





## **Welcome to Golden Maternity**

Golden Maternity has five physicians and one midwife working together as a team to provide your prenatal care. Throughout your pregnancy our aim is that you will get to meet with all of our prenatal care providers.

Working collaboratively allows our team to offer variable appointment times and potentially some home visits. We offer in-office individual visits, group visits and telehealth visits as needed. Our team aims to provide consistent, comprehensive care. Should any pregnancy complications arrive, we can refer you to an obstetrician who may see you in Golden or Cranbrook. In addition, we offer surgical and anesthesia services should you require an epidural or a caesarean birth.

Our care team shares an on-call service. This is a rotating schedule where each provider takes a turn being on call for deliveries.

Golden Maternity post-partum care (the time after your baby is born) will include care offered in-office and in your home until your baby is 8 weeks old. In addition, you will also receive care and support from a public health nurse. Once your baby is eight weeks old, both you and your baby will receive care from your regular family physician. If you do not already have a regular physician you are welcome to choose one.

At the end of your postpartum care you will receive an evaluation form about your experience. We would appreciate getting feedback from you as this will enable us to continue improving the care we are able to provide.

If you have any questions about how Golden Maternity works together or you wish to give feedback about the care you are receiving during your, please let any team member know.

Thank you! Golden  
Maternity

Jessica Chiles, MD

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Dec 2020

Next Review: July 2021

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Golden Maternity Services:  
Guide to prenatal visits.

### **Guide to your prenatal visits with Golden Maternity**

This guide is intended to give you an outline of what to expect during your visits with us. It is not an exhaustive list. Your visits will be tailored to meet your needs.

- Your first appointment with us will be approximately 45mins - 1hour
- Following appointments will be approximately 15-45mins
- Your partner and/or support person is welcome to attend appointments

Appointments are typically scheduled as follows:

\*Every 4 weeks until you are 28-30 weeks

\*Every 2 weeks until you are 35-36 weeks

\*Weekly until you deliver

### **What to expect during your appointment?**

- Prior to seeing your prenatal care provider, you will see one of our nursing/clinic staff who will take your blood pressure and weight.
- Once this is done, you will be taken to your appointment. Your care provider will listen to your baby's heart rate, measure your stomach to assess baby's growth, and check the baby's position in your uterus.
- At each visit, care providers will have a list of topics to review with you.
- At each visit, you will be informed of when your next appointment should be and of any test that are required for the care of you and your baby.
- We will also try to answer any questions you or your partner may have.
- Once you have passed 20 weeks of pregnancy you can choose to attend either group or individual prenatal appointments.



Golden Maternity Services:  
Guide to prenatal visits.

### **Group visits**

Group visits are available for women who are over 20 weeks pregnant. These visits are scheduled to happen every two weeks on a Tuesday evening. Each visit will last 90 minutes and be hosted by 2 members of the Golden Maternity doctor/midwife team and (potentially) a guest speaker.

During these sessions, you will receive all the care you would at a one-on-one office visit. In the peer supportive environment, there will also be more time to discuss your pregnancy journey, any questions you may have regarding your pregnancy, and share experiences while preparing for your baby's arrival. The Group visits also include education on prenatal education.

### **Once baby has arrived**

After the birth of your child, you may have home visits by our midwife or a physician to ensure baby is gaining weight, check for jaundice, and answer the many questions new parents have! Public health nurses will also visit you to review growth and talk to you about immunizations, hearing tests and many other topics.

***We look forward to supporting you through your pregnancy.  
Thank you! Golden  
Maternity***

Jessica Chiles, MD

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## **Informed Choice Discussion: Choice of Birthplace**

Golden Maternity currently provides care during labour and delivery in the Golden Hospital. Each physician and midwife have privileges at this hospital in order to provide this care. This means that any care provider on the team can admit you and treat you at the Golden Hospital.

Community birth is now another option in Golden for women with low risk pregnancies. Should you wish to choose a home birth after reading the Place of Birth Handbook, you may choose to talk to the maternity team about community birth.

If you choose home birth in Golden, you will be attended in your labour and at the birth by two providers – one who will look after you and one who will look after the baby once it is born. At this time, only our midwife is able to be the primary person caring for you during your labour and birth out of hospital. This means that home birth in Golden is only possible when the midwife is in town and available.

There are also midwives who provide home birth in Invermere, Cranbrook and Salmon Arm.

If you have more questions about home birth or if you would like to talk about whether you are appropriate for home birth, ask any one of your care providers in Golden.

# A Birthing Parent's Rights & Responsibilities

Created by Andrew Kotaska, MD, FRCS(C)\*

- 1) According to my beliefs & values, I have the right to make health care decisions for me and my baby/babies. No other's concern for me or my baby shall supersede this right.
- 2) I have a right to receive objective, unbiased health care information including:
  - a. the natural course of my condition without treatment;
  - b. treatment options available locally and elsewhere;
  - c. the risks and benefits of different options, including doing nothing.
- 3) I understand that health care providers have a duty to recommend care that they judge to be in my best interest.
- 4) I have a responsibility to engage in discussions regarding care options, risks, and benefits in order to reach informed choices based on my values.
- 5) I have the right to decline without prejudice any intervention recommended by a health care professional, even if my decision increases my and my baby's/babies' risk of harm or death.
- 6) If I decline a recommendation, I have the right to receive courteous, professional care.
- 7) I have the right to change my mind: to accept a recommendation that I have previously declined, or to decline a recommendation I have previously accepted.
- 8) I accept that a health care practitioner has a duty not to perform an intervention that she or he believes is unsafe; however, intrapartum care and attendance in labor are not interventions and a health care practitioner has a professional duty to continue to provide care.
- 9) I do not have the right to demand an intervention that a health care provider believes is unsafe; however, if another regulated practitioner would reasonably honor my request, I have the right to be referred to them.
- 10) I understand that a health care practitioner providing care after I have declined her or his recommendation is not endorsing my choice; rather she or he is respecting my right to choose.
- 11) I accept that I am legally and ethically responsible for harm to me and/or my baby that arises from my rejection of a health care provider's recommendation.

**Please feel welcome to discuss this document with your health care provider!**

# A Maternity Care Provider's Pledge

Created by Andrew Kotaska, MD, FRCS(C)\*

## To my pregnant client:

- 1) My colleagues and I have a duty to provide you with competent clinical care. We will not abandon this duty.
- 2) I will offer or recommend treatment that I believe to be in the best interest of you and your baby.
- 3) I will provide you with information as objective and unbiased as possible about the natural course of your clinical diagnosis or situation, and about the risks and benefits of treatment options.
- 4) I will respect your right to accept or decline any recommended intervention.
- 5) If you decline a recommended intervention, I will continue to care for you; however, this does not mean that I support your decision. You bear the ethical and legal responsibility for any harm to you or your baby that might arise from your informed refusal.
- 6) You may change your mind. If clinical circumstances change your level of risk significantly, I will inform you of this and give you an opportunity to change your decision.
- 7) I will not perform an intervention you request if I believe it will do more harm than good; however, I will refer you to a colleague who would reasonably honor such a request.

**Please feel welcome to discuss this document with your health care provider!**



### Pregnancy Investigations/Tests

Trimester	Potential Investigation and Tests	Explanation
<b>First</b>	<p><b>Usual tests:</b> 1<sup>st</sup> Trimester Ultrasound</p> <p>Hemoglobin</p> <p>Blood type and Antibody Screen</p> <p>HIV test</p> <p>Rubella</p> <p>Syphilis screen</p> <p>Chlamydia and Gonorrhea</p> <p>Hepatitis B</p> <p>Urine culture</p>	<p>Finding your due date! Studies show that ultrasound between 8 and 12 weeks is better at finding your due date than using your last period.</p> <p>Hemoglobin is an oxygen carrying red blood cell. We look in your blood at the start of pregnancy to see if you may be low and need building blocks for making more hemoglobin (like iron)</p> <p>Blood type and antibody screen – To see your blood type. We also see if your blood has any parts that may fight your pregnancy.</p> <p>HIV test – If positive, medication can reduce the chance of passing it to your baby at birth.</p> <p>Rubella – to see if you are immune to the German measles. The German measles are known to cause very serious problems with pregnancy and birth defects. If you are not immune, we can offer you support for this after the baby is born.</p> <p>Syphilis screen- it is on the rise and it can be passed to baby at birth and be very dangerous.</p> <p>Either with a PAP, or by peeing in a cup. Both are good to know for your own health. Gonorrhea passed onto baby can cause blindness in the baby's eyes.</p> <p>Hepatitis B – If positive, we can offer your baby shots at birth to make it less likely that your baby will become positive.</p> <p>Urine culture – to look for bacteria in your urine. Too much bacteria in the urine can cause you to have your baby too early.</p>



	<p><b>Other Potential Tests:</b> TSH</p> <p>Varicella – Chicken Pox</p>	<p>Thyroid Stimulating Hormone</p> <p>Chicken Pox</p>
	<p>Hepatitis C Ferritin</p> <p>SIPS 1 + 2 screening (9-13+6 &amp; 14 – 20+6)</p> <p>NIPT Screening</p> <p>PAP</p> <p>Nuchal Translucency Ultrasound (11-13)</p> <p>Bacterial Vaginosis swab</p>	<p>Hepatitis C – liver disease Iron levels</p> <p>See your binder handout</p> <p>See your binder handout</p> <p>PAP – A screen for cervical cancer. It can cause bleeding in pregnancy, so we may choose not to do it if you are already bleeding.</p> <p>In some cases, if you are over 35 years of age. You can have this special ultrasound done in Cranbrook to look at the small piece of skin behind the baby’s neck. A thick fold can be associated with Down Syndrome. This test with the SIPS screen is called IPS.</p> <p>Bacterial vaginosis swab is a long q-tip swab that goes into your vagina and rubs on the inside wall of the vagina. Bacterial vaginosis can be associated with having your baby too early in people who had a baby too early in the past.</p>
<b>Second</b>	<p><b>Usual tests:</b> 2<sup>nd</sup> trimester ultrasound (18-22)</p>	<p>Checking on all of the body parts of baby, where your placenta is in your uterus, and the amount of amniotic fluid there is.</p>
	<p>50G OGTT (24-28)</p>	<p>See your binder handout</p>
	<p><b>Other Potential Tests</b> Blood type, antibody screen and complete blood count</p> <p>75G OGCT</p>	<p>General health check and to see iron levels.</p> <p>See your binder handout</p>
<b>Third</b>	<p><b>Usual tests:</b> GBS Swab (37+)</p>	<p>See your binder handout</p>
	<p><b>Other Potential Tests:</b> 3<sup>rd</sup> trimester ultrasound</p>	<p>To see where the placenta is in your uterus, the amount of amniotic fluid and measure the baby.</p>

# Prenatal genetic screening

All women should be offered prenatal genetic screening. Many women choose to have prenatal genetic screening; it is up to you whether you would like these tests. The results of genetic screening can provide important information, but also can lead to difficult choices. If the tests showed your baby had a serious condition, would you continue the pregnancy? Would you want to know this information so you can prepare for the birth of a baby that might need special care? These are difficult and very personal decisions. No matter what your choices are, your health care provider will support you throughout the process.



There are two main types of blood tests. The standard prenatal blood testing measures chemicals in the blood that indicate the relative likelihood of abnormalities. More recently, tests have become available that are able to detect the baby's DNA in the mother's blood. Whichever test you have, it is still a screening test. Such a test cannot definitively establish that an abnormality is present, or absent. These tests only estimate chances. Abnormal results require further testing for diagnosis or reassurance.

## What is prenatal screening?

There are several different types of prenatal genetic screening tests. Which types are available to you depend on where you live and how far along you are in your pregnancy. If you choose to have genetic screening, your ultrasound(s) (if done) and a blood

sample or samples will be used to test for signs of certain conditions. These include genetic abnormalities (e.g., Trisomy 18, Down syndrome) and neural tube defects (e.g., spina bifida). The results of prenatal screening tests are *not* a diagnosis. They provide you with a likelihood that your baby has one of these conditions. There are both false positive and false negative results, so a positive screen does not mean your baby is affected. For proper diagnosis, you will need to undergo further evaluation, such as noninvasive prenatal testing (which is also a screening test, but with greater precision), or invasive testing such as amniocentesis or chorionic villus sampling. These two invasive procedures (described below) can determine whether a disease is present or not, and not just the chance of it. Because they are “invasive” and require putting an instrument into the uterus to obtain fetal cells, there is a risk of pregnancy loss.

### What is non-invasive prenatal testing?

Non-invasive prenatal testing (NIPT) is a relatively new, highly effective method of screening for Down syndrome and other similar genetic abnormalities. It is a blood test that measures cell-free fetal DNA that is present in the mother’s blood. It can also be used to determine fetal sex, identify the presence of [an Rh-positive fetus in an Rhnegative mother](#), and to determine some genetic abnormalities that are passed from the father’s genes. There is a possibility of a failed test (no results), a false negative, or false positive result. The test is not definitive, and all positive screening results will need to be confirmed with more invasive fetal diagnostic testing before any decisions are made.

### What is amniocentesis?

In this test, a small amount of amniotic fluid will be taken out of the uterus with a needle inserted through your abdomen. The doctor will use ultrasound to guide the needle to an area far from the baby. Some of the baby’s cells will be present in the fluid. These are extracted and tested for genetic abnormalities. This test has a low risk of miscarriage of 0.5% -1%. If you have a fetus diagnosed with a genetic abnormality, you have the choice of continuing or terminating the pregnancy.

### What is chorionic villus sampling?

Chorionic villus sampling is a prenatal test where a tiny piece of placental tissue is taken either through the cervix or the abdomen. The sample is then tested for genetic abnormalities. This test can be performed earlier than amniocentesis, usually between 10 and 13 weeks. It also carries a small risk of miscarriage of 1-2%. The risk is a little higher than amniocentesis, but the benefit is that a diagnosis can be made earlier in pregnancy.

What is nuchal translucency?

Nuchal translucency is a collection of fluid under the skin of all baby's necks. The test measures the thickness of the fluid. If it is thicker than normal, it means that the baby could have Down syndrome or other genetic abnormalities. This test is also not a diagnosis, but gives a measure of risk.

<https://www.pregnancyinfo.ca/your-pregnancy/routine-tests/genetic-screening/>



## **Useful Phone numbers**

- Golden Medical Clinic: 250-344-2211
- Golden and District Hospital: 250-344-5271 Ext: 0
- Golden Public Health and Golden Mental Health Services: 250-344-3001 Ext: 1
- Healthy from the Start: 1-855-868-7710
- Nurses Helpline: 811
- Golden Metis Association: 250-344-0015 or 250-344-0580
  - o Métis Nation Columbia River Society is an inclusive community of Indigenous people who wish you the best on your wellness journey. If you have questions regarding citizenship, would like traditional spiritual support, need help navigating services, or would like the support of caring elders and others, please give us a call
- Invermere Counselling services:
  - o Alana Cotterall - 250-342-8858 or [cotterallcounselling@gmail.com](mailto:cotterallcounselling@gmail.com)
- Golden Counselling services:
  - o Golden Family Centre: 250-344-2000
  - o Nicola Hautala: 778-868-1334
- Elements Therapeutics – Pelvic Floor Physiotherapy: 250-344-6654
- Doulas: (1) 403-352-5206 (2) [kat@hightidebirthsupport.ca](mailto:kat@hightidebirthsupport.ca)

\*We are not accountable for the information within these resources.

# Healthy eating

What does it really mean to eat healthy?



Pregnancy is divided into three stages. Each stage is about three months long and marks differences in the development of your baby. Some of your nutritional requirements will vary depending on your stage of pregnancy. There are nutrients that you'll need to get enough of to ensure the healthy development of your child like folic acid (folate), which you should start taking now if you didn't start in the months leading up to your pregnancy.

[Canada's Food Guide](#) is a resource pregnant Canadian women can use to help figure out how best to eat. A varied, nutrient-dense diet, as recommended by Canada's Food Guide, will help ensure the nutritional requirements of both you and your baby are met.

## Nutrients

In addition to folic acid, pregnant women also need to watch these nutrients: Iron, fibre, omega-3 fatty acids, choline and iodine.

### **Iron**

You need to increase your daily iron intake to 27mg daily during the final six+ months of pregnancy to support an increase in red blood cells and fetal tissues. Like most women, you may need a good supplement to meet this need. Iron isn't needed as much during

the first three months and is safe to stop supplementing during this time if you're experiencing nausea and vomiting. These [symptoms of pregnancy](#) normally subside around the time you need more iron.

### **Fibre**

You'll need 2-3g more of fibre in your diet daily for a total of 28g. This added fibre helps reduce constipation and may help to reduce the risk of developing high blood pressure.

### **Omega-3 fatty acids**

Consume omega-3 fatty acids, which are needed for fetal development, particularly eye and brain development. Food sources of each of the omega-3s are recommended compared to supplements. DHA, one of the three omegas that is found in fish, is the best source. Aim for 1.4g daily.

### **Iodine**

Iodine is a mineral that works to help the body synthesize thyroid hormone, which plays a role in helping with muscle contractions, promoting bone development, breaking down fats, and stimulating nutrient absorption. Aim to consume 250mcg daily.

### **Vitamin D**

Taking a vitamin D supplement of 2000IU in the last six months of pregnancy will enhance the vitamin D content of your breast milk towards meeting the daily needs of your breastfeeding infant.

### **Choline**

Choline intake above 450mg a day is linked to improved fetal stress responses and a reduced risk of neural tube defects. This vitamin may not be found in your prenatal daily vitamin.

How much more do I need to eat?

We know that the requirements for almost all nutrients are higher during pregnancy than when a woman is not pregnant. This means that special attention to your dietary intake is needed. This doesn't always mean eating more, but it does mean being conscious of the quality of your diet. During the first trimester, you likely don't need any extra calories. In the second trimester you need about 340 extra calories per day. In the third trimester, you need about 450 extra calories. This generally equates to 2 or 3 additional servings from any of Canada's Food Guide's food groups during the second and third trimester. Here are some examples of 2 or 3 extra servings look like:

- 1 apple and  $\frac{3}{4}$  cup yogurt
- 1 piece of toast and a cup of milk
- $\frac{1}{2}$  English muffin with a slice of cheese, half of a sliced pear
- Pasta salad made with  $\frac{1}{2}$  c pasta,  $\frac{1}{2}$  cup vegetables and 75 g chicken

What if I have a special diet?



If you have a dietary restriction (e.g., food allergy, gluten-free, dairy-free, etc.) you may have to pay a bit of extra attention to be sure you are getting all the nutrients you and your baby need. A well-planned vegetarian diet is healthy during pregnancy, with careful attention to protein intake. Nutrients of concern for strict vegetarians (vegans) include protein, zinc, iron, vitamin B12, and omega-3 fatty acids. If you are concerned about your diet, your health care provider can refer you to a registered dietitian for guidance.

<https://www.pregnancyinfo.ca/your-pregnancy/healthy-pregnancy/healthy-eating/>



# Folic Acid:

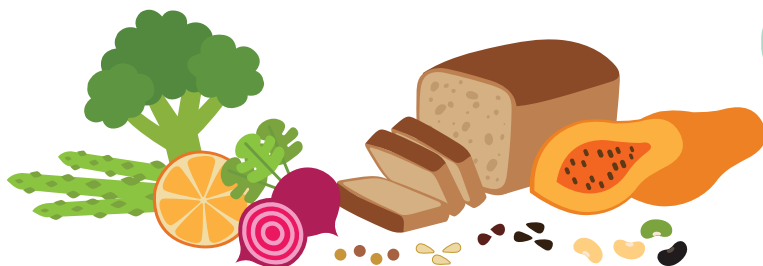
## Are you getting enough?

### What is folic acid?

- Folic acid is a B vitamin found in vitamin supplements. In food, it is called folate.
- Folic acid helps you make healthy new cells. Early in pregnancy, folic acid helps the baby's spine and brain to develop. Other benefits of folic acid are healthier hair, skin and nails.
- Women who do not get enough folic acid have a higher risk of having a baby with birth defects of the spine and brain, commonly known as a neural tube defect.



Take a  
multivitamin  
with 0.4 mg of  
*folic acid*  
every day



### What foods are high in folate?

- Folate is in foods such as dark green vegetables, beans, peas, lentils, oranges and fortified grain products.
- Most women do not get enough folate from food.

### How much folic acid do I need?

- A multivitamin with 0.4 mg of folic acid is recommended every day if you are:
  - a woman who could become pregnant
  - planning a pregnancy
  - pregnant or breastfeeding
- Some women may need more folic acid, if you have questions, talk to your health care provider.



### To learn more

- TALK to your health care provider
- VISIT: [Canada.ca](https://www.canada.ca) search *folic acid*
- VISIT: [Pregnancyinfo.ca](https://www.pregnancyinfo.ca)

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**Keeping babies smoke-free  
is everyone's responsibility**



**Stopping smoking is one of  
the best things you can do for  
yourself and your baby**

For more Information

**Medications and Mothers' Milk**

Tom Hale, PhD. 14th Edition 2010.

**Visit these websites:**

[www.quitnow.ca](http://www.quitnow.ca)

[www.pregnets.org](http://www.pregnets.org)

[www.motherisk.org](http://www.motherisk.org)

[www.acopg.org](http://www.acopg.org) (search smoking)

[www.gosmokefree.ca](http://www.gosmokefree.ca)



Pregnant & smoking?  
Have a new baby?  
***(It's okay to ask for help.)***

**1. Set a quit date and find support**

- Family, friends and healthcare providers
- **QuitNow:**
  - Click online at [www.QuitNow.ca](http://www.QuitNow.ca)
  - call Quitnow by Phone: 1-877-455-2233 or
  - Txt JOIN on your cell phone to 654321.

**2. Finding the cravings too hard to handle?**

- See your doctor or pharmacist about medications that may help.

**3. Be aware of your triggers and avoid them:**

- **Find other healthy ways to reduce stress:** walk, spend time with non-smokers, get support
- **Use the 4 Ds:**
  - Delay,
  - Deep breathe,
  - Drink water,
  - Do something else.

**4. Make your home and vehicle smoke free**

- Your baby needs your help to stay away from tobacco smoke

Make Your Home & Car  
**Smoke-Free!**

**Babies Need  
Breathing  
Space**



Healthy ideas  
for you and your baby.



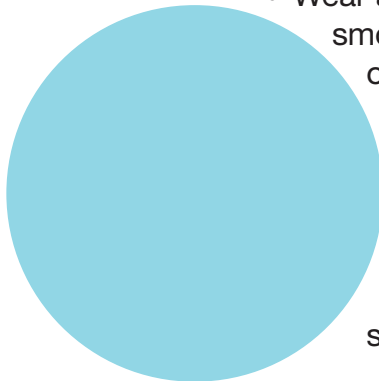
## What are the effects of smoking while I am pregnant?

Tobacco use in pregnancy is harmful to both you and your baby. It limits the oxygen and food that reach your baby through the placenta. Smoking can also lead to:

- Increased miscarriage or pre-term delivery
- Increased risk of ectopic pregnancy (pregnancy outside the uterus)
- Increased risk of low birth-weight baby
- Increased risk of birth defects

## Babies exposed to second hand smoke are more likely to have:

- Severe asthma and allergy attacks needing hospitalization.
- SIDS – Sudden Infant Death syndrome
- Ear and chest infections
- Learning and behaviour difficulties in later years



## Can I still breastfeed if I smoke?

Yes, breastfeeding still provides many benefits to you and your baby even if you are unable to quit smoking at this time.

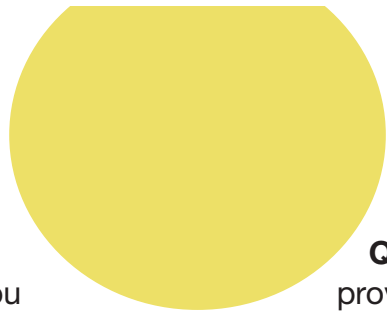
Nicotine can pass through breast milk, so **breastfeed first** before smoking or using nicotine gum, lozenge or inhaler.

Heavy smoking can reduce a mother's milk supply – cutting down may help.

## Reducing the risks: for you and your baby

- The ideal: stop smoking
- Reduce the amount you smoke until you stop altogether
- Smoke outside, away from your baby
- Don't let anyone else smoke around your baby
- Don't smoke before or during breastfeeding
- Wear a "smoke-free" shirt after smoking to reduce the transfer of tobacco toxins to your baby

It's never too late to quit smoking. Benefits to you and the baby start **immediately**, and increase the longer you are smoke free!



## Interested in quitting? Help is available!

**Quitnow Services** are clinically proven smoking cessation programs, available FREE to all British Columbians.

**QuitNow.ca** is an interactive, internet-based program, and **QuitNow by Phone** – 1-877-455-2233 is staffed by registered care coaches available to assist people in over 130 languages. Try their new program: Txt JOIN on your cell phone to 654321



## Did you quit during pregnancy? Stay with it!

It may be tempting to start smoking again after your baby is born. You may feel you deserve a cigarette when there's no longer a risk to the baby. In fact, you deserve much more – the health and energy of a smoke-free life!

You've made it this far and your body has started to heal. Get the help you need to stay smoke free. Talk to your doctor or other healthcare provider, or click or call QuitNow Services.



# MEDICATIONS AND DRUGS

## BEFORE AND DURING PREGNANCY



THE SOCIETY OF  
OBSTETRICIANS AND  
GYNAECOLOGISTS  
OF CANADA

www.sogc.org

education  
education  
education  
education

**Always speak with a health-care professional before taking any prescription or non-prescription medication, herbal remedy or drug.**

As pregnant women, we all want to do what is best for our growing babies. This often means making careful choices about what we put into our bodies. Prescription and over-the-counter medications, herbal products, topical creams, inhalers, mega doses of vitamins, alcohol, nicotine and street drugs can cross the placenta into a baby's bloodstream.

Because your unborn baby is going through critical stages of development, these products can affect him or her differently than they affect you — sometimes causing birth defects or other significant problems. The safe use of medication is essential to optimize the health of both a pregnant woman and her unborn child.

### Is it safe to take medicine while I am pregnant?

Ideally, you should not take any medication during pregnancy unless you and your health-care provider determine that it is necessary. A small number of medications have been shown through clinical studies to be safe for use in pregnancy. The effects of many other medications on your baby are not known. While few medications have been proven to be harmful to a growing baby, there has not been much research in this area and we do not really know what effect some drugs might have.

However, many women are commonly treated for medical conditions during pregnancy. Sometimes, the risk of not taking medication may be more serious than the potential risk associated with taking the medication. It is important to understand the options available to you and the risks they may carry.

Before you start taking any type of prescription or non-prescription medication or herbal remedy, it is very important that you speak with a health-care professional. This is important throughout your entire pregnancy, and particularly during the first three months, when your baby's major body systems are forming.



### I am pregnant. Should I stop taking my medication?

If you were taking a prescription medication for a diagnosed medical condition before you became pregnant, you should speak with your health-care provider as soon as possible about the safety of continuing this medication. Do not stop taking your medication or change its administration schedule on your own. Depending on your health problem, not taking your medication may be more harmful to you and your baby than continuing to take the medication.

If you are using hormonal birth control, such as the pill, the patch, the shot or the ring and become pregnant, you should stop using them — but don't worry, there are no known negative effects to the baby.

### I am trying to get pregnant.

Medications that are known to cause harm usually do so within the first few weeks of pregnancy, when the baby's major body systems are forming — and often before you know you are pregnant. If you are taking medicine of any kind, it is best to review it with your health-care provider before you become pregnant.

If you are taking a medication that is known to be harmful for babies, you may need to change to a drug that will still give you the treatment you need and is also deemed safe to use during pregnancy. If the prescription cannot be changed, your health-care provider may advise you to reduce your dosage or to have additional tests done to monitor the effects of medication throughout your pregnancy. Or, you may be advised to stop using the drug, if it is safe to do so.



## What about natural or herbal remedies?

Many people use natural or herbal products with the assumption that they are safer than other options. Many of these natural or herbal products have not been clinically tested to evaluate their safety and effectiveness. Even fewer products have been properly tested during pregnancy. Although a product may be considered natural, it still may contain ingredients that could harm you or your baby when used during pregnancy. Always ask your health-care professional first.

## What's safe, what's harmful?

Only your health-care provider will be able to tell you what medications are safe for you to use before and during your pregnancy. Speak with your doctor, midwife, nurse or pharmacist before taking any prescription or non-prescription medication or herbal remedy, including the ones listed below:

- **Morning sickness medications**
- **Cold and flu remedies**
- **Antibiotics**
- **Pain relievers:** ASA(Aspirin), NSAIDS (Ibuprofen), Acetaminophen
- **Antidepressants**
- **Sleeping pills**
- **Acne medications**
- **Natural or herbal remedies**
- **Anticonvulsants** to control epilepsy
- **ACE inhibitors or angiotensin receptor antagonists** to treat high blood pressure
- **Blood thinners**
- **Thalidomide**
- **Mood stabilisers** such as lithium
- **Hormonal contraceptives**

## Can I take something for nausea and vomiting?

Do not take over-the-counter medicines or herbal remedies without consulting your health-care provider. There are several medications that can be taken to treat nausea and vomiting. Diclectin® is the only prescription medication approved by Health Canada for the treatment of nausea and vomiting in pregnancy. It has been proven to have no harmful effects on babies. Your health-care provider can also suggest some non-pharmaceutical ways to manage and prevent nausea and vomiting.



## What about caffeine, alcohol, nicotine and street drugs?

Moderate amounts of **caffeine** (one to two cups of coffee per day) are safe for consumption during pregnancy.

If you are pregnant or may become pregnant, avoiding **alcohol** is the safest choice. Evidence shows that high levels of alcohol consumption and binge drinking can have serious effects on your baby, including early in pregnancy. There is no known safe amount of alcohol during pregnancy. Speak with your health-care provider if you need help controlling your alcohol consumption.

There is a proven link between **smoking** during pregnancy, low birth weight or preterm babies, and other negative effects. This is also true for exposure to second-hand smoke. Research has shown that there is still benefit when smoking is stopped as late as 32 weeks in pregnancy, although it is best to quit before you become pregnant. Speak with your health-care provider about managing your cravings during pregnancy.

**Street drugs** are never safe for use, particularly during pregnancy; speak with your health-care provider if you need help.

**For your baby's sake, it is never too late to reduce or eliminate consumption of alcohol, nicotine or street drugs.**

## Other resources from the Society of Obstetricians and Gynaecologists of Canada

- Brochures available online at [www.sogc.org](http://www.sogc.org):
  - Alcohol use in pregnancy
  - Folic acid: Before and during pregnancy
  - Healthy eating, exercise and weight gain: Before and during pregnancy
  - Immunization: Before and during pregnancy
  - Nausea and vomiting of pregnancy
  - Medications and drugs while breastfeeding
- The book, "Healthy Beginnings: Giving your baby the best start from preconception to birth" available at [www.sogc.org/healthybeginnings](http://www.sogc.org/healthybeginnings)
- "Substance use in pregnancy" and "Alcohol use in pregnancy" clinical practice guidelines available at [www.sogc.org/guidelines](http://www.sogc.org/guidelines)



*Canadian Alliance for the Safe and Effective Use of Medications in Pregnancy and Breastfeeding*

*This brochure has been produced in partnership with Pregmedic, the Canadian Alliance for the Safe and Effective Use of Medications in Pregnancy and Breastfeeding.*

## What you need to know:

# Cannabis, Pregnancy and Breastfeeding



It's safest for you **not to use cannabis during pregnancy and breastfeeding.**

Cannabis may **negatively affect brain development.**



THE BRAIN DEVELOPS FROM **INFANCY TO AGE 25.**

**SMOKING CANNABIS MAY INCREASE THE AMOUNT OF CARBON MONOXIDE IN YOUR BLOOD.**

This can decrease the amount of oxygen that the developing baby receives.

Cannabis use during pregnancy **may be associated with:**

**LOW BIRTH WEIGHT**

**PRETERM LABOUR**

**STILLBIRTH**

A developing baby may be affected **by all forms of cannabis.**



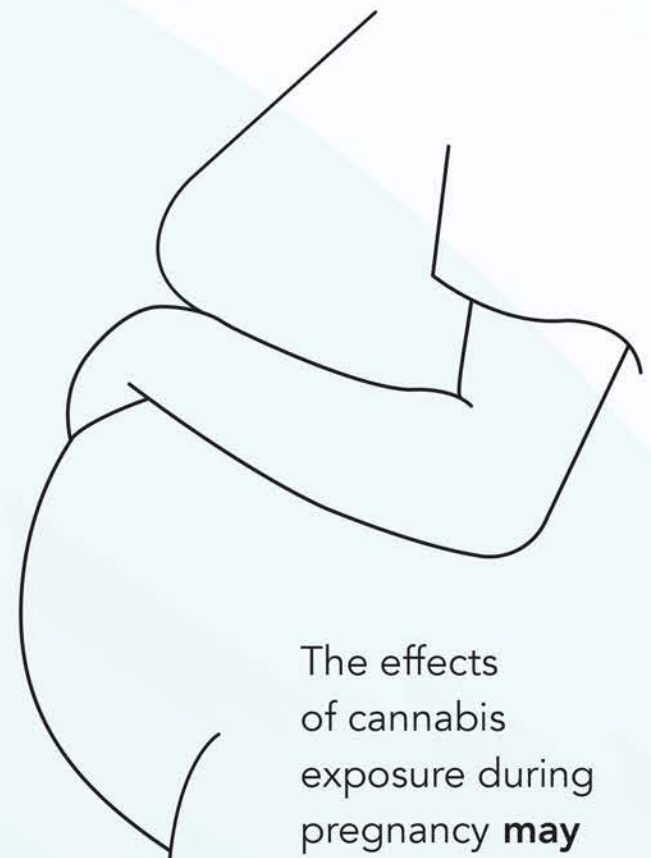
SMOKED

VAPED

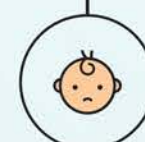
EATEN

**CANNABIS MAY ALTER YOUR DNA AND GENES.**

These alterations can be passed onto future generations, impacting their health.



The effects of cannabis exposure during pregnancy **may last a lifetime.**



**CHILDHOOD**

Poor memory function, poor problem solving skills, and an inability to pay attention



**ADOLESCENCE**

Increased risk of depression and/or anxiety



**ADULTHOOD**

Possible substance use

Cannabis compounds may be passed to your baby through breast milk.

**This may lead to:**



**SLOW MOTOR DEVELOPMENT**



**REDUCED MUSCLE TONE**



**POOR SUCKLING**

# Safety During Pregnancy

August 8, 2013 by Healthy Families BC



When you're pregnant, certain everyday things like bacteria can pose potential risks.

Here are some simple steps you can take to keep yourself and your baby healthy.

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## **Make Sure Your Drinking Water's Safe**

If your water comes from a private well or other non-regulated source like a creek or lake, get the water tested by a laboratory to make sure it's safe to drink. Untreated water can contain harmful bacteria and chemicals. For example, high levels of nitrates have been found in wells throughout B.C. High levels of nitrates can be dangerous for babies, interfering with their blood's ability to carry oxygen. In severe cases, this can cause death.

If your drinking water source is a creek, river or lake, you should also boil it before drinking. Boiling does not remove chemicals but it kills harmful bacteria.

## Testing Well Water

For more information about getting your well water tested, see the HealthLink BC file [Should I Get My Well Water Tested?](#). For more information about the dangers of nitrates in well water, see the HealthLink BC file [Nitrate Contamination in Well Water](#).

## Avoid Cat Feces

If you have a cat, be sure to protect yourself from its feces (poop) while you're pregnant. Otherwise, you can get a parasite that may cause a serious infection called toxoplasmosis in your unborn baby. This can result in miscarriage or birth defects. Toxoplasmosis is often mild or without symptoms and can be mistaken for the flu in pregnant women.

### To protect yourself from exposure to cat feces:

- Have someone else empty the litter box, or wear gloves and wash your hands well.
- In the garden, wear gloves and avoid direct contact with soil that may contain cat feces.
- Always wash your hands well with soap and water after handling pets.

Toxoplasmosis can come from other sources, so take precautions to avoid unpasteurized dairy, and wash hands and preparation surfaces after handling raw meat.

## X-rays

Some medical tests are not safe for pregnant and breastfeeding women. Before having X rays, dental x-rays, CT scans, and other tests, be sure to tell the technician you are pregnant or breastfeeding.

## Use Caution With Hot Tubs

Hot tubs and saunas can be relaxing and soothing, but when you're pregnant it's important not to increase your inner body temperature. Overheating can harm your baby's healthy development.

If you choose to use a hot tub or sauna:

- Keep the temperature below 38.9°C.
- Limit your soak or steam to 10 minutes, or less if you feel uncomfortable.
- Have another adult with you.
- Get out right away if you feel dizzy or faint, or have a rapid pulse, irregular heartbeat, stomach pain or tingling in your feet and hands.





## Pregnancy and Dental Health

### Why is dental health during pregnancy important?

It is important to take care of your teeth and gums during pregnancy for the following reasons:

- Hormonal changes during pregnancy can affect your gums causing them to become more sensitive, swollen and red. This is called “pregnancy gingivitis” or gum disease.
- Gingivitis can lead to more serious periodontal (gum and bone) disease without good oral care.
- Poor dental health may affect the health of your developing baby. Research shows there may be a link between periodontal disease and having a pre-term or low-birth weight baby. These babies are at greater risk of having developmental problems, asthma, ear infections, and may have a higher risk of infant death.

### How can I keep my teeth and gums healthy?

Your teeth can be affected by what you eat and drink, how often you eat and drink, how long the food stays on your teeth, as well as how long plaque is left on your teeth. Plaque is the sticky film that contains bacteria.

To keep your teeth and gums healthy:

- Brush your teeth at least twice a day with toothpaste that contains fluoride.
- Clean carefully along the gum line where plaque sticks.
- Floss your teeth every day before bedtime.

- Choose to drink water between meals and snacks. Avoid frequent sipping on sweet liquids.
- Brush your teeth after meals and snacks. If this is not possible, rinse your mouth with water or a fluoride mouth rinse.
- Eat healthy foods and limit foods that are sweet or stick to your teeth. If you eat sweets occasionally, try to eat them at mealtime.
- Do not smoke or drink alcohol during pregnancy.

Nausea and vomiting during pregnancy can leave stomach acids in your mouth. Do not brush your teeth for 30 minutes after vomiting. The stomach acid combined with brushing may erode your tooth enamel. Rinse your mouth with water, or mix a teaspoon of baking soda with water. You can also use a fluoride mouth rinse to freshen your mouth and protect your teeth.

### Should I see a dentist while I am pregnant?

Caring for your teeth and gums during pregnancy is an important part of having a healthy pregnancy.

Regular dental cleanings and check-ups are safe at any time during pregnancy. Be sure to tell your dentist or dental hygienist that you are pregnant. Any pain, swelling or infection in your mouth should be treated right away to keep you and your baby healthy.

## Are x-rays, local anesthetics and medications safe?

Dental x-rays and local anesthetics for dental treatment can be safely provided during pregnancy. If x-rays are required, the lead apron used at the dental office will protect you and your baby.

Some medications may not be safe to use during pregnancy. Check with your pharmacist, dentist and/or health care provider to see whether a medication is safe during pregnancy. If you need emergency dental care, certain drugs may be required, so it is important that your dental office knows that you are pregnant.

## How Do I Keep My Baby's Teeth Healthy?

Your baby's teeth are fully formed before they are born, but are not visible as the gums cover them. You can help your baby to develop strong teeth and bones by eating healthy foods during pregnancy and getting enough calcium and vitamin D.

After your baby is born, it is important to continue to take care of your dental health.

Bacteria that causes tooth decay may be passed to your child through saliva.

To prevent passing bacteria to your baby's mouth:

- Brush and floss your teeth every day.
- Use a different spoon to test your baby's food, and avoid sharing toothbrushes.
- If you have chosen to use a pacifier, clean it with soap and water instead of your mouth.
- Visit the dentist at least twice a year.

## For More Information

For more information on pregnancy and dental health, speak with your dentist, your dental hygienist, or contact the dental program at your local public health unit.

For more information about dental care for your baby, see [HealthLinkBC File #19 Dental Care for Your Infant and Toddler](#).

## **Working during pregnancy**



### **Can I work while I'm pregnant?**

For the majority of women with uncomplicated, low-risk pregnancies, there is no problem with working as long as you would like. There are a few situations that might make working hazardous for both you and the baby. If you work with certain chemicals, solvents, fumes or radiation, you might need to avoid contact with some of these workplace hazards. Your employer may have policies in place to protect pregnant women. Also, if your work is very physically demanding, it may not be possible to continue doing strenuous work. Talk to your health care provider and your employer if your work includes:

- Stooping or bending over more than 10 times per hour
- Climbing a ladder more than three times in an 8 hour shift
- Standing for more than 4 hours at a time
- Climbing stairs more than three times per shift
- Working more than 40 hours per week
- Shift work
- Lifting more than 23 kg (50 lb) after the 20<sup>th</sup> week of pregnancy
- Lifting more than 11 kg (24 lbs) after the 24<sup>th</sup> week of pregnancy
- Stooping, bending, or climbing ladders after the 28<sup>th</sup> week
- Needing to lift any heavy items after the 30<sup>th</sup> week
- Needing to stand still for more than 30 minutes of every hour after the 32<sup>nd</sup> week
- Working with chemicals, solvents, fumes, or radiation

## **Working during pregnancy**

### **If my work is not strenuous can I work until the end of my pregnancy?**

A woman who is having a normal, healthy pregnancy can work right up until the start of labour. However, you can choose to stop working whenever suits you. Some women choose to stop several weeks before their due date but others will be at work even in early labour.

### **Will I still be paid if I stop working early?**

In Canada, federal Employment Insurance (EI) provides temporary financial assistance to Canadians who are sick, pregnant, or caring for a newborn or adopted child. In order to qualify for these maternity, parental, or sickness benefits, you must have worked 600 hours within the past 52 weeks. For more detailed information on eligibility and benefits, visit [servicecanada.gc.ca](http://servicecanada.gc.ca).

### **Maternity benefits.**

The EI program provides maternity benefits of up to 15 weeks to a mother for the birth of a child. These benefits can be collected any time during a period that begins eight weeks before your expected due date and ends 17 weeks after the birth. However, if you stop work earlier than eight weeks before the due date, you would not receive EI maternity benefits until the eligibility period begins.

### **Parental benefits.**

In addition to the 15 weeks of maternity benefits, the EI program provides parental benefits to either parent for up to 35 weeks. These benefits can be claimed by either parent, concurrently or consecutively, as long as the total maternity and parental benefits add up to no more than 50 weeks for a pregnancy.

**Employer benefits.** If you are an employee, check with Human Resources at your work place to see what maternity benefits and work accommodations are available to you.

# Q & A on Tdap Vaccination Against Pertussis (Whooping Cough) During Pregnancy in Canada



## Protecting Every Mother and Every Baby

The Canadian National Advisory Committee on Immunization (NACI)\* and The Society of Obstetricians and Gynaecologists of Canada (SOGC) now recommend **immunization with the Tdap vaccine (Tetanus Toxoid, Reduced Diphtheria Toxoid and Reduced Acellular Pertussis) in every pregnancy, irrespective of previous immunization history.** The SOGC recommends immunization to be provided ideally **between 21 and 32 weeks of gestational age, but evidence supports vaccination as early as 13 weeks, up to 4 weeks before delivery, in certain circumstances (i.e. risk of preterm birth).**

### 1 | What is pertussis?

Pertussis, aka whooping cough, is a transmissible respiratory infection caused by the *Bordetella pertussis* bacterium. Despite the implementation of routine immunization, numerous outbreaks of pertussis occurred in recent years across Canada. Seventy percent of admissions to hospital for pertussis occurred in infants younger than four months of age, and almost all deaths happened among infants younger than two months of age.

### 2 | Why should the Tdap vaccine be offered to pregnant women?

Tdap vaccination in pregnancy provides protection to infants until they are able to receive the pertussis vaccine (DTaP) at two months of age. Studies have shown that nine out of ten infants under three months of age are protected following maternal vaccination during pregnancy.

### 3 | Is the Tdap vaccine safe during pregnancy?

The vaccine is safe for the woman and the fetus. The most common side effects of the vaccine are injection site reactions (redness, swelling or pain). Other less common symptoms may include fever, chills, and headache.

### 4 | Who should NOT receive the vaccine?

The vaccine should not be administered to anyone with a history of anaphylactic reaction to a previous dose of pertussis-containing vaccine or to any of its components.

### 5 | Can the Tdap vaccine be given after 32 weeks of gestational age?

The vaccine should still be offered after 32 weeks of gestational age, and until four weeks before delivery, since it will prevent the mother from becoming a source of infection to the infant. However, antibody levels may not be sufficient to protect the infant; it takes at least four weeks after vaccination to reach peak anti-pertussis antibody levels.

### 6 | Can the Tdap vaccine be given in the first trimester or earlier in the second trimester?

Data supports vaccination as early as 13 weeks. Some data indicates that earlier vaccination results in higher antibody binding, but safety data is limited for earlier in the second trimester, and even more limited for vaccination before 13 weeks. If the Tdap vaccine was provided early in pregnancy (e.g. prior to recognition of pregnancy), it is not necessary to re-immunize after 13 weeks of gestational age.

### 7 | Should the Tdap vaccine be offered after delivery to those women who did not receive the vaccine during pregnancy?

Yes, if they were not vaccinated as per the NACI guideline (one dose after the age of 25.) Since newborns are not immunized until after two months of age, it is vital that these women are protected to avoid becoming a source of infection to their infants.

\*The National Advisory Committee on Immunization (NACI) is a national advisory committee of experts in the fields of pediatrics, infectious diseases, immunology, medical microbiology, internal medicine and public health.

## 8 | Can the Tdap vaccine be given to breastfeeding patients?

Yes. The vaccine can be given to women who are breastfeeding and some protection can be passed to the infant this way. However, waiting to get the vaccine until after baby is born is not ideal because it takes four weeks after vaccination to reach peak antibody levels.

## 9 | Can the flu shot and the Tdap vaccine be given together?

Yes. Since both vaccines are made of inactivated agents, they can be administered either at the same time or in different visits, and no minimum time interval is needed between administering either of these vaccines.


## 10 | Can the vaccine be administered at the same time as anti-D (Rhogam) treatment?

Yes. Since it is an inactivated vaccine, there is no risk of an interaction with anti-D treatment.



## 11 | Will the Tdap vaccination during pregnancy interfere with the baby's normal response to his or her own routine vaccinations?

In infants who continue their vaccine series, there is no difference in antibody levels after their fourth DTaP dose, despite earlier lower antibody levels. The clinical impact of these laboratory findings is unknown, but it is clear that the burden of severe pertussis disease, hospitalization and death disproportionately affects newborns younger than two months of age.

### Is Tdap vaccination safe for both the pregnant woman and the infant?

	Pregnancy period			Number of women*	Quality of studies
	1st Trimester	2nd Trimester	3rd Trimester		
Yes. Vaccination between 19-35 weeks is supported by good quality studies, in which 33 to 90 women were vaccinated.		19-35 Weeks		 33-90	★★★★★
Yes. Vaccination throughout pregnancy is supported by moderate quality studies, in which 130 to 149,000 women were vaccinated.	1-42 Weeks			 130-149,000	★★★★☆

### Does Tdap vaccination in pregnancy work to prevent pertussis infection, hospitalization and death in the young infant?

	Pregnancy period			Number of women*	Quality of studies
	1st Trimester	2nd Trimester	3rd Trimester		
Yes. Vaccination between 27-36 weeks is supported by moderate to high quality studies, in which 49 to 149,000 women were vaccinated.			27-36 Weeks	 49-149,000	★★★★☆
Yes. Vaccination between 28-38 weeks is supported by moderate quality studies, in which 46 to 49 women were vaccinated.			28-38 Weeks	 46-49	★★★☆☆

\* Number of women denotes only the number of participants (pregnant women) who received maternal pertussis immunization in studies, rather than total sample size

Note: Although some studies appear to span all gestational weeks, the data were not stratified by gestational week /trimester for these studies, and it is not clear how many subjects received vaccination at each time point.

Disclaimer: This infographic is not a validated clinical decision tool.



# Writing Your Birth Plan or Birth Wishes

August 12, 2013 by HealthyFamilies BC



Once you go into labour, you may not be able to control your surroundings.

So many women write up a birth plan, also known as birth wishes, for healthcare providers and others to follow.

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Your body has been carefully designed to deliver your baby safely, and most births go smoothly, without any medical interventions. Trust in your body to labour and give birth with the support of your healthcare provider and support team. Your birth wishes outline the things you would prefer to do or have happen during labour, birth and the days following. For example, you might want to walk as much as possible or not be offered pain medication unless you request it. Other examples include spelling out your preferences for birthing positions, or making arrangements to touch your baby's head during the birth.



## Here are some examples of what you might want on your birth wishes list:

### If things do not go the way we hope they do:

- My support people will be my partner Tom, my mother Peggy, and my friend Heather. I would like them to stay with me during my labour and birth.
- We would like to walk around during my labour and spend as much time in the shower as possible.
- I would like to drink water and juice during labour. I do not want an intravenous unless it is necessary.
- My goal is to avoid pain medications, except perhaps Entonox near birth, if I ask for it. I would really like your ideas and support for non-medical ways to manage pain.
- Please help Tom in his efforts to help me.
- We would like to have music playing during labour. We will bring our own music.
- I would like to push squatting or semi-sitting when I have the urge, not with coaching.
- We would like to have a mirror in place to see the birth.
- I would rather have a small tear than an episiotomy and neither if possible.
- After the birth, we would like to have the baby placed on my chest, skin-to-skin.
- Tom would like to cut the umbilical cord.
- I would like to breastfeed our baby as soon as possible after birth and continue breastfeeding on cue.
- I know babies feed frequently at night and I want to feed on cue without supplements.
- Help us breastfeed frequently and find ways to settle our baby.
- If I am overwhelmed with visitors, help me remind them that I need to rest.

### If I have a caesarean birth:

- I would like to be awake and have Tom with me.
- All other wishes for our baby would remain the same.
- Talk to your healthcare provider about your birth wishes during prenatal visits, and be aware that, for a number of reasons, it is not always possible for all your wishes to be followed.

## Birth Wishes

- Be flexible. During labour you may need to adjust your birth wishes.
- Keep it simple - one page is easiest for everyone involved in your care to read.

## Umbilical Cord blood Collection

The blood from an umbilical cord contains stem cells, which can be used to treat a wide variety of conditions. This blood can be banked and used for research purposes, or provided to another child who needs it, such as your baby's sibling. Arrangements for cord blood collection must be made long before the baby's birth. Talk to your healthcare provider about this procedure. You may want to add it to your birth plan.



# My Birth Wishes

Birth Wishes for: \_\_\_\_\_

Due Date: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

Support People: \_\_\_\_\_

## What we prefer for labour and birth:

Blank space for writing preferences for labour and birth.

## If things do not go the way we hope they do:

Blank space for writing preferences if things do not go as hoped.

# WHAT TO PACK

## FOR LABOUR

- Your ID
- Your favourite lip balm
- A hair tie, if you need one
- Glasses (you probably won't want to wear contacts)
- Music
- A towel
- Massage oil
- An icepack and a hot water bottle
- Your favourite clear drink
- A comfortable pillow in a distinctive pillowcase

## FOR YOUR PARTNER

- Food and drinks, or money for food, and change for vending machines
- Comfortable clothes and footwear
- Toiletries – toothbrush, toothpaste, deodorant
- A pillow and blanket
- Bathing suit if necessary

## ADDITIONAL

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## FOR YOUR HOSPITAL STAY

- 1-2 nightgowns
- Robe and slippers
- Underwear, bras (no underwire), socks, a nursing bra
- Comfortable clothing for daytime
- Slip-on shoes
- Toiletries: soap, shampoo, deodorant, toothbrush and toothpaste
- Hair brush and elastics
- Unscented lotion
- A package of large pads for postpartum flow
- Your cell phone and charger
- A comfortable pillow in a distinctive pillowcase

## FOR YOUR NEWBORN

- Car seat
- Clothing – undershirts, sleepers, hats
- Receiving blankets
- Diapers and wipes

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## Fetal movement and kick counts



Your perception of your baby's movements is one of the strongest indicators of your baby's wellbeing. Mothers should always trust their intuition if they are concerned about their baby at any time during pregnancy, delivery, or after delivery. If you ever have concerns regarding your baby's movement pattern, you should have the baby assessed as soon as possible. Kick counts are one tool used to assess fetal movement.

### **When will I feel my baby move?**

Some women feel movement as early as 13-16 weeks from the start of their last period. At first it will be difficult to distinguish between fetal movement and intestinal gas. But after a while, you will be able to feel a pattern in the movements. First-time moms may not feel movement until 18-20 weeks. By 24 weeks, almost all women will feel their baby's movements in a predictable way. A very small percentage of women do not feel their baby's movements.

### **When should I count the baby's movements?**

Every baby will have times when it is more or less active. It is a good idea to be aware if any changes in your baby's usual activity level, especially in the third trimester. If you think your baby might be moving less, you can do a kick count at any time. If you have a pregnancy with risk factors (e.g., high blood pressure, gestational diabetes, etc.), you should do a kick count every day, starting at 26-32 weeks. The best time for counting is often in the evening, when babies tend to be more active. You may be able to feel the movements better if you lie down. To do a kick count, count the baby's movements for 2 hours. If you don't feel 6 movements (such as kicks, flutters, or rolling movements) in 2 hours, you should contact your health care provider as soon as possible. The health status of both you and the baby will be evaluated. Baby's movement patterns vary, but tend to be consistent for any one baby, in any one pregnancy. If you're counting movements, try to do it at the same time each day.

# A Postpartum Mother's Checklist ✓

If you are wondering about the state of your mental health, try asking yourself these questions. Maybe bring your responses to your service provider. Together, you can consider the responses that trouble you.

✓	
	Am I acting like myself?
	Am I saying or doing things that seem out of character or not like my usual self?
	Am I too worried, too withdrawn, too talkative, too euphoric, too exhausted, too unhappy, too uninterested, hyper?
	Am I confused?
	Am I crying all the time?
	Am I eating the way I usually do?
	Am I taking care of myself the way I typically do?
	Am I spending time with the baby?
	Am I reacting appropriately to the baby?
	Am I too worried or too detached regarding the baby?
	Am I less interested in things that used to interest me?
	Is my anxiety getting in the way of doing what I need to do?
	Am I preoccupied with worry or fear that seems out of proportion?
	Am I resisting spending time with people who care about me?
	Am I too attentive or concerned with the baby's health?
	Am I having trouble sleeping, even when the baby is sleeping?
	Am I overly concerned with things being done perfectly with no room for mistakes?
	Am I isolating myself though I am fearful of being alone?
	Am I too angry, too irritable, too anxious, or too short-tempered?
	Am I having panic attacks, where I feel I can't breathe or think clearly?





heretohelp

Mental health and substance use  
information you can trust



Canadian Mental  
Health Association  
British Columbia  
*Mental health for all*

*learn about*

# postpartum depression

info sheets 2013 [www.heretohelp.bc.ca](http://www.heretohelp.bc.ca)



*What if instead of feeling adoration toward your baby, you feel resentful and inadequate?*

You've just had a new baby and this is supposed to be the happiest time of your life. Everyone expects you to be the glowing new mother who experiences joy at each giggle or coo, but what if that joy doesn't come so easily? What if you feel scared and overwhelmed by all these new responsibilities? What if instead of feeling adoration toward your baby, you feel resentful and inadequate? Does this make you a horrible mother? A horrible person? Absolutely not—what you may be experiencing is postpartum depression. (Postpartum depression is also known as postnatal depression.)

## What is it?

Postpartum depression is a form of depression that a mother can experience within the first few weeks, months or even up to a year after having a baby. Ten to 16% of women with postpartum depression begin experiencing symptoms during pregnancy. If left untreated, this depression can last for months or even years after the baby is born. The longer an episode of depression goes untreated, the longer the recovery and

the higher the risk of suicide. It's true that it's normal for many new mothers to feel a bit down after childbirth, but if these "baby blues" last more than two weeks and affect your ability to take care of yourself and your baby, you may have postpartum depression.

## Who does it affect?

Postpartum depression is more common than you may think, affecting 8–12% of mothers. First-time mothers

# postpartum depression

## could I have postpartum depression?

- I feel extremely sad and depressed
- I'm having crying spells for no apparent reason
- I'm having guilty thoughts or feelings of worthlessness or hopelessness
- I'm having thoughts of ending my life or other frightening thoughts
- I'm feeling inadequate and I'm resenting my baby and other family members
- I've noticed changes in my sleep or appetite
- I feel restlessness, out of control, or have no energy
- I'm having difficulty concentrating
- I find myself withdrawing from family, friends and social situations

Some women may have more physical symptoms such as:

- Feeling weak or feeling flushed
- Gas, constipation or diarrhea
- Headaches or heaviness in the head

It isn't uncommon for women experiencing postpartum depression to have scary thoughts about harming their babies even though it's the last thing they'd want to do. While we have all heard stories of women harming their newborns, it happens very rarely. In these cases women who harm their babies usually experience psychosis. Postpartum psychosis (psychosis in the weeks and months after childbirth) affects only one out of 1000 new mothers. Even mothers experiencing postpartum psychosis very rarely harm their children.

aren't the only ones who experience this depression. It can also affect mothers who have already had children as well as adoptive mothers. Some studies have shown that partners can also experience postpartum depression.

While postpartum depression can affect anyone, there are some factors that may put you at higher risk:

- History of mood or anxiety problems
- Family history of major depression or mental illness
- Hormonal changes
- Sleep deprivation
- Recent stressful life events, e.g. death of a parent or moving
- Expectations of yourself or your partner's expectation of you
- Lack of support from family or friends
- Experience of abuse or violence
- Social inequalities like poor housing or inadequate income
- Isolation
- Medical complications for you or your baby

Other stresses may increase these risks such as:

- Emotional stress: After giving birth, women may feel overwhelmed with responsibility, less attractive physically and sexually, anxious from changes in routine or lifestyle, and guilty because of social pressures to be a "perfect" mother
- Physical stress: In addition to hormonal changes, common physical changes after labour include weight changes, exhaustion and soreness

Stressors such as tension in a marriage, loss of a job or a lack of support system can also play a role. Even though adoptive mothers, partners and fathers can experience postpartum depression, hormonal changes during pregnancy and after birth are thought to contribute to postpartum depression in some women.

## postpartum anxiety

While anxiety is often considered a symptom of postpartum depression, anxiety disorders that develop during or after pregnancy are a different set of illnesses altogether. Women often have both postpartum anxiety and postpartum depression at the same time. Recent research suggests that pregnancy and the early days after giving birth may be a time in a woman's life when she is more vulnerable to developing an anxiety disorder.

See the self-help workbook listed in the 'Where do I go from here' section of this sheet for more information on postpartum anxiety.

*Source: Adapted from BC Women's Self Care Guide*



*After giving birth, women may feel overwhelmed with responsibility, less attractive physically and sexually, anxious from changes in routine or lifestyle, and guilty because of social pressures to be a “perfect” mother.*

## What can I do about it?

While postpartum depression may seem like a never-ending struggle, there are things you can do to help:

**Counselling:** Group therapy, individual therapy and/or marriage or family counseling with a qualified therapist can help you get back on track and help you realize that you aren't alone and this isn't your fault.

- Many women find they benefit from a type of counselling called cognitive-behavioural therapy. In this kind of therapy, you work with your counsellor to change the thoughts, feelings and behaviours that are harming your mental health.
- There is also a type of counselling called interpersonal therapy that deals with the way you interact with others and identifies any problems in your relationships that may be contributing to your depression.

**Medication:** Some women find antidepressants or other appropriate medications may help, especially if their depression is moderate to severe. Always be sure to talk to your doctor to discuss the risks and benefits of taking medications while pregnant or breast-feeding.

**Light therapy:** Some mothers with postpartum depression have experienced improvement in their symptoms after exposure to special kinds of bright, artificial light for only 30 minutes per day.

**Self-help:** In addition to professional help, there are things you can do at home to help prevent or lessen the symptoms of postpartum depression. See “How you can help yourself” in the box on the right for some tips.

## how you can help yourself

- Get as close to eight hours of sleep a day as you can
- Maintain a well-balanced diet
- Try your best to find time to exercise
- Practice relaxation, even if it's a few minutes with your feet up or a quick breath of fresh air
- Be gentle with yourself and your feelings
- Find support from family and other loved ones
- Have time for yourself away from the baby
- Educate yourself!

## how dads and other supporters can help

- Encourage her to talk to you about how she feels
- Help remind her that it's not her fault and she's not a bad mother
- Remind her how much you care
- Share in home and child-care responsibilities
- Accept help from friends and family
- If she's not ready for sex again yet, be physically affectionate and maintain intimacy in other ways
- Take care of yourself. Find time out for yourself (other than at work), find someone to talk to, continue to follow some of your own interests, and be aware of your own needs.

*Source: Pacific Post Partum Support Society*



# postpartum depression

## where do I go from here?

If you feel like you or someone you care about is experiencing postpartum depression talk to your doctor immediately. They can help you decide which of the above treatments, if any, is right for you. In addition to talking to your family doctor, check out the resources below for more information on postpartum depression.

*Some resources available in English only are:*

### Reproductive Mental Health Program at BC Women's Hospital

Call BC Women's Hospital at 1-888-300-3088 ext. 2025 (toll-free in BC) or call 604-875-2025 (in Greater Vancouver) to find out how to see a specialist in postpartum depression or anxiety. You can also visit [www.bcmhas.ca/ProgramsServices/ChildYouthMentalHealth/ProgramsServices/Reproductive+Mental+Health](http://www.bcmhas.ca/ProgramsServices/ChildYouthMentalHealth/ProgramsServices/Reproductive+Mental+Health). You must have a referral to the Reproductive Mental Health Program from your doctor. To get referral forms, doctors may call the numbers above. In addition to issues related to pregnancy, this program can also be helpful for other times in a woman's reproductive cycle where mental health problems can happen such as the pre-menstrual period, menopause, after a miscarriage, or while experiencing infertility.

This fact sheet was written by the Canadian Mental Health Association's BC Division. The references for this fact sheet come from reputable government or academic sources and research studies. Please contact us if you would like the footnotes for this fact sheet. Fact sheets have been vetted by clinicians where appropriate.

### Coping with Depression in Pregnancy: A cognitive behaviour therapy-based self-management guide for women

The workbook from the Reproductive Mental Health Program helps you build self-help tools and strategies to use before and after birth. To download the workbook, visit [www.heretohelp.bc.ca/workbook/coping-with-depression-in-pregnancy](http://www.heretohelp.bc.ca/workbook/coping-with-depression-in-pregnancy).

### Pacific Post Partum Support Society

Visit [www.postpartum.org](http://www.postpartum.org) for resources and information about support groups. Pacific Post Partum Support Society also offers telephone for women and families across BC. It's available Monday to Friday from 10:00 am to 4:00 pm and on Saturday on-call from 12:00 am to 4:00 pm. For more call, 1-855-255-7999 or 604-255-7999 (in the Lower Mainland).

### Mood Disorders Association of BC

Visit [www.mdabc.net](http://www.mdabc.net) or call 604-873-0103 (in the Lower Mainland) or 1-855-282-7979 (in the rest of BC) for resources and information on mood disorders. You'll also find more information on support groups around the province.

### Your Local Crisis Line

Crisis lines aren't only for people in crisis. You can call for information on local services or if you just need someone to talk to. If you are in distress, call 310-6789 (do not add 604, 778 or 250 before the number) 24 hours a day to connect to a BC crisis line, without a wait or busy signal. The crisis lines linked in through 310-6789 have received advanced training in mental health issues and services by members of the BC Partners for Mental Health and Addictions Information.

*Resources available in many languages:*

\*For the service below, if English is not your first language, say the name of your preferred language in English to be connected to an interpreter. More than 100 languages are available.

### HealthLink BC

Call 811 or visit [www.healthlinkbc.ca](http://www.healthlinkbc.ca) to access free, non-emergency health information for anyone in your family, including mental health information. Through 811, you can also speak to a registered nurse about symptoms you're worried about, or talk with a pharmacist about medication questions.



**heretohelp**

Mental health and substance use  
information you can trust

HeretoHelp is a project of the BC Partners for Mental Health and Addictions Information. The BC Partners are a group of nonprofit agencies working together to help individuals and families manage mental health and substance use problems, with the help of good quality information. We represent Anxiety Disorders Association of BC, BC Schizophrenia Society, Canadian Mental Health Association's BC Division, Centre for Addictions Research of BC, FORCE Society for Kids' Mental Health, Jessie's Legacy Program at Family Services of the North Shore, and Mood Disorders Association of BC. The BC Partners are funded by BC Mental Health and Addiction Services, an agency of the Provincial Health Services Authority.



## **Circumcision of baby boys: Information for parents**

Circumcision of baby boys is an optional surgical procedure to remove the layer of skin (called the foreskin or the prepuce) that covers the head (glans) of the penis. It is most often done during the first few days after birth.

The Canadian Paediatric Society does not recommend routine circumcision of every newborn boy.

Parents who decide to circumcise their newborn boys often do so for religious, social or cultural reasons. If you are trying to make a decision about circumcision, talk to your baby's health care provider. Ask for up-to-date information about the potential medical benefits and risks of circumcision.

### **Potential benefits of circumcision**

A few studies suggest that boys who have been circumcised may be:

- Less likely to develop cancer of the penis later in life – although this form of cancer is extremely rare.
  - Less likely to get HIV and **HPV infections**.
  - Less likely to get a **urinary tract infection** during childhood.
- Female partners of men who have been circumcised are less likely to get cervical cancer.

### **Potential risks of circumcision**

Circumcision is a painful procedure. Problems resulting from the surgery are usually minor. Although serious complications are very rare, they do occur. These can include:

- Too much bleeding or infection in the area.
  - Too much skin removed.
  - Side effects from the method or medicine used for pain relief.
- The risk of complications is lower in young babies than in older children. To minimize the risks, the procedure should be done by a trained and experienced practitioner using a sterile technique. Someone should follow up with you in the days after the procedure to make sure that bleeding has not increased.

## **Caring for an uncircumcised penis**

The foreskin covers the head (glans) of a boy's penis. During the early years of a boy's life, the foreskin starts to separate from the glans, but may not be fully retractable (meaning it can be pulled back) until a boy is 3 to 5 years old, or even until after puberty. This is a natural process that occurs over time. You do not need to do anything to make it happen.

An uncircumcised penis is easy to keep clean and requires no special care:

- Keep your baby's penis clean by gently washing the area during his bath. Do not try to pull back the foreskin. Never force it.
- When your son is old enough, teach him to keep his penis clean as you're teaching him how to keep the rest of his body clean.
- When the foreskin separates, skin cells will be shed and new ones will develop to replace them. These dead skin cells will work their way down the penis through the tip of the foreskin and may look like white, cheesy lumps. These are called smegma. If you see them under the skin, you don't need to force them out. Just wipe them away once they come out.
- When the foreskin is fully retractable, teach your son to wash underneath it each day.

## **If you decide to have your baby boy circumcised**

In Canada, most circumcisions are done by medical practitioners or skilled traditional providers. Talk to your baby's health care provider about the issues involved in circumcision:

- **Cost:** Circumcisions for non-medical reasons are not covered by any provincial and territorial health plans.
- **Possible complications,** such as the ones described above.
- **Pain relief:**
  - Newborn babies feel pain. The practitioner performing the circumcision should use some type of local anesthetic, given by a needle in the area where the circumcision is done.
  - Additional methods of relieving pain include sucking on a pacifier dipped in a sugar solution, topical anesthetic cream and acetaminophen.
  - Anesthetics do carry risks and the needle can cause bruising or swelling. Creams may cause redness or swelling.
- **Contraindications** (a condition that makes a particular treatment or procedure not recommended): Sometimes, babies have health problems. Which increase the risk of complications after circumcision.



### **Caring for a circumcised penis**

- After the circumcision, you can comfort your baby by holding him and nursing him often.
- The penis will take 7 to 10 days to heal. The area may be red for a few days and you may see some yellow discharge, which should decrease as it heals. Talk to your baby's health care provider about what to expect.
- Follow the instructions given by the practitioner who did the circumcision about caring for the dressing, using petroleum jelly, keeping the area clean and bathing.
- Call your health care provider if:
  - You see persistent bleeding at any time during the healing process.
  - The redness and swelling around the circumcision do not start to go down in 48 hours.
  - Your baby develops a fever (rectal temperature of 38.0° C or higher).
  - Your baby seems to be unwell.
  - Your baby does not pass urine within 12 hours of the procedure.
  - There is a greenish or foul smelling discharge from the penis.

### **More information from the CPS:**

- [Newborn male circumcision \(position statement\)](#)

### **Reviewed by the following CPS committees:**

- Community Paediatrics Committee
- Fetus and Newborn Committee

Last Updated: **September 2015**

# GROUP B STREPTOCOCCUS (GBS) INFECTION

## DURING PREGNANCY



THE SOCIETY OF  
OBSTETRICIANS AND  
GYNAECOLOGISTS  
OF CANADA

www.sogc.org

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**Screening for GBS, and having treatment if needed, is a common and routine part of pregnancy.**

Group B streptococcus (GBS) are common bacteria which are often found in the vagina, rectum or urinary bladder of women. This is not the same bacteria which causes strep throat. Infections from GBS are usually not serious for a woman and are readily treated with antibiotics. However, when a woman becomes pregnant, the whole outlook changes. There is no sure way to prevent the GBS bacteria from being passed to a newborn at the time of birth and although it is very rare, and despite medical treatment, some babies still die as a result of complications from a GBS infection. Your doctor would like to help prevent this from happening. GBS usually does not cause infections in pregnant women, the concern is for the baby. Read this pamphlet to find out about group B streptococcus infections (GBS).

### About group B streptococcus (GBS)

When GBS bacteria reach a woman's bladder, kidneys or uterus they can cause an infection. Infections can cause inflammation and pain. A woman can have these bacteria in her body and not know it. If a woman has these bacteria in her vagina and rectum without having any symptoms, she is said to be colonized (positive). It is estimated that 15 - 40% of all pregnant women are GBS colonized. Between 40 - 70% of colonized mothers pass the bacteria onto their babies during the birthing process. While most babies are not affected by the bacteria, a very small number (1 - 2%) of these babies will go on to develop a GBS infection. Babies who are infected with GBS may have mild to severe problems which may affect their blood, brain, lungs and spinal cord. No one method of screening (testing) and treatment will prevent all GBS infant deaths.

### Screening (testing) for GBS

Doctors agree that there are two acceptable options for screening, (testing) for GBS. A doctor may choose to routinely culture (test) all the pregnant women under his or her care between the 35th and 37th week of pregnancy, and treat the mothers who are GBS colonized (positive) with antibiotics when labour starts. Or a doctor may choose not to routinely test every woman, but rather to treat only those mothers who are at risk of passing the bacteria to their babies (Table 1) during the birth process. If cultures were not done around the time of the woman's 35th - 37th week of pregnancy, or if the test results are not available at the time of delivery, it is essential that women at risk are treated with antibiotics.

In addition, particularly if the woman has a history of bladder or kidney infections, a doctor may also test a woman's urine for the bacteria. If the bacteria are found in the urine but not found in the vagina or rectum, the woman is still considered colonized (positive) and will still be treated with antibiotics when she goes into labour.

### Risk factors for GBS infections

Women are at high risk to pass GBS on to their babies if they:

1. Start labour before they reach 37 weeks gestation (with or without ruptured membranes).
2. Reach full term, but their membranes rupture (water breaks) and it seems as though the labour will last more than 18 hours.
3. If they have an unexplained, mild fever during labour.
4. If they have already had a baby who had a GBS infection.
5. If they have (or had) a bladder or kidney infection which was caused by the GBS bacteria.

## How is the test done?

This simple and painless test is done by inserting a Special Q-tip into a woman's vagina and rectum. The Q-tip is then placed in a special solution to see if the bacteria grow. This is called doing a Culture. If bacteria grow, the woman is said to be colonized (positive) If no bacteria grow, the test is negative.

## Treatment for mother

Expectant mothers who tested positive for GBS bacteria will be treated with antibiotics when they go into labour or if their membranes rupture (water breaks) early. If a mother is not tested but is thought to be at high risk (Table 1) for passing the bacteria on to her baby during the birth process, she will also be treated with antibiotics to kill the bacteria during her labour and birth. Studies show that it is not beneficial to give antibiotics during pregnancy, as in more than 65% of cases, the bacteria have time to re-grow before labour begins.

**Be sure to tell your doctor if you think you have had an allergic reaction to antibiotics in the past.**

## Two types of GBS infections in newborns

There are two types of GBS infections that can happen to newborn babies. The most common type is called early-onset disease. In this case, the babies are almost always infected during their journey down the birth canal because the bacteria were in their mother's vagina. The symptoms of early-onset infections show up before the baby is seven days old. Some babies show signs of this infection as early as six hours after birth. Early-onset disease can cause infections in a baby's lungs, brain, spinal cord or blood. This type of GBS infection can be very serious and frequently hard for a newborn baby to fight off. This is the infection that antibiotic treatment in labour is aimed at preventing.

The second type is called late-onset disease. In this case, the babies don't show signs of a GBS infection until after they are more than seven days old. About half of these babies were also infected during their birth. The other half became infected after the birth by being in contact with their GBS positive mother, or another person who is a carrier of the disease. Late-onset infections can also cause serious problems for the newborn. The most common problem is meningitis - an infection of the membranes which surround the brain and spinal cord. The risk of late-onset disease is not decreased by antibiotic treatment in labour but antibiotics are available for the baby once it is born. Babies with early-onset disease are more likely to die than those babies with late-onset disease.

## Treatment for baby

All newborn infants are watched closely for symptoms of an infection, particularly when the mother was GBS positive at some point in her pregnancy, and no matter whether she was treated with antibiotics or not. While it is true that the chances are small that an expectant mother who was treated with antibiotics during pregnancy will pass the bacteria on to her baby - it can happen. Babies who show signs of a GBS infection after birth will also be treated with antibiotics. If available, a baby specialist (paediatrician) may be asked to help look after a baby with a GBS infection.

## Further resources from the Society of Obstetricians and Gynaecologists of Canada

- Guideline available at [www.sogc.org](http://www.sogc.org):
  - The Prevention of Early-Onset Neonatal Group B Streptococcal Disease
- The book, "Healthy Beginnings: Giving your baby the best start from preconception to birth", available at [www.sogc.org/healthybeginnings](http://www.sogc.org/healthybeginnings)



## **Membrane Sweeping, or Stripping**

### **What is a membrane sweep?**

Sweeping, or stripping, your membranes can be done once your baby is term, which is after 37 weeks gestation. It is a way of encouraging your body to go into labour sooner. To do this, your maternity provider will insert one or two fingers into your vagina, and as long as the cervix is dilated enough to fit one finger, they will put their finger through the cervix and “sweep” it around in a circle, separating the membranes from the inside of the cervix a little bit. As far as we understand, this causes some prostaglandin hormones to be released, which prepares the body for labour.

### **What are the benefits?**

Studies have shown that having your membranes swept regularly from 38 weeks onwards reduces the chance of going 10 days or more past your due date and requiring an induction of labour with medications. For every 8 women who have their membranes swept, we will avoid one induction. One study showed that if your membranes were swept at 41 weeks, it reduces the chances of still being pregnant at 42 weeks by almost half.

### **What are the risks?**

The biggest risk is that the procedure is painful. Most women report some degree of pain or discomfort with this procedure. Some women will have some bleeding from the cervix that does not cause any harm. Some women will also have some cramping afterwards that is uncomfortable, but not harmful. One study showed a slightly increased risk of the water breaking before labour started in women whose cervix was already more than 1 cm dilated, but most studies did not show a risk of water breaking prematurely. There is no increased risk of infection to you or the baby.

**Membrane sweeping is completely optional.** Your maternity providers will offer this starting around 38 weeks, and we would encourage you to try it if you are 41 weeks pregnant and still have not gone into labour, or if we are expecting that we may have to induce your labour early for a complication in pregnancy.



## Vitamin K for newborns



### What is vitamin K?

Our bodies need vitamin K to form clots and to stop bleeding. We get vitamin K from the foods we eat, such as green leafy vegetables, fish, meat, and eggs.

### Why does my newborn need vitamin K?

Babies are born with a very small amount of vitamin K. Not having enough can cause bleeding that doesn't stop because there isn't enough vitamin K to form a clot. The bleeding can happen inside or outside of the body – including the brain – at any time up to 6 months of age.

### How is vitamin K given to babies?

There are two ways newborns can receive vitamin K:

- A single injection in the thigh within 6 hours of birth; or
- 3 doses by mouth—one at baby's first feeding, another at 2 to 4 weeks of age, and another at 6 to 8 weeks of age. Your baby must receive all 3 doses.

The Canadian Paediatric Society recommends that doctors give newborns vitamin K by injection.

Giving vitamin K by mouth is not as effective as by injection. Vitamin K is not absorbed as well when given by mouth and does not last as long. Babies who get vitamin K by mouth are an increased risk of late vitamin K deficiency bleeding, which can occur within 2 to 12 weeks after birth and up to 6 months of age.





## Is the vitamin K injection safe?

Yes, the vitamin K shot is very safe. There are no side effects. There may be some redness, swelling, or pain at the injection site.

## Can't my baby get vitamin K from my breast milk?

Breast milk contains very low amounts of vitamin K, so exclusively breastfed babies will not get enough. Even formula-fed babies have very low levels of vitamin K for several days.

## What about the injection pain? My baby is so little!

To reduce pain and discomfort of the injection, hold your baby while the vitamin K shot is given. You can also try breastfeeding at the same time to comfort your baby.

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### More information from the CPS:

- [Guidelines for vitamin K prophylaxis in newborns \(CPS position statement\)](#)

### Additional resources:

- [Facts about Vitamin K Deficiency Bleeding \(U.S. Centers for Disease Control and Prevention\)](#)

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### Reviewed by the following CPS committees:

- Fetus and Newborn Committee

Last Updated: **August 2018**

# Early and Often: Getting Breastfeeding Off to a Good Start

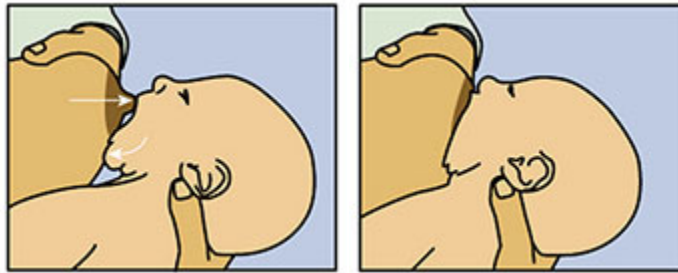
How you choose to feed your baby is between you and your baby. I am sure you know there are many good things about breastfeeding for both you and your baby.

You may ask, “Is there anything I can do to get ready for breastfeeding?” Absolutely! If you plan to feed your baby only breast milk or to feed your baby breast milk and formula, there are things that you can do to get off to a good start. There are two important things you can do before the baby is born and three important things you can do after the baby is born.

## Before Birth:

### 1) A Good Latch

Watch the video, “Attaching Your Baby at The Breast” found on the website, [www.globalhealthmedia.org](http://www.globalhealthmedia.org). Learning how to help the baby get a deep latch or attachment is the key to pain free breastfeeding and helps the baby get the most milk from the breast.



Office of Women’s Health, U.S. Dept. of Health and Human Services

### 2) Helping Hands

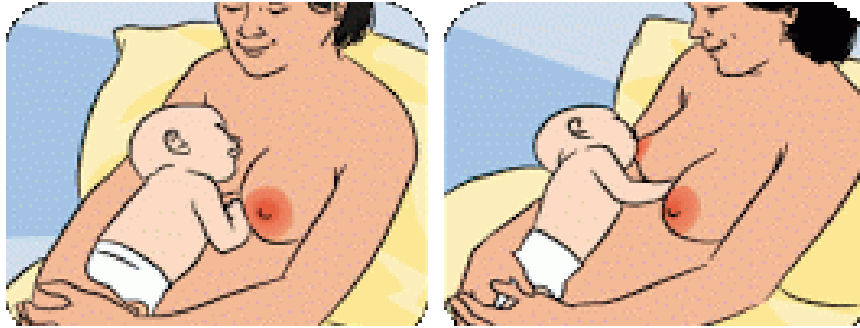
Learn how to use your hands to help your milk come in. Watch the video, “Hand Expression” on the Stanford University website, [www.stanforduniversity.org](http://www.stanforduniversity.org). Some moms have their partners learn how to help with this. Hand expression or using your hands to take milk from the breast is a useful skill both before and after the birth. Colostrum is the first milk produced. There is much less of it than the mature milk that comes in about three to four days after the baby is born. The small volume allows the baby to get used to using its stomach. Colostrum is nature’s first super food. There are many antibodies in colostrum to help the baby’s immune system get started. This works best if the baby gets only breast milk. Some studies show using your hands to bring out some drops of colostrum before your baby’s birth can increase your milk supply after. If you want to do this, you can start at 36-37 weeks of pregnancy. Just expressing the milk helps even if you let it wash away in the shower. Some moms like to save this early milk before birth in the freezer to feed your baby extra colostrum in the first few days. See the handout, “**Collecting Colostrum While You’re Pregnant**”, to learn more about expressing before birth.

## After Birth:

### 1) Feed in the First Hour of Life

Ideally, the baby goes on your chest right after being born and stays there until after the first feed. The baby may find a good latch all by themselves. You can also help the baby find the breast when she starts rooting and looking for the breast. If the baby stays with mom, it is much easier for the baby to learn to get a deep latch and suck well.

Taking colostrum from the breast in the **first hour** is the most important cue for your breast to make a good supply. Timing is key! Many studies show women who get milk out of the breast in the first hour make up to 40% more milk! You can ask to let the baby to breastfeed before the baby is weighed and has her shot and eye drops.



### **What if my baby can't breastfeed in this first hour?**

Good thing you already know how to hand express. You can use your hands or your partner's hands to tell your breasts to start making milk. You can feed the baby this colostrum with a syringe or spoon. Then, as soon as your baby is able, you can help your baby come to the breast. Even if your baby has had a good feed in the first hour, it is helpful to also hand express in this first hour.

## **2) Skin to Skin and Feed Often in the first few days**

Spend lots of time holding your baby wearing only a diaper right against your chest. This skin-to-skin time alone helps you make more milk and helps a baby become ready to feed. It is home base for baby. Every time your baby starts to root and look for the breast, you can feed her. Remember to help her get a big mouthful of breast. Ask for help if the two of you are having trouble getting a deep latch. It is normal for babies to feed very often at first. They will space out their feeds to 8-12 times /24 hours as they get a little bigger.

## **3) Helping Hands**

Hand expressing in the first three days can also help your milk come in well. For the first few days, it is a good idea to hand express after breastfeeding to help make a good milk supply. Hand express at least five or six times a day for the first few days. Express on one side for about a minute and then the other -back and forth for a total of five minutes. You can feed these first few drops of colostrum to the baby to help keep the baby well. Most women find colostrum is easier to express by hand and mature milk with a pump. You can use your hands for mature milk too.

Breastfeeding is a learned skill. Most mother and baby pairs go through a learning time of a few days to a few weeks where breastfeeding may be hard. After this, most women find breastfeeding becomes easier. Actually, it usually turns out to be easier than bottle-feeding and can be a lovely sharing time for mother and baby. If you do have problems, there is plenty of help for you both at the hospital and after you go home. (Examples: Public Health Nurse, Early Start Line, The Alex Breastfeeding clinic, Riley Park Physician Breastfeeding Clinics, Circle Medical Clinic, Dr. E Jain's Breastfeeding Clinic, North East Women's Health Clinic, La Leche League ,Mosaic PCN New Moms Drop In)

# Collecting Colostrum While You're Pregnant

## What is colostrum and why is it important?

- Colostrum is a fluid the breast makes from about the 20<sup>th</sup> week of pregnancy, up to the first few days after your baby is born.
- Colostrum is easy for your baby to digest—it's the ideal first food for your baby.
- It can range from dark yellow to clear, and can be quite thick and sticky.
- Colostrum gives the nutrition that all newborns need. It has a lot more protein than mature milk. Many of these proteins help make your baby's immune system stronger.
- Colostrum has fat-soluble vitamins, some minerals, and salt. All help to protect your baby from becoming dehydrated in the first few days, before breastfeeding is established.
- While the breast doesn't make large amounts, colostrum is high in energy and helps the meconium pass (the baby's first bowel movement), which then helps prevent jaundice.

## Why should I think about expressing colostrum by hand?

- Breastmilk is the recommended food for all babies, especially for babies with more health needs.
- In some cases, babies need to be fed shortly after birth, for example, babies with low blood sugar. By expressing colostrum by hand (antenatal expression) and bringing it with you to the hospital, you'll have this ideal food source ready for your baby, if needed.
- Expressing can help promote successful breastfeeding for you and your baby.
- Mothers who collect colostrum while they're pregnant have more success establishing and maintaining breastfeeding.

## When can I start expressing colostrum?

Doctors usually recommend you start once you're at least 37 weeks gestation.

## How do I hand express colostrum?

Put warm compresses on your breasts or begin expressing after a bath or shower, as the heat may help the colostrum flow better. It may take a few days of practice before you start seeing a few drops of colostrum.

It's strongly recommended that you watch the Stanford Hand Expression video at:

<http://newborns.stanford.edu/Breastfeeding/HandExpression.html>

## Before You Start

- Make sure the baby bottle you're using to collect the colostrum is clean.
  - Buy syringes from your pharmacy, as you'll use them to collect the colostrum as you express it.
-

## Getting Started

1. Wash your hands. Make sure the clean bottle is nearby.
2. Sit in a comfortable, upright position, leaning slightly forward.
3. Start with a gentle breast massage, stroking from the back of your breast towards the nipple.
4. Gently press your finger and thumb pads on the border of your areola (not your fingertips) back toward the chest wall and into the breast tissue, then press them together and hold for a few seconds (see Figure 1).

Your fingers should be well back from your nipple, on the border of your areola and shouldn't tug or drag on your nipple.

Don't squeeze or pinch your nipple.

5. Repeat, using a rhythm like that of a baby suckling at the breast.

Expressing should be comfortable; speak to your doctor if you have any discomfort or concerns, as you may need to see a lactation consultant.



Figure 1

## When the Colostrum Starts Flowing

When you can see the colostrum (Figure 2), collect it with the clean baby bottle (Figure 3). There might only be a few drops from the nipple or it's dripping easily.

1. When the colostrum stops flowing, rotate the position of your fingers and thumb around the areola and repeat the expressing process.
2. Switch to the other breast when the flow slows down or after 2 to 3 minutes.
3. Express on each breast twice during a session.



Figure 2



Figure 3

You can collect the colostrum 2 to 3 times each day.

*(Photo credits: Australian Breastfeeding Association)*

## When You're Done Collecting

1. When you're done, collect the colostrum using a clean syringe. Store the syringe(s) in the fridge.
2. Label the syringe and bag with a sticker with your name, the date, and the time you first expressed.
3. Put the freezer bag in the freezer. The frozen colostrum can be stored up to:
  - 4 months in a 2-door refrigerator or side-by-side refrigerator/freezer
  - 12 months in a deep freezer

Colostrum must be used within 24 hours once it's been thawed.

## Bringing the Colostrum to the Hospital

Your colostrum stays frozen until your baby's born. At that time, the freezer bag with the syringes can be brought to the hospital.

1. Put the freezer bag in a cooler or in a bag full of ice before bringing to the hospital. Make sure the colostrum doesn't thaw before you get it to the hospital.
2. Make sure the label is still secure.
3. Tell your healthcare provider you brought in frozen colostrum, so it can be put in the breastmilk fridge.

## PELVIC HEALTH:

Your abdominal muscles and pelvic floor muscles are impacted by being pregnant and delivering a baby. Your muscles stretch as baby grows. Hormones help open up your pelvis to help the passage of your baby through the birth canal. Sometimes tearing can occur between your vagina and anus. And if you have a caesarian section, the muscles of your abdomen are also cut-through to reach the uterus.

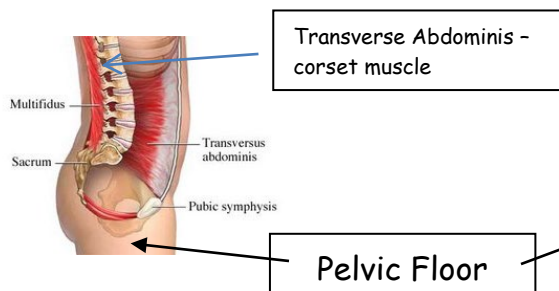
Pelvic floor muscles and your core play important roles in supporting your bowel and bladder function, your sexual health and your spine health. It will be important to re-engage the pelvic floor and core as you recover from your pregnancy and return to activities of daily living and recreation.

Try to familiarize yourself with your pelvic floor and core before you go through labour. After your baby is born, set aside small moments to try to re-engage with those muscles. It can take up to 12 weeks (3 months) for everything to recover. If, after 12 weeks, you are having difficulty getting back into your normal activities or have persistent problems with incontinence (leaking) or pain, you may want to seek further help from your provider or a physiotherapist with special training in pelvic health.

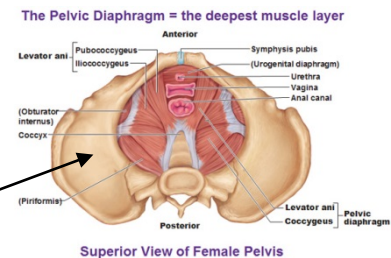
## Getting to know your core:

Your core is made up of your diaphragm, Transverse Abdominus muscle, Multifidus muscle, and the sling of muscles that make up your pelvic floor. Ideally core muscle all work together in sync.

### Transverse Abdominal (TA):



### Pelvic Floor:



Looking down from the inside of your body

## Activating Transverse Abdominus (TA)

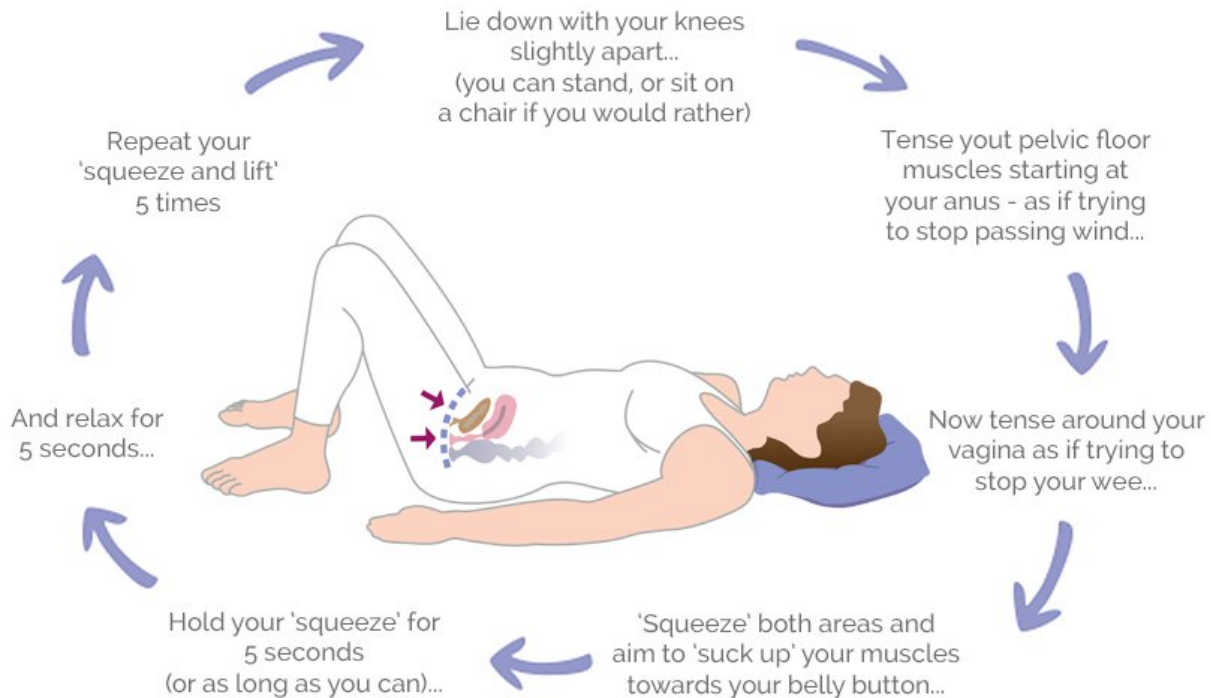
The TA contracts and moves in towards the center of your body like a corset that's being tightened. To tighten the TA, pull your belly button towards your spine. You should feel your abdominal muscles and contents press towards the spine. There should not be any "Sucking In" or holding of your breath. You should also feel your ribs press down toward your hip pockets.



- Begin with a big breath in, filling your belly, then as you exhale move your belly button towards your spine. Try holding for 10 seconds. You should be able to breathe comfortably while you hold. Hint: your tummy should flatten not paunch out

# Activating your Pelvic Floor:

## Kegel Exercises:



<https://www.kegel8.co.uk/articles/pelvic-floor-exercise/how-to-do-kegel-exercise.html>

In addition to this technique, to engage the pelvic floor muscles you can imagine bringing the 'sitz bones' together, or pulling the pubic bone and tailbone closer together, or combining both side to side and front to back engagement. Add a lift up and in to enhance the contraction. Then try the opposite. Relax and allow the pelvic floor to drop down. ("reverse kegel")

Once you recognize how to activate the muscles correctly, you can practice in any and every position, such as while you breast feed or while your baby enjoys some tummy time on your chest.



## **Golden Maternity - Post Partum Care**

Postpartum care is from the time the baby is born until they are six to eight weeks old.

In Golden, your postpartum care team will include:

- a public health nurse
- a team of six doctors and one midwife
- a lactation consultant

We all work together to provide the care you need. As much as possible, we try to provide this care in your home. All our team members talk with each other and with you.

### **Public Health Nurse**

A **public health nurse** will visit you at home. They may meet you before you leave the hospital.

The public health nurse will:

- weigh your baby
- help with breastfeeding and give information on caring for yourself and your baby
- identify issues that may need further follow up by the midwife or physician.
- help you to organize the baby's hearing test
- help you to organize the baby's vaccines
- watch your baby's development through their first 18 months





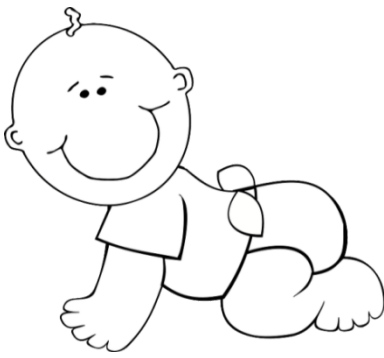
## **Midwife/Physicians**

The **midwife/physicians** will care for you and your baby for the first week at your home and then up to six to eight weeks at the clinic. You will receive the same care at home that you would expect at the clinic, including:

- physical exams for you and your baby
- breast feeding support
- checking for complications
- ordering tests and writing prescriptions if needed
- discussing family planning
- doing any follow up screening

In Golden, we are very lucky to have a physician who is a **lactation consultant**. She can see any mother and baby who need extra support with breastfeeding.

When your baby is over eight weeks old, we would like you to start seeing your regular family doctor for your baby's regular checkups. If you don't have a regular family doctor, you can choose one for your baby and yourself once your baby is over eight weeks old.



**Interior Health**  
*Every person matters*

## WHAT TO EXPECT FROM **GOLDEN PUBLIC HEALTH NURSING**

**At Any Time** - Call 250-344-3015 Monday – Friday to speak with a Public Health Nurse.

- We have resources about breastfeeding, infant nutrition, growth & development, communicable diseases, immunizations, and more!

### **First 2 Weeks Postpartum**

- A public health nurse will call you 1-2 days after discharge (Monday – Friday) to check in.
- **If you do not hear from a public health nurse in 1-2 days, please call us at 250-344-3015 (Monday – Friday). We may not have the correct contact information.**
- We want to speak with every family to offer public health support, resources and more!
- We offer home visits as needed to help with feeding, baby weight checks or any questions that you may have.

Newborn hearing screening is recommended for all newborns and is offered out of the Golden Health Unit. The screener is typically available once a month and usually contacts parents by phone.

### **6 Weeks Postpartum**

- A public health nurse will call to assess feeding, answer any questions, screen for postpartum depression and remind you to book the 2 month Child Health Clinic immunization appointment.

### **2 Months & Beyond**

- At 2 months, we start routine child health appointments with families. At these appointments, we will offer to immunize, weigh and measure your baby and answer your questions. We would like to start immunizations. We can also offer resources & help connect you with local programs,
- At 2 months, we routinely screen for postpartum depression with mothers.
- Routine child health appointments are offered at:
  - 2 months
  - 4 months
  - 6 months
  - 12 months
  - 18 months
  - 4-6 years



### Postpartum Intercourse:

- \*only try if you are aroused (there are physiological changes that need to take place in order to have comfortable, pleasurable intercourse - forcing it doesn't work)
- \*LOTS OF FOREPLAY (not necessarily just erogenous zone foreplay - start with the basics - kissing, touching, massage) progress to sexual foreplay when and if you are getting interested
- \*use lot of lube (there are different kinds - silicone lasts longer and works best)
- \*choose positions that feel comfortable and safe
- \*go SLOW
- \*keep breathing
- \*stop if there's pain more than 3/10, painful experiences lead to a cycle of expecting pain, tensing/bracing, therefore creating more pain
- \*it is common for sex to be uncomfortable for the first few months postpartum – try to go easy on yourself and take your time.

## **OPTIONS FOR CIRCUMCISION OUTSIDE OF GOLDEN**

### Revelstoke

Dr Molder and Dr Mostert at Selkirk Medical Group.

Parents call the EOR nurse 250-837-9321 and ask to book a circumcision.

Parents must inform them that they are traveling from Golden.

Cost \$250 (as of December 2020)

Baby must be under 4 weeks old, appointments are booked at 8am.

### Canmore

Dr Du Plessis at Three Sisters Obstetrics & Family Medical Centre.

Parents must inform the clinic that they are travelling from B.C. so they can accommodate a same day procedure if appropriate.

Parents call 1-403-609-9095

Cost \$300 (as of December 2020)

Baby must be under 6 weeks old.

### Calgary

Dr Karen Zwiers Riley Park Maternity Clinic

Parents to call 1-403-284-3711 ext 5

Parents must inform them that they are travelling from Golden

Cost depending on age (will be confirmed when booking)

Baby must be under 10 weeks old



### **Recommend resources\***

#### Golden Maternity Facebook Page:

A local community guide to resources, videos, classes, updates and more.

<https://www.facebook.com/goldenmaternityservicesgroup/>

#### The Society of Obstetricians and Gynaecologists of Canada (SOGC)

This is a professional website that has excellent resources for the public covering a wide range of pregnancy and postpartum (once baby has arrived) information.

<https://www.pregnancyinfo.ca/>

#### The Mothers Program

This website has user friendly information that will take you from pre-pregnancy to caring for baby and yourself following baby's birth. Sign up for their free subscription and they will send you emails related to your pregnancy and after baby's birth.

<https://www.themothersprogram.ca/>

#### Health Families BC

This is a great resource for all aspects of family life but has useful information under the Pregnancy & Parenting tab.

<https://www.healthyfamiliesbc.ca/parenting>

#### Interior Health

This website has links to prenatal resources supported by interior health including Healthy from the Start and Smart Mom (free texting service).

<https://www.interiorhealth.ca/YourHealth/HavingABaby/Pages/PrenatalRegistry.aspx>

#### Golden Mental Health Services

\*We are not accountable for the information within these resources.



Interior Health and our partner agencies provide a range of [mental health](#) and [substance use](#) services for all ages. We strive to ensure that our services are welcoming of all peoples, gender identities, cultures, ethnicities and backgrounds. These services include perinatal counselling and self-referral is accepted.

Phone: 250-344-3001 ext. 1

### Golden Metis Association

Métis Nation Columbia River Society is an inclusive community of Indigenous people who wish you the best on your wellness journey. If you have questions regarding citizenship, would like traditional spiritual support, need help navigating services, or would like the support of caring elders and others, please give us a call. 250-344-0015 or 250-344-0580.”

### Government of Canada

Canada’s food guide, easy to follow guide on healthy eating during your pregnancy and beyond.

<https://www.canada.ca/en/health-canada/services/canada-food-guide/resources/prenatal-nutrition.html>

<https://food-guide.canada.ca/en/>

### Health Link BC

Useful information for general health resources within BC,

<https://www.healthlinkbc.ca/>

### Global Health

Breastfeeding resource.

<https://globalhealthmedia.org/>

- Recommended videos:
  - Attaching your baby at the breast
  - How to express your first milk

\*We are not accountable for the information within these resources.

In 2018, patients and providers in Golden identified a need to better coordinate prenatal and postpartum resources. The Baby Binder – with all the resources – was developed to respond to this need. The Golden Maternity providers and the East Kootenay Divisions of Family Practice – who supported this project – would like to know what you think of this initiative.

The survey is voluntary and your decision to participate will not affect access to services received. The information collected will not be used in a way that identifies you. The information you provide will be used for evaluation purposes.

Completing the survey implies that you are 18 years or older and provides your consent to participate.

Thank you for your feedback!

## Baby Binder Survey

Please rate your level of agreement with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree
The Baby Binder is valuable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like paper resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer electronic resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like the option of having both paper and electronic resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate your level of agreement with:

	Strongly Agree	Agree	Disagree	Strongly Disagree
The information provided in the binder is relevant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information in the binder is readily available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of resources/format of the binder is appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you return your binder to the Medical Clinic?    Yes             No

**Additional Comments?**

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