tubes that carry sperm to the man's penis. 	<ul style="list-style-type: none"> ❑ Does not interrupt sex or affect the sex drive. ❑ Both are covered by Alberta Health Care. 	<ul style="list-style-type: none"> ❑ All surgery has some risk such as bleeding or infection. ❑ Vasectomy does not work right away. Use another form of birth control until a sperm test makes sure the procedure has worked. ❑ These are permanent methods of birth control. You must be sure you do not want any more children. ❑ Does not protect against STIs.

<i>Type</i>	<i>Description</i>	<i>What it is</i>	<i>Disadvantages</i>
<p>Intrauterine Device (IUD)</p> <p>Mirena IUD 🕒 99.9% effective</p> <p>Copper IUD 🕒 99.2%–99.4% effective</p>	<ul style="list-style-type: none"> ❑ An IUD is a small soft piece of plastic shaped like a “T” with a nylon string on it. It is placed in ❑ the uterus by your doctor 6 weeks or more after your baby is born. ❑ It stops egg and sperm from meeting (fertilization). It may also stop a fertilized egg from growing inside the womb. ❑ There are 2 types of IUDs. ❑ Copper IUD has a thin copper wire wrapped around it ❑ Mirena IUD releases a small amount of progesterone. ❑ Talk to your doctor about when it would be the time to have an IUD inserted. 	<ul style="list-style-type: none"> ❑ Easy. ❑ Does not interrupt sex. ❑ Can stay in place for 3 to 5 years. ❑ A healthcare provider can take it out at any time. ❑ Can use it when breastfeeding. 	<ul style="list-style-type: none"> ❑ IUD might be available for a lower cost at a family planning or sexual and reproductive health clinic. ❑ Does not protect against STIs.

Your Baby's Health



Breastfeeding Your Baby

Breastfeeding is healthy for you and your baby. Breastfeed your baby as soon after birth as your baby wants. The more your baby breastfeeds, the more milk you will make.

Ask your caregiver about breastfeeding your baby if you are positive for the HIV virus, are abusing alcohol, or taking medicines.

Signs your baby is hungry:

- Moves his hands to his mouth.
- Makes smacking noises with his mouth.

- Crying is the last hunger sign.
- Try to feed before hunger (crying) begins.



Positioning Your Baby



Side-lying position



Cross-cradle position



Cradle position



Football or clutch position

- ❑ Calm your baby if she or he is crying. Babies feed best when they are quiet and alert.
- ❑ Unwrap your baby.
- ❑ Your comfort is important. Sit up as straight and tall as possible. Lengthen your spine. Support your back, arms, and feet by using pillows and a stool.
- ❑ Support your baby at the level of your breasts. Bring your baby to your breast, not your breast to your baby. Use pillows, towels, or a rolled blanket.
- ❑ Make sure your baby is facing you, tummy-to-tummy, or face-to-breast.
- ❑ Hold your baby so he or she is lying on one side, facing your breast, and tucked in close to your body.
- ❑ Your arm supports your baby's body. Your hand supports your baby across the shoulders and at the base of the head (behind the ears).
- ❑ The cross-cradle position and football holds often work best for correct latching in the first few weeks.
- ❑ The pictures on the left show different ways to position your baby while breastfeeding.

Latching Your Baby

Support your breast with your hand by sliding your fingers under your breast and placing your thumb parallel to your baby's mouth, well away from your areola (the dark area around your nipple). You may need to keep supporting your breast during feeding.



Figure 1

Figure 1:

Start with your baby's nose opposite to your nipple.



Figure 2

Figure 2:

Gently stroke your nipple against your baby's lips. Wait until your baby's mouth is open wide, like when yawning.



Figure 3

Figure 3:

Tip your baby's head back slightly so that the chin touches the breast first.

Bring your baby to your breast by gently pushing on his shoulders, not his head. It may take many tries before your baby latches properly.

Figure 4:

Press your baby's chin in close to your breast. Your baby's nose will be just touching your breast and he will be able to breathe. Do not press on your breast.

You will hear and see swallowing. Let your baby decide how long to breastfeed.



Figure 4

What to Expect When Breastfeeding Your Baby

	<i>Breastfeeds per day</i>	<i>Wet diapers per day</i>	<i>Dirty diapers per day</i>	<i>Breast changes</i>
<i>First 24 hours after birth</i>	Varies. Maintain skin-to-skin contact. Offer every 3 hours if your baby is not cueing to feed.	At least one.	At least one. Will be dark and sticky.	Usually soft.
<i>Day 2</i>	Increasing number of feeds. Continue to wake your baby if not cueing to feed.	At least two.	At least one to three. Will start changing to dark green.	Usually still soft, but may feel fuller.
<i>Day 3</i>	8 to 12 or more times in 24 hours.	At least three heavy, wet diapers.	At least one to three. Changing from green to yellow.	Noticeably fuller and heavier.
<i>Day 4</i>	8 to 12 or more times in 24 hours.	At least four to five heavy, wet diapers.	Four or more. Changing to loose, yellow, seedy.	Fuller. Softer after feeds. May leak milk.
<i>After 4 days*</i>	8 to 12 or more times in 24 hours.	Six or more heavy, wet diapers.	Varies: at least four to five. Stools are loose, seedy, and easily passed.	Milk flows. The breasts soften after feeds.

When should I get help?

If your baby:

- will not go to the breast
- will only take a few sucks then falls asleep
- has less than six heavy, wet diapers in 24 hours (day 4 onwards)
- has less than four yellow, seedy stools in 24 hours (day 4 onwards)
- has hard stools that are not easily passed
- feeds less than 8 times in 24 hours (day 3 onwards)
- won't wake up to feed
- is not back to his or her birth weight by 2 weeks of age

If you:

- don't feel breast fullness (day 4 onwards)
- don't hear swallowing when baby feeds (day 3 onwards)
- have hard painful breasts that your baby can't latch on to
- have painful nipples that are not getting better
- have cracked or bleeding nipples
- have nipples that are pinched or "squished" after feedings



What if I am formula feeding my baby?

Breastmilk is the best type of milk for your baby. Infant formulas are made from cow's milk that has been changed to give the nutrition your baby needs. Some types of formula are made from soybeans. Talk to your caregiver about the formula that is safest and best for your baby.

If you decide to use formula:

Use a commercial infant formula. There are many brands you can buy. Choose a formula with the words "with iron" on the label.

Make sure you read the formula labels carefully. The labels will tell you:

- the type of formula it is
- if iron has been added
- how to make the formula

Most brands of formula come in three forms:

1. Powdered formula

- is not sterile
- follow the formula directions exactly
- use the scoops of powder and mix it with boiled, cooled water

2. Liquid Concentrate

- use equal amounts of boiled, cooled water, and concentrate formula

3. Ready-To-Feed or Ready-to-Use

- Use right from the can. Do not add water
- Follow the directions on the label exactly. They will tell you how to mix, use, and store the formula. Your baby can get sick if the formula is not made correctly.
- Use a glass bottle or a bottle that is BPA-free (does not have bisphenol-A). BPA is a chemical in some plastics that may hurt babies and young children.

If your baby is less than 4 months old:

1. Sterilize all equipment used to make and store formula before you use it.
2. Boil water for 2 minutes then let it cool.
3. Mix it with the powder or liquid concentrate formula.

Questions You May Have about Feeding Your Baby

1. How long should I feed my baby breastmilk or formula?

Breastfeed your baby for as long as you both want. If you are not breastfeeding, you should give formula to your baby until he is at least 9 months old.

2. What if I breastfeed my baby and decide to stop?

If you stop breastfeeding (wean) your baby before 9 months, use an infant formula with added iron.

3. Can I make homemade formula?

This type of formula is not recommended. It does not have all the nutrients your baby needs to grow and develop properly.

4. What about regular cow's milk like homo or 2%?

Whole cow's milk (homo) should not be used until your baby is at least 9 months old. Babies need the extra fat from homo milk to stay healthy. Lower fat milks should not be given before your child is 2 years old.

5. When will my baby need other food?

Your baby will need solid foods with iron at 6 months of age. Giving cereal or baby foods too early will not help your baby sleep through the night. Breastmilk or formula is all your baby will need for the first 6 months. If your baby was born early (preterm) or has health problems, talk to your caregiver for more information.

6. What about vitamins?

Your baby should be given a vitamin D supplement. Talk to your caregiver for more information.

7. Is it good to feed the baby all the formula I put in the bottle?

Making your baby drink everything in the bottle is "force feeding". This can upset your baby. Let your baby decide when he is full. Throw out any milk left in the bottle after feeding.

8. How will I know if my baby is getting enough food?

You can tell if your baby is getting enough food if he has 6 to 8 wet diapers per day (after day 4). Your baby should be gaining weight and return to his birth weight by 14 days.

9. Can I leave my baby alone with a bottle if I am too busy to hold him?

No. Your baby may choke if not watched carefully when feeding. Propping a bottle will take away from time spent between you and your baby. It may also cause baby bottle tooth decay. Never put your baby to bed with a bottle.

10. How do I prevent baby bottle tooth decay?

Feed your baby milk in a bottle before he goes to sleep. Never prop baby bottles at sleep time. Do not dip soothers in honey or other sweet foods.

11. What type of formula should I use?

Formula with added iron is recommended to help prevent anemia (low blood iron).

12. What brand of formula should I use?

There are many brands of formula. Some brands cost less than others. Your caregiver can help you choose a formula.

13. Do I need to give a special formula to my baby?

Special formulas are used if your baby has medical problems, such as allergies. Only use it if your caregiver tells you to.

14. Is it okay to switch from one kind of formula to another?

No. Always check with your caregiver first. Switching formulas can upset your baby's stomach.

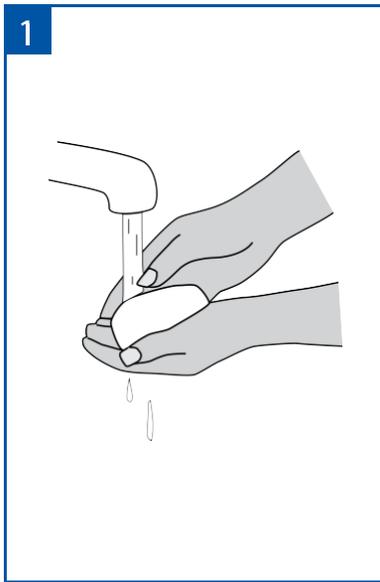
15. Will my baby need extra water?

Breastmilk or formula is all your baby needs for the first 6 months to be healthy.

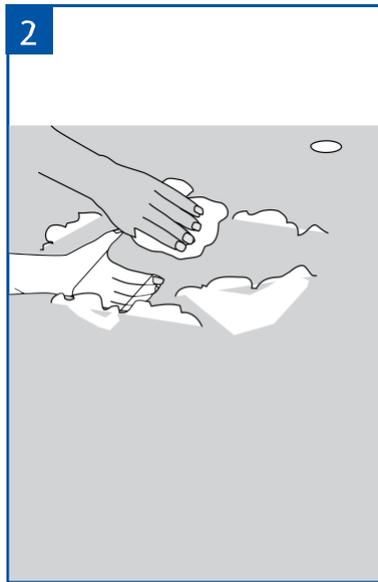
16. Can I add more or less water to formula than the directions say?

No. Follow the directions on the formula can exactly. Your baby may get sick if the formula is not made correctly.

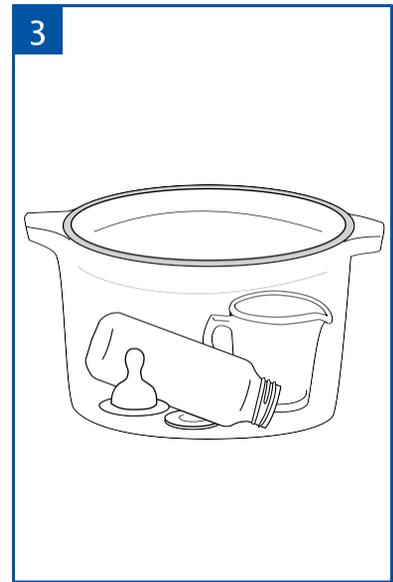
How to Make Baby Formula



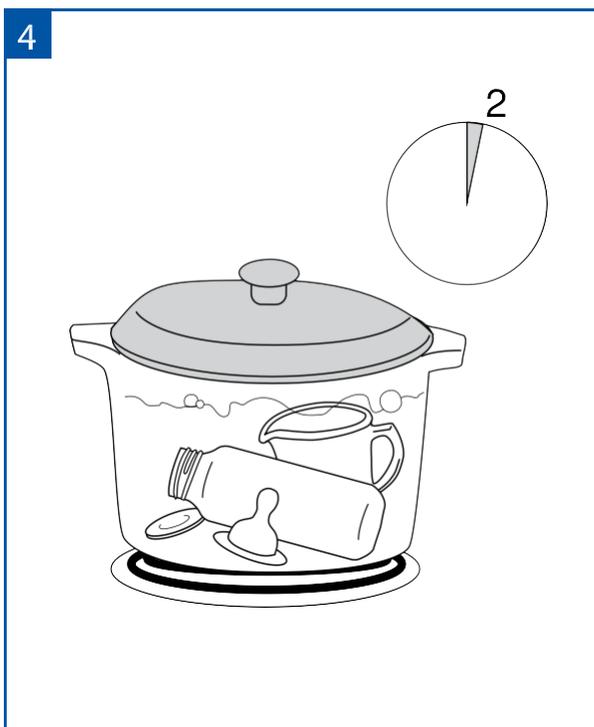
1 Wash your hands with soap.



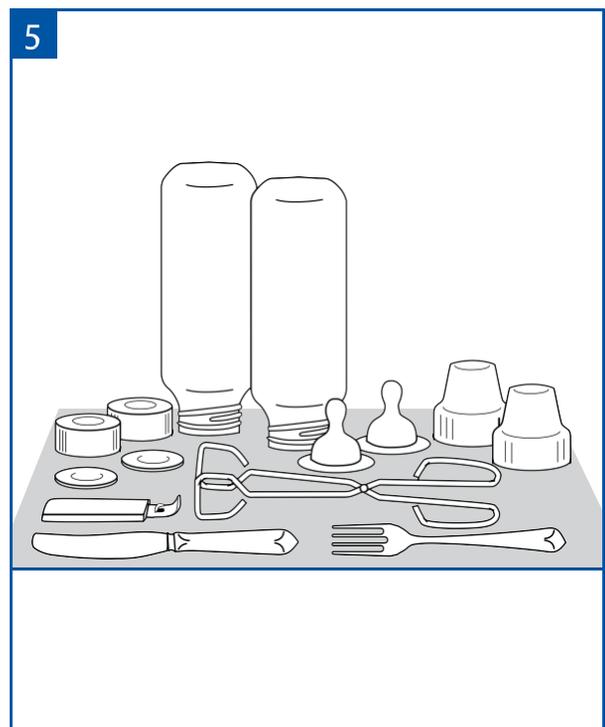
2 Wash all items in warm soapy water. Rinse everything well.



3 Put all items in a large pot. Cover items with water.



4 Put lid on pot. Boil for 2 minutes.

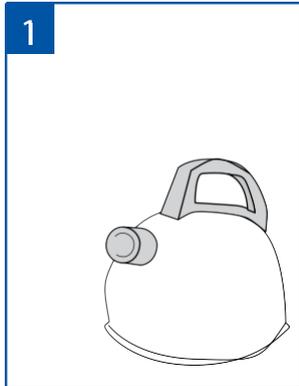


5 Remove items with tongs. Put items on a clean paper towel. Let cool.

The formula illustrations were adapted with permission from City of Toronto, Department of Public Health.

How to Make Powdered Formula

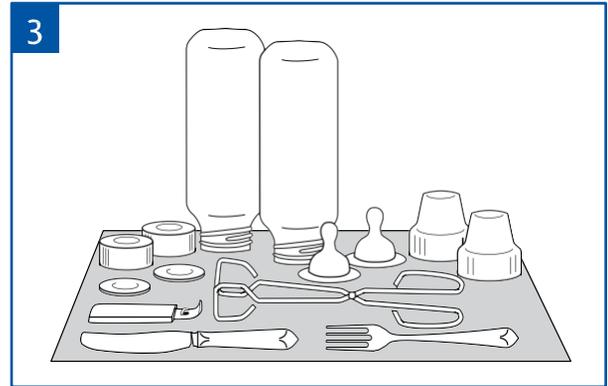
Note: Health Canada is reviewing how powdered infant formula is used, prepared, and stored (Nov. 2009). Follow manufacturer's instructions exactly. Use this prepared powdered formula right away.



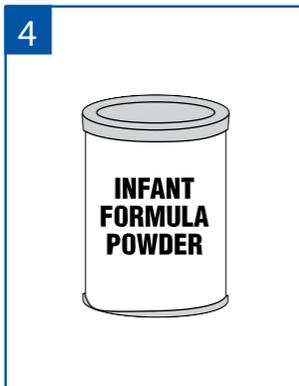
1
Boil water for 2 minutes.
Cool.



2
Wash your hands with
soap.



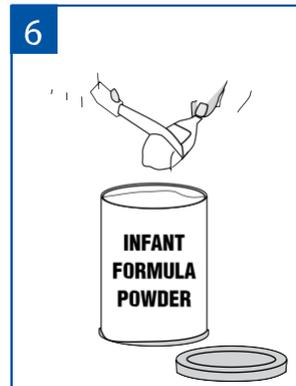
3
Use sterilized items.



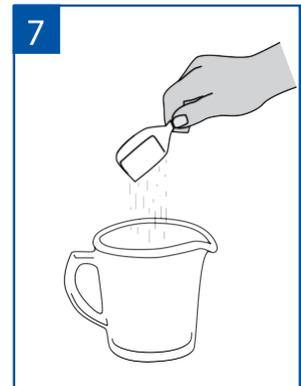
4
Read directions on can to
find out the correct amount
of powder and water needed.



5
Pour water into
sterilized measuring
cup.



6
Fill scoop with
powder. Level with
knife.



7
Add the correct
number of scoops of
powder as directed.



8
Mix well.



9
Pour formula into bottles.

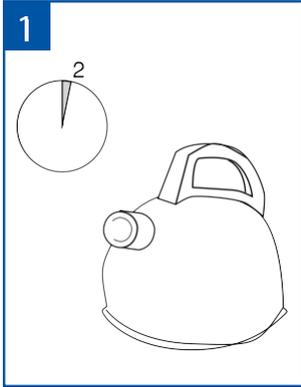


10
Use the instructions on
label for storing
prepared formula. Do
not leave prepared
bottles at room
temperature.



11
Cover can with plastic
top. Store according
to instructions on
label.

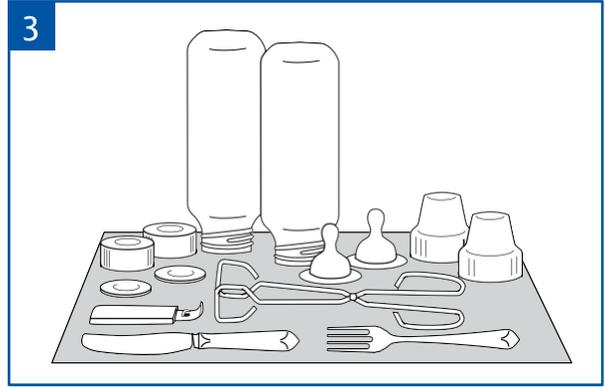
How to Make Liquid Concentrate Formula



Boil water for 2 minutes.
Cool.



Wash your hands with
soap.



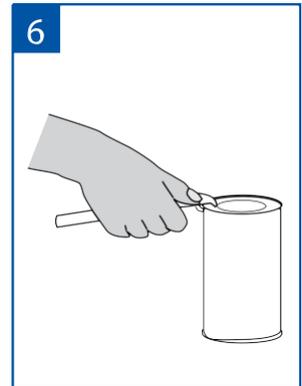
Use sterilized items.



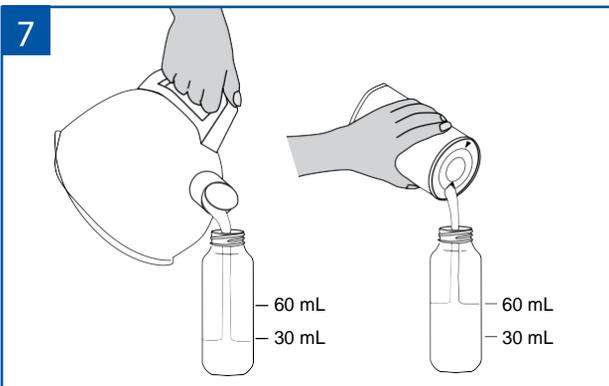
Rinse top of can with water.



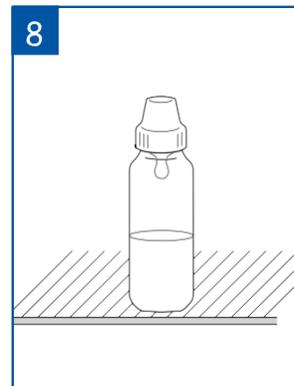
Shake can.



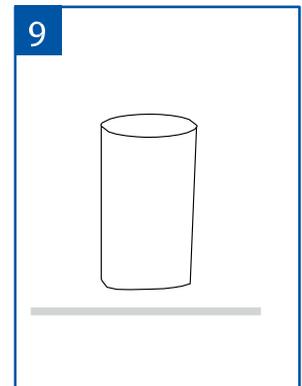
Open with sterile can
opener.



Pour equal amounts of cooled water and formula
into each bottle.



Use formula right away or
refrigerate bottles. Follow
instructions on the label
for storing prepared
formula. Do not leave
prepared bottles at room
temperature.

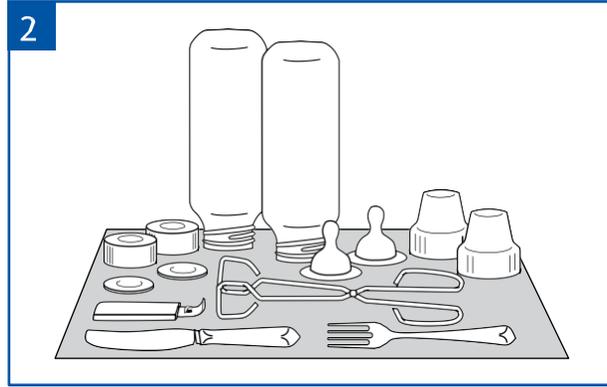


Tightly cover open can
and refrigerate. Use
within the time
recommended by the
manufacturer.

How to Make Ready-To-Feed Formula



1 Wash your hands with soap.



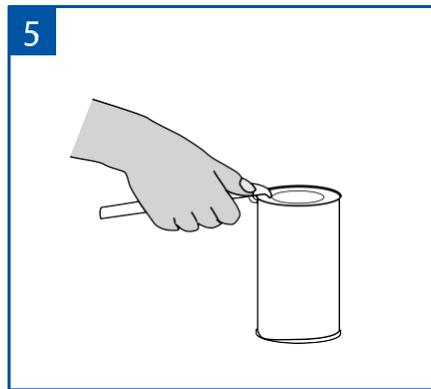
2 Use sterilized items.



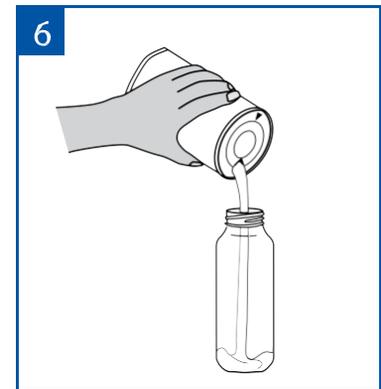
3 Rinse top of can with water.



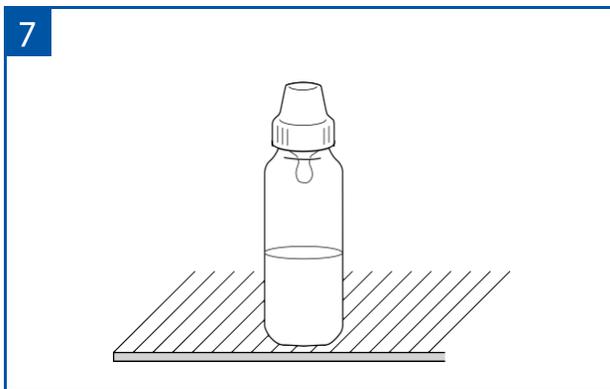
4 Shake can.



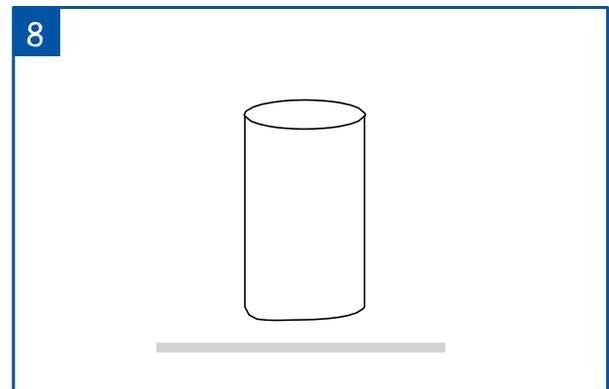
5 Open with sterile can opener.



6 Pour amount of formula for one feeding into each bottle. **DO NOT ADD WATER.**

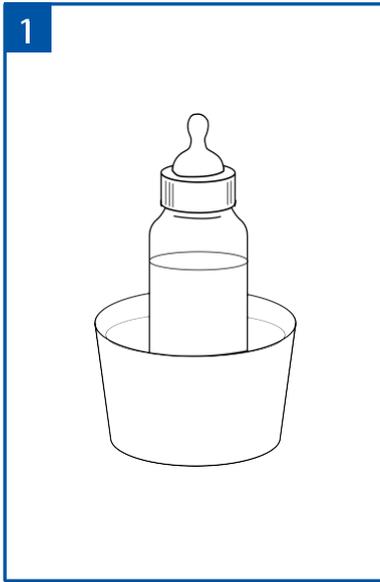


7 Based on manufacturer's instructions, use formula immediately or refrigerate bottles. For refrigerated formula, store according to the time recommended by the manufacturer. Do not leave prepared bottles standing at room temperature.



8 Tightly cover open can and refrigerate. Use within the time recommended by the manufacturer.

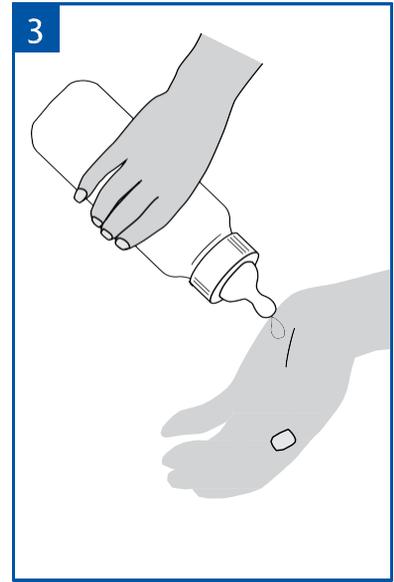
How to Feed Formula to a Baby



1 Warm bottle of formula in bowl of warm water.



2 Shake bottle.



3 Test temperature on your wrist to make sure it is not too warm.



4 Keep bottle tilted upward so nipple is full. Burp baby as needed.



5 Throw out any milk that your baby does not drink in 2 hours.

Common Concerns You May Have about Your Baby

Jaundice

After birth, babies have extra red blood cells they do not need. As these cells break down, they release a substance called bilirubin. Bilirubin may make your baby's skin, and sometimes the white part of your baby's eyes, look yellow (jaundiced).

- About half of all babies develop this type of jaundice at 2 to 3 days of age. A few babies may need treatment under special lights (phototherapy) to help reduce the bilirubin level.
- Sometimes a baby becomes jaundiced in the first 24 hours. This type of jaundice is usually due to a difference between your blood group and your baby's blood group. Your baby may need phototherapy.

Jaundiced babies may be sleepy and may not feed well.

You can help reduce jaundice by:

- feeding your baby often for as long as he wants, offering both breasts at each feeding
- waking and feeding your baby every 3 hours for about 2 weeks after birth



Temperature

Taking your baby's temperature with a thermometer is the best way to tell if your baby's temperature is normal (not too high or too low).

- For babies 0 to 28 days old a normal temperature (under the arm) is 36.5 °C to 37.3 °C.

Fever means that your baby's body is reacting to something such as an illness. Fever itself will not harm your baby. In fact, fever is one way your baby's body fights an infection.

Take your baby's temperature with a thermometer if your baby:

- feels hot to the touch or is flushed
- feels cool to the touch when fully dressed
- is fussier than usual
- seems to be sick
- is not feeding well
- is sleeping shorter or longer than usual

How to use a thermometer

- Take your baby's temperature under the arm using an oral thermometer (either glass or digital). Do not check your baby's temperature rectally (bum). Ear thermometers do not work well in newborns.
- Write down the temperature and the time you took it.
- Before taking your baby's temperature unwrap him for 5 to 10 minutes. Wait at least 15 minutes after your baby's bath before taking his temperature.

Temperature conversion chart - Fahrenheit to Centigrade

96.8 °F	36.0 °C	102.2 °F	39.0 °C
97.7 °F	36.5 °C	103.1 °F	39.5 °C
98.6 °F	37.0 °C	104.0 °F	40.0 °C
99.0 °F	37.2 °C	104.9 °F	40.5 °C
99.5 °F	37.5 °C	105.8 °F	41.0 °C
100.4 °F	38.0 °C	106.7 °F	41.5 °C
101.3 °F	38.5 °C	107.6 °F	42.0 °C

Go to the Emergency Department of the closest hospital right away if:

- your baby has trouble breathing
- your baby is less than 3 months old and has a fever of 38 °C or higher
- your baby is less than 3 months old and has a temperature of 36.2 °C or lower
- your baby seems sick
- your baby has a fever and a rash
- you are worried about your baby

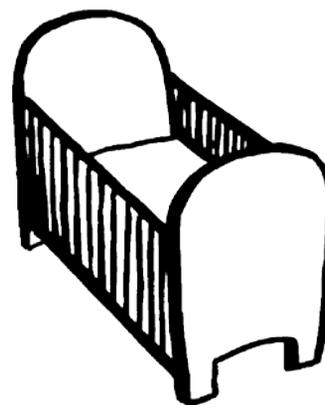
If you are not sure what to do if your baby's temperature is lower or higher than normal, call Health Link Alberta anytime.

Infant Safety

Below are important safety tips for the first few weeks your baby is home. Ask your public health nurse for more information as your baby grows.

Cribs and playpens

- Cribs made before 1987 are not safe. Don't use a crib that has no date on it.
- Follow the directions for setting up the crib.
- The mattress should be firm and fit snugly. If two fingers fit between the mattress and the side of crib, the mattress is too small.
- Never put pillows, positioning devices, bumper pads, quilts, duvets, or toys in the crib.
- Place the crib away from long mobiles or blind/curtain cords that a baby could get tangled in.
- Never put a baby wearing a bib in a crib or playpen.
- Always leave the collapsible side of a playpen up; when it's down it could form a pocket that could cause your baby to suffocate.



Baby lounger

- It should have a wide and sturdy non-slip base.
- It must have safety straps.
- Do not put it on a table—use it only on the floor.
- Never use in a car, truck, or van.



Pacifiers (soothers)

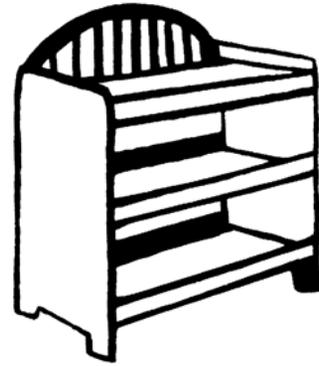
Pacifiers are not recommended when breastfeeding is just getting started. Using pacifiers at this time can reduce milk supply and cause problems learning to breastfeed.

- Never tie a pacifier around a baby's neck or on their clothing.
- Replace the pacifier every 2 months, sooner if the rubber shows signs of wear.
- Make sure the nipple and base of the pacifier cannot come apart.
- Never coat the pacifier with honey, other foods, or sweeteners.
- Do not put the pacifier in your mouth.



Falls

- ❑ Never leave your baby alone on a change table, sofa, bed, or shopping cart. Even young babies can roll over, move quickly, and fall off.
- ❑ If you must leave, even for a minute, put your baby safely in the crib or take him with you.
- ❑ Do not use baby walkers for any reason.
- ❑ Use approved safety gates at the top and bottom of all stairs. Mount gates that are at the top of stairs to the wall.



Car seats

- ❑ It is the law that a child less than 6 years old and weighing less than 40 pounds (18 kg) must use a Canadian Motor Vehicle Safety Standard (CMVSS) approved car seat when travelling in a car or truck. You must have a car seat to take your baby home from the hospital.
- ❑ See pages 114 and 115 to learn more about safety seats.

Safe Sleep and SIDS (sudden infant death syndrome)

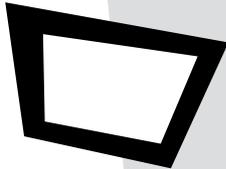
SIDS is the sudden, unexpected death of a healthy baby less than 1 year old, usually when sleeping. There are simple things that you can do to help your baby sleep safely.

- ❑ The Canadian Pediatric Society and Alberta Health Services recommend that babies in their first year of life sleep in their own crib, and on their backs.
- ❑ Put your baby to sleep on a firm Canadian Standards Association (CSA) approved mattress in their crib, not a soft surface like a sofa, waterbed, bean bag, or down comforter.
- ❑ Keep your baby's crib in your room (room-share) until he is 6 months old.
- ❑ There is no way to make a 100% safe sleep environment in an adult bed.
- ❑ A light blanket and a warm sleeper are all you need to keep your baby warm at night.
- ❑ Don't use soft materials like pillows, quilts, comforters, sheepskins, stuffed toys, or bumper pads in your baby's sleeping space.
- ❑ Make sure no one smokes in your home.
- ❑ Car seats are for keeping babies safe during travel. Take your baby out of the car seat for sleep when you arrive.



Just being smart...

- My baby rides in the child safety seat for every trip.
- The child safety seat's carrying handle is down or in the travel position when the vehicle is moving.
- I have checked for any recalls on my child's safety seat. Recall information is available from Transport Canada at 1-800-333-0510 or at www.tc.gc.ca/roadsafety (search for child safety).
- My baby will stay in the safer, rear-facing position as long as possible, in a child safety seat appropriate for his weight and height.
- My baby will stay rear-facing until she is at least one year of age AND 22 lb (10 kg) AND walking.

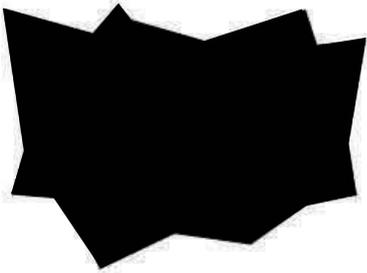


Take the child safety seat



safety seat

Babies must be in a rear facing when in the vehicle



Alberta Health
Services

What's holding
you back?

606401 © Alberta Health Services, (2011/06)

Community Resources



Community Resources

24-Hour Help for Everyone

Health Link Alberta

Link to health information, nurse advice, and how to find a doctor in Calgary.

.....	(Calgary) 403-943-LINK (5465)
.....	Toll-free 1-866-408-LINK (5465)
Cantonese	403-943-1556
Mandarin	403-943-1554
Child Abuse Hotline	1-800-387-5437
Children's Cottage/Crisis Nursery	403-233-2273
Community Connection	211
<i>Connections to community, social, and government services information.</i>	
Community Resource Team (Wood's Homes).....	403-299-9699
Distress Centre	403-266-HELP (4357)
Kid's Help Phone	1-800-668-6868
Men Line (Distress Centre)	403-266-HELP (4357)
Parent Help Line	1-888-727-5889
Police, Fire, or Ambulance	911
Request for Police Service	403-266-1234
Connect - Family and sexual abuse network, sexual assault	(Calgary) 403-237-5888
.....	Toll-free 1-877-237-5888

Shelters for Women

Awo Taan Healing Lodge (24 Hours)	403-531-1972
Calgary Women's Emergency Shelter (24 Hours).....	403-234-SAFE (7233)
.....	or 403-232-8717
Sheriff King Home	403-266-0707
Discovery House Family Violence Prevention	403-670-0467

Pregnancy

Best Beginning Program, Alberta Health Services-Calgary Zone	403-228-8221
<i>A program for pregnant teens and pregnant women living on a low income.</i>	
Perinatal Education (Free Prenatal Classes for Best Beginning clients).....	403-955-1450
Alberta Health Services-Calgary Zone	www.birthingbabies.com
<i>Education and preparation for pregnancy, labour and birth, and parenting in the first year.</i>	
Calgary Pregnancy Care Centre	403-269-3111
24-hour helpline	403-269-3110

Baby Care and Feeding

Community Health Centres, Public Health Nurses

Call Health Link Alberta for a referral to the community health centre nearest you.

Health Link Alberta (Calgary) 403-943-LINK (5465)

..... Toll-free 1-866-408-LINK (5465)

Early Start, Alberta Health Services-Calgary Zone 403-244-8351

24-hour telephone support for families with babies under 2 months old.

La Leche League 403-242-0277

Telephone advice and groups for breastfeeding mothers.

Physician Breastfeeding Clinics

Foothills Breastfeeding Clinic 403-266-2622 (press 1)

Lakeview Breastfeeding Clinic 403-246-7076

Birth Control/Sexually Transmitted Infections (STIs)

Family Planning Clinics, Alberta Health Services-Calgary Zone

Teen women and men, and people of all ages who need special help are welcome. Confidential services include birth control information and low cost supplies, emergency birth control, pregnancy testing and counselling, STI testing and treatment, and HIV testing.

Downtown

Sheldon M. Chumir Health Centre, 5th Floor, 1213–4th St. SW 403-955-6500

South Calgary Health Centre

31 Sunpark Plaza SE 403-943-9510

Sunridge

406, 2675–36th St. NE 403-944-7666

Other Sources of Information

Sexually Transmitted Disease Clinic

Sheldon M. Chumir Health Centre, 5th Floor, 1213–4th St. SW 403-955-6700

STD/AIDS Information Line (Alberta) 1-800-772-2437

Community Resource Centres

BowWest Community Resource Centre 7904–43 th Ave. NW	403-216-5348
Heart of the North East 2623–56 th St. NE.....	403-293-5467
Inner City Community Resource Centre 922–9 th Ave. SE.....	403-536-6558
SE Community Resource Centre 2734–76 th Ave. SE.....	403-720-3322
North Central 520–78 th Ave. NW	403-275-6666
North of McKnight 95 Falshire Dr. NE	403-293-0424
Ranchlands 14, 1840 Ranchlands Way NW	403-374-0448
South West Communities Resource Centre #42–2580 Southland Dr. SW	403-238-9222
Sunrise Link 3303–17 ^h Ave SE.....	403-204-8280
West Central Resource Centre 3507A–17 th Ave. SW.....	403-543-0550 ext 222

Counselling Services

Calgary Counselling Centre	403-265-4980
CARYA (Calgary Family Services) Prime Time	403-269-9888
Distress Centre	403-266-HELP (4357)
Eastside Family Centre (Walk-in)	403-299-9696
Elbow River Healing Lodge	403-955-6600
Family Conflict Program (CIWA)	403-263-4414
Jewish Family Services	403-287-3510
Native Counselling Services	403-237-7850
South Calgary Health Centre	403-943-9300

Drugs/Alcohol/Smoking

Addiction Services: Opioid Dependency Program	403-297-5118
Adult Addiction Services	403-297-3071
Alcoholics Anonymous (24 hours)	403-777-1212
Al-Anon	403-266-5850
Aventa Addiction Treatment for Women	403-245-9050
Calgary Alpha House Society	403-234-7388
Native Addictions Services Society	403-261-7921
Parent Child Assistance Program (PCAP)	403-508-6259
Renfrew Recovery Centre	403-297-3337
Safeworks & Needle Exchange Day	403-410-1180
Safeworks Van	403-850-3755
Smoking Cessation Programs	
<i>Call Health Link Alberta for information</i>	(Calgary) 403-943-LINK (5465)
.....	Toll-free 1-866-408-LINK (5465)
Sunrise - Native Addictions Services	403-261-7921

Education/Employment

Alberta Business & Education Services	403-232-8758
Athabasca University	1-800-788-9041
Bow Valley College.....	403-410-1400
Burns Memorial Fund	403-234-9396
Calgary Immigration Education Society	403-235-3666
Chinook College	403-777-7200
Human Resource Development	1-800-206-7218
Louise Dean Centre	403-777-7630
Mount Royal University	403-440-6111
Salvation Army.....	403-410-1111
Student Finance Board	403-297-6344
University of Calgary	403-220-5110

Financial Assistance Programs

Alberta Human Resources and Employment and Immigration

Alberta Service Centre, Fisher Park 100–6712 Fisher St. SE	403-297-2020
Calgary East Office; Radisson Centre 525–28 th St. SE	403-297-1907
Native Services Office, 10th & 10th Centre 1021–10 th Ave. SW	403-297-2094
One Executive Place 300–1816 Crowchild Trail NW	403-297-7200
Assured Income for the Severely Handicapped (AISH).....	403-297-8511
Child Tax Benefit (Revenue Canada)	1-800-387-1193
Employment Insurance	
Century Park Place, Harry Hays Building 270, 220–4 th Ave. SE.....	403-297-6344
Fisher Park Place II 100–6712 Fisher St. SE	403-297-4024
Marlborough Mall 1502–515 Marlborough Way NE	403-297-7570
Maintenance Enforcement Program.....	403-310-0000, then 780-422-5555
Utility Disconnection Help Program	1-866-644-5135

Food Resources

Calgary Inter-Faith Food Bank Society (CIFB)	
Children’s Milk Program	403-253-2059
Food Request Line	403-253-2055
Community Kitchen Program of Calgary.....	403-275-0258
<i>Families meet at kitchens to plan and prepare meals together.</i>	
Good Food Box	403-538-3780
<i>Fresh fruits and vegetables at a lower cost.</i>	
Care Connect Christian Society	403-264-2636
<i>Food hamper delivery from CIFB.</i>	
NeighbourLink Calgary	403-209-1930
<i>Emergency food hampers and delivery.</i>	
Society of St. Vincent de Paul	403-250-0319
<i>Emergency food hampers and delivery.</i>	

Immigrant Serving Agencies

Calgary Catholic Immigrant Society (CCIS) 3 rd Floor, 120–17 th Ave. SW	403-262-2006
Immigrant Services Calgary (ISC) Suite 1200, 910–7 th Ave. SW	403-265-1120
Calgary Immigrant Women’s Association (CIWA)	403-263-4414
Family Conflict Program Suite 200, 138–4 th Ave. SE	403-263-4414
Calgary Mennonite Centre for Newcomers Pacific Place Mall, 1010, 999–36 th St. NE	403-569-3325

Injury Prevention/Safety Information

Child Safety Seat (Car Seat Safety)	
<i>www.albertahealthservices.ca > Programs and Services > Car Seat Safety</i>	
Health Canada product safety information (cribs, toys, etc.).....	403-292-4677
.....	or 1-866-662-0666
.....	email: alberta.prodsafe@hc-sc.gov.ca

Legal Services

Calgary Legal Guidance	403-234-9266
<i>First appointment is free for people with a low income.</i>	
Dial-A-Law	403-234-9022
<i>Basic legal information using pre-recorded messages.</i>	
Lawyer Referral Services	403-228-1722
<i>Free 30-minute legal advice and lawyer referral.</i>	
Legal Aid Society	403-297-2260
<i>Provides lawyers to persons charged with criminal offenses and also some civil cases. Fee is based on applicant’s income.</i>	
Student Legal Assistance	403-220-6637
<i>Free legal advice from law students. Does not deal with criminal law.</i>	

Parenting/Stress/Support

Access Mental Health	403-943-1500
<i>A guide to mental health agencies and resources.</i>	
The Alex Community Health Centre	403-266-2622
<i>Services include: youth support, crisis counselling, seniors health, Community Health Bus, free, and low-cost food.</i>	
Calgary Urban Project Society (CUPS)	403-221-8780
Medical Clinic	403-221-8790
<i>Offers walk-in medical clinic, dentist, foot care, showers and family resource centre.</i>	
Teen Parent Friend Program	
Catholic Family Service	403-233-2360
<i>Volunteers provide one-to-one friendship and support for teen mothers.</i>	
Children's Cottage – Crisis Line	403-233-2273
<i>Helps parents who are having a crisis and have no other means of child care support. Emergency care for children up to 8 years old.</i>	
Children's Link.....	403-230-9158
<i>Resource information for parents of children with disabilities.</i>	
Community Resource Team	403-299-9699
<i>A 24-hour mobile team for anyone who is in crisis.</i>	
Distress Centre	403-266-1605
<i>A 24-hour telephone help/information and referral for kids, teens, and adults.</i>	
Families Matter	403-205-5178
<i>Provides postpartum support, parenting resources, courses, and in-home family support</i>	
Keeler drop-in, 4807 Fargo Ave. SE	403-777-8180
Louise Dean Community Outreach & Home Start Program.....	403-777-7635
<i>Parent support groups and home visitation program for young mothers (age 16 to 24) and their children (age birth to 6 years)</i>	
Muslim Families Network Society	403-466-6367
CARYA (Calgary Family Services) Prime Time	403-269-9888
Women in Need.....	403-255-5102
The Women's Centre 39-4th St NE	403-264-1155

Parent Links (Parenting Programs)

Awo Taan Family Wellness	
100, 1603–10 th Ave. SW.....	403-531-1880
Calgary Aboriginal	
19 Erinwoods Dr. SE	403-240-4642
Family Pride Parent Link	
3940–73 rd St. NW (inside Bowcroft Elementary School).....	403-288-1446
Hand in Hand	
2623–56 th St. NE.....	403-293-5467
North Central Family Connections	
520–78 th Ave. NW	403-293-5467
Parent Link Corridor YWCA	
320–5 th Ave. SE	403-232-1582

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