Healthy Pregnancy... Healthy Baby

A NEW LIFE

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Department of
Health

Congratulations on your pregnancy!

This is a time of joy and promise, questions and concerns, worry and wonder. It's the start of a new life: for you, your baby, and your family.

A New Life: Healthy Pregnancy ... Healthy Baby covers A Healthy Start, Nine Months of Changes, Becoming a Father, Choosing to Breastfeed, Healthy Eating, Healthy Activity, Healthy Birthing, and Healthy Family. In ***A New Life*** we hope to answer some of your questions and give you information about what you can look forward to in the coming months.

You won't find everything you need to know in this book. Prenatal classes, books, magazines, libraries, and the Internet are also good resources. In fact, there is so much information around that you could easily feel overwhelmed. Remember that your pregnancy is special and personal. No two pregnancies are the same. Your experience will be different from the ones you read about and different from those of your mother or sister or friends. Think about what you read and hear. Most of the time, your own common sense will be a good guide. Bring your questions to your prenatal class, doctor, or public health nurse.

Above all, have fun! Enjoy discovering your changing body and growing baby. Let ***A New Life*** help you find your way toward a healthy pregnancy and a healthy baby.

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A Healthy Start

Prenatal care is part of a healthy start.

Good prenatal care includes regular visits to your doctor and attending prenatal classes. Talk with your public health nurse, hospital, or doctor to find out how to register for classes.

There's a lot to talk about and ask about during your pregnancy. You should feel more comfortable asking questions, and you should feel comfortable with the answers you get.

But don't wait too long. Early prenatal care and prenatal classes are an important part of a healthy start. Getting good prenatal care will help you to have the healthiest baby possible.

In PEI, the *Consent to Treatment and Health Care Directives Act* states that you have the right to choose or refuse treatment. Informed consent means that the health practitioner must give you information about your condition; the nature of the proposed treatment; the possible risks and benefits of treatment, including no treatment; and reasonable alternative treatments so that you can make the best decisions for both you and your baby.

Visiting Your Doctor

You've probably already had your first prenatal visit, but if not, make an appointment soon. During this visit, you can expect your doctor to do the tests listed in the box on page 4.

After this, your visits will likely be shorter. You'll have your weight and blood pressure checked and your urine tested. The doctor will measure the height of your uterus to check on how the baby is growing and will listen to your baby's heartbeat. All of these tests check on your health and well-being and measure your baby's growth and development.

Each visit should also include time for you to ask questions. You may find it helpful to take a list of questions with you.

Besides the tests that everyone should have on their first prenatal visit, your doctor may order other prenatal tests, like ultrasound, amniocentesis, or non-stress testing. If your doctor wants you to have any of these tests, be sure you understand the reason for it. Ask:

- what the test is
- why you need it
- what the doctor is looking for
- how the test results will affect your care
- what effects the test will have on you and your baby

Ask questions until you're sure you understand.

WHAT TO EXPECT ON YOUR FIRST PRENATAL VISIT

- ❑ Medical history
- ❑ Complete physical exam
- ❑ Internal (pelvic) exam
- ❑ Smears from your cervix and vagina to test for cancer and infection
- ❑ Urine tests
- ❑ Blood pressure
- ❑ Blood type—you could be type A, B, AB, or O
- ❑ Rh factor—you could be Rh positive or negative
- ❑ Blood count
- ❑ Rubella (German measles) immunity
- ❑ Blood test for hepatitis B

Other:

- ❑ Blood test for sickle cell anemia
- ❑ Counselling about HIV (Human Immunodeficiency Virus) and voluntary testing

When you're 18–20 weeks pregnant, you will be offered an ultrasound.

When you're 24–28 weeks pregnant, the doctor will do a blood test for diabetes and will repeat the Rh factor test.

What's Normal?

How can I tell what's normal?
During pregnancy, your body goes through many changes, and most of these are normal and healthy. They're the kind of things you might want to talk over with your doctor or nurse during your regular visits.

But when everything that's happening to you is new, it can be difficult to tell what's normal and what isn't.

There are a few things that you will need to call your doctor about right away.

- Bleeding from your vagina—even if it's just spotting
- Pain in your abdomen—more than gas pains
- Waters breaking, with fluid leaking or gushing from your vagina
- Sudden swelling of your hands, feet, or face—swelling that is different or worse than the puffiness you may already have
- A severe, long-lasting headache
- Vision problems, like spots, flashes, or blind spots
- Dizziness or lightheadedness
- Pain or a burning feeling when you pass water
- Chills or fever
- Continuing nausea or vomiting more than morning sickness
- Lessening of your baby's movements later in pregnancy. You'll know this from your own experience as your baby grows.

Healthy Choices

Pregnancy brings many things to think about and many choices to make. Should you change your eating patterns? Should you travel? What about drugs?

These are your choices. Ask questions. Look for answers. While you are pregnant, you are your baby's world. The choices you make affect not only your own health and well-being, but your baby's growth and health as well.

Take Care of Your Teeth

You may have heard that you can expect to lose a tooth for every baby. This isn't true. You don't lose teeth because of pregnancy. You lose teeth because you don't take care of them.

Dental care is especially important during pregnancy. Pregnancy affects all parts of your body, including your teeth and gums. Plaque, which can cause tooth decay, forms on your teeth more quickly during pregnancy. Your gums can become red and sensitive and may become infected. Brushing and flossing your teeth regularly is even more important now.

If you don't see a dentist regularly, make a special effort while you're pregnant. Be sure to tell the dentist that you are pregnant.

Think about continuing regular dental care after your baby is born. Your teeth, and your children's teeth, are meant to last a lifetime.

Eating for Two

When you eat, you are feeding your baby. The food you eat supplies the nourishment your baby needs to grow and develop. The food choices you make during your pregnancy are important for your health and your baby's health.

Pregnancy is not a time to diet. It is necessary, normal, and healthy to gain 11.5 kg (25 pounds) or more during your pregnancy.

But eating for two doesn't mean eating twice as much. For example, in early pregnancy you only need about 100 more calories than usual each day. You can get this by eating one or two nourishing snacks, for example:

- 2 or 3 thin slices of cheese on 2 to 4 whole wheat crackers.
- 1/3 cup of low-fat yogurt and kiwi fruit
- 1/2 deviled egg and 1 cup of tomato or V8 juice

Each of these snacks gives you about 100 nourishing calories.

As your body gets used to being pregnant, you may find that you feel hungry all the time. If you're hungry, eat. But eat something that's healthy for you for your baby. Celery or carrot sticks, fresh fruit, fruit juice, whole grain toast, and bran muffins are all healthy snacks.

Look in the Healthy Eating section for more information about foods for a healthy pregnancy.

No Smoking, Baby Growing

If you smoke, there is no better time to stop than right now. When you smoke, your baby smokes too. Stop and think what that means before you light up.

Even if you don't smoke yourself, second-hand smoke from the people around you can harm your baby.

Reasons to quit now

Before they're born babies need a good supply of oxygen and food, which they get from their mother's blood. The chemicals in tobacco smoke make the mother's blood less able to carry oxygen. Because of this, the babies of women who smoke get less food and less oxygen. Smoking while you're pregnant can cause problems for you and for your baby:

- You are twice as likely to have a miscarriage as a woman who doesn't smoke.
- Your baby is much more likely to be born too early.
- Your baby is more likely to be born small, and small babies are more likely to be sick.
- You are more likely to have problems in labour and delivery.
- Your baby is more likely to be stillborn or to die within the first weeks of life.

If you continue to smoke after your baby is born, the nicotine and chemicals get into your breast milk. Some babies are made irritable by the nicotine. They are agitated and difficult to calm down.

Second-hand smoke is harmful to babies before and after they are born.

- Smoking by parents may be the number one risk factor for Sudden Infant Death Syndrome (SIDS).
- Children who live with smokers are more likely to have breathing problems such as asthma and bronchitis.
- Children who live with smokers also have more colds and ear and throat infections.

What can I do?

You've probably heard it before, but if you smoke, the best thing you can do is to stop now. It may seem that quitting smoking right now would make your life more stressful. But smoking adds stress to your body. It speeds up your heart and your baby's and raises your blood pressure. If you stop now, you can prevent most of the bad effects smoking has on your unborn baby. In addition, after birth your child won't be exposed to cigarette smoke in the house.

If you live with smokers, let them know about the harm that their smoking can do to your baby. Even if they aren't ready to quit, you can reduce the amount of smoke in your home by working out some rules.

- Smoke outside. Protect your family and friends from second-hand smoke by making your home smoke-free.
- Make your car a smoke-free space. Smoke builds up very quickly in a small, closed space like a car.

Smoking is an addiction. There's no point in pretending that it's easy to stop. It's not easy. But it's not impossible either. Millions of people have done it and it's one of the most important things you can do for your baby. Talk to your doctor before using nicotine replacement like patches or gum.

If you find that you need help to quit or to keep your home or workplace smoke-free, Addictions Services, Public Health Services, the Lung Association, the Canadian Cancer Society, or your doctor can give the help you need.

For more information or help to quit smoking call:

1-888-818-6300

Alcohol and Pregnancy Don't Mix

When you drink, your baby drinks too. Drinking alcohol during pregnancy could cause your baby to be born with Fetal Alcohol Syndrome (FAS) or other alcohol-related disorders. A child with FAS may have low birthweight, problems with thinking, speaking, hearing, or learning, and behavioural difficulties. These problems do not go away when the child grows up.

There is no amount of alcohol that is known to be safe during pregnancy. So the best choice is not to drink any alcohol at all when you're pregnant.

If you do drink, you should know that no one kind of alcohol is safer than another. There is about the same amount of alcohol in:

- a bottle of beer
- a glass of wine
- a shot of liquor

Each of these affects your baby in exactly the same way.

If you have been drinking heavily, you may need counselling to help you stop. For your own sake, and your baby's, please look for the help you need. Contact Addictions Services or ask your doctor or public health nurse about programs in your community.

Taking Medicines

As soon as you know that you're pregnant, talk with your doctor about any drugs you are using. This includes all prescription drugs and all of the medicines that you can get at the drug store, such as aspirin, pain relievers, cough and cold remedies, and even vitamin pills. If you go to more than one doctor, make sure that all your doctors know that you are pregnant and that they are all aware of any medicines that you are using.

To be safe, you should not take any drugs of any kind except on the advice of your doctor. If you do need medication, follow your doctor's directions.

Any drug you take can reach your baby. So before you take any medicine, ask your doctor, pharmacist, and even your dentist these questions:

- What is it?
- What's it for?
- What will it do to me and my baby?
- What are the side effects?
- What is the smallest dose I can take?
- Can it wait until after the baby is born?

Don't Let Your Baby Do Drugs

If you do drugs, so does your baby. Any drug you take reaches your baby. Your baby can become addicted to the drugs you use.

All street drugs like cocaine, heroin, and marijuana have serious and harmful effects on you and on your baby.

If you use drugs, you may find it difficult to stop on your own. For your own sake and your baby's, please look for the help you need. Contact Addictions Services or ask your doctor or public health nurse about programs in your community.

Drugs and Danger to Your Baby?

Drug	Risk	Recommendation
Alcohol	Baby of low birth weight, problems with thinking, speaking, hearing or learning and behavioural difficulties. The danger is higher if the mother drinks a lot and often.	DO NOT USE. **No amount is considered safe.** The Department of Health recommends No Alcohol during pregnancy. If you need help, talk to your doctor or Addiction Services.
Amphetamines (Speed)	Greater risk of miscarriage, early birth, low birth weight.	DO NOT USE. Talk to your doctor or Addiction Services right away if you are a user.
Antacids	May be safe if not used often.	Use only once in awhile. Do not take more than what is suggested on label. Talk to your pharmacist about which is best during pregnancy.
Antihistamines (e.g., cold and allergy remedies)	Not much is known about risks of taking these drugs during pregnancy.	Talk to your doctor before you use them.
Caffeine	May harm the baby if taken in large amounts. (Caffeine is found in coffee, tea, chocolate and cola drinks.)	Use only small amounts of any food or drink that contains caffeine.
Cannabis (marijuana, hashish)	Baby may not grow in a normal way, may be smaller than should be, may have problems with addiction or withdrawal later.	DO NOT USE. Talk to your doctor or local Addiction Services about stopping.
Cocaine, Crack	Risk of miscarriage, early birth; may not grow a normal way.	DO NOT USE. If you need help to stop, talk to your doctor or local Addiction Services.
Hemorrhoid preparations	No known risk.	Ask your doctor or pharmacist to suggest something that will work. If you need to use a cream for a long time, ask your doctor if it is okay to do so.
Herbal Medications	Some have serious side effects. Should be regarded as medication.	Check with your doctor.
Household chemicals, paints, liquid cleaners, fertilizers	Breathing the fumes may hurt your unborn baby.	Use caution. Keep the windows open or use a fan.

Drug	Risk	Recommendation
Laxatives	Bulk-forming laxatives such as Metamucil are safe.	Use other types only if your doctor says it is okay.
Nausea (morning sickness) remedies	These drugs have various risks to the unborn baby.	**DO NOT USE** unless your doctor says it is okay.
Opiates (such as heroin and illegal prescription drugs e.g., Percocet, Talwin, Darvon)	Risk of miscarriage, early or difficult birth, baby born with breathing problems and/or signs of drug withdrawal, slow mental and physical development.	**DO NOT USE.** Talk to your doctor or Addiction Services right away if you are a user. **Note:** Using dirty (not sterilized) needles to take drugs makes the risk of getting Hepatitis and AIDS/HIV higher for both mother and baby.
Pain Killers • Non-prescription, containing ASA (e.g., Aspirin, Bufferin, Anacin) or acetaminophen (e.g., Tylenol, Atasol)	• Safe to use once in a while.	**Do not use ASA during the last three months of your pregnancy.** During the first six months, you should only use once in a while. Check with your doctor before using them often. Do not take more than is suggested on the label.
• Non-prescription, containing codeine (e.g., 222s, Tylenol with codeine)	• (Probably) safe to use sometimes.	**Check with your doctor.**
Sleeping Pills	The risk to the baby depends on the kind of sleeping pill. If you use them often, the baby may have breathing problems at birth. Baby may suffer from signs of withdrawal.	Use only if the doctor says it is okay. You may need your doctor's help to stop if you use sleeping pills often.
Tobacco	The more you smoke, the greater the risk of miscarriage, early birth, problems in labour and at birth; small baby, stillbirth and crib death. Children who have tobacco smoke in the home have higher risk of crib death and breathing problems. They have more colds and ear and throat infections.	**DO NOT USE.** If you need help to stop, talk to your doctor, or call the Smoker's Help Line, free of charge, at 1-888-818-6300.
Tranquilizers	If used often, baby may be born with breathing problems or signs of withdrawal.	Use only if doctor says it is okay. You may need your doctor's help to stop if you are a regular user.

Caffeine

Many of us use caffeine without realizing it. Did you know that there is caffeine in coffee, tea, cola, chocolate, and many medicines?

No one really knows the effects that caffeine can really have on an unborn baby. We do know that caffeine is a stimulant, and for this reason alone it's a good idea to limit the amount you eat or drink.

How much is too much? Again, we don't really know, but these guidelines will help keep you within a safe limit.

- Limit yourself to one or two cups of coffee or tea a day.
- Read labels and choose the products that have the least caffeine.
- If you crave sweets, try to replace chocolate with other, more nutritious snacks like fresh fruit, yogurt, or an oatmeal cookie. See the Healthy Eating section for more information on choosing good foods and avoiding caffeine.

Infections and Illnesses

It makes good sense to stay away from sick people while you're pregnant. Try to avoid people with colds, coughs, sore throats, and flu.

If you should get sick during your pregnancy, or have symptoms that make you think you're getting the flu, make an appointment to be checked by your doctor.

And remember—don't take any medicine on your own. Minor colds and other mild upsets are best taken care of by getting lots of rest, drinking plenty of fluids, and using a humidifier.

Let your doctor know if you have been exposed to any serious illness, including sexually transmitted diseases.

Travel

Whether you travel or not depends on how you feel and how long the journey is going to be. When in doubt, check with your doctor.

Travelling by Car

As long as you're comfortable behind the wheel, you can continue to drive. Remember though, that you still need to wear a seat belt—both the lap belt and the shoulder belt. Worn properly it will not harm your baby. The lap belt should be snug and low over the pelvic bones and not against the soft stomach area. The shoulder belt should be worn across the chest. You can get an extension for your seat belt if it is too short.

Common sense is your best guide when you travel by car.

- Try not to take long trips alone.
- If you do go on a long car trip, plan a rest stop every 160 km (100 miles). Get out of the car and walk around for a few minutes. Allow plenty of time to use the washroom.
- Whenever possible, drive on the major, more frequently used roads. This will make it easier for you to find rest stops, telephones, and washrooms.
- Taking a small pillow to support your back can make a long drive much more comfortable.
- Think about travelling by train or air instead. You may find either one less tiring than travel by car.

Travelling by Air
Most airlines need a letter from your doctor if you want to fly in the last month of your pregnancy. To avoid problems, ask about the airline's rules on travelling while pregnant before you buy an airline ticket.

When you fly, wear loose, comfortable shoes in case your feet swell. Remember to drink plenty of juice and water to prevent fluid loss.

Immunization for Travel
If you plan to travel to a country that requires immunizations, check with your local Public Health Nursing Office.

When you call, tell them where you plan to travel and that you're pregnant. They will be able to tell you whether the immunizations you require are safe during pregnancy.

Dangers around You

During pregnancy you may want to be extra careful with some of the things you come into contact with every day.

Household and Garden Chemicals
During your pregnancy, take special care when handling any kind of chemicals. Avoid them if you can, but if you must use them, follow the manufacturer's directions carefully.

If you do any indoor painting, perhaps in the baby's room, be sure the room is well aired. If you can, keep the windows open.

X-rays
X-rays may damage an unborn baby, particularly during early pregnancy. It's safest to avoid all X-rays while you're pregnant. This includes dental X-rays.

If you need X-rays, be sure to tell your doctor, dentist, radiologist, or other technician that you are pregnant. Tell them even if you think you might be pregnant. They will take special care to protect your baby.

Pets
Some pets carry infections that may be harmful to your developing baby. In particular, outdoor cats may carry a parasite that causes toxoplasmosis, which would interfere with your baby's development. Be extra careful when handling cats or cat litter boxes or if you are working in soil where cat feces are buried. Always wash your hands with soap and water right after touching pets.

Working and Pregnancy

Whatever your job, it's usually fine to continue to work while you're pregnant. You may find that you need to rest more often or to change a few things to be more comfortable while you work, but you'll know what's best for you.

You may find that you need extra rest in the first and last three months of your pregnancy, so try to nap when necessary. If there is a place at work where you can lie down, you may find that lying on your side during lunch or on breaks is a big help.

Video Display Terminals
Many people worry that working with video display terminals (VDTs) might be dangerous during pregnancy. So far, research shows that VDTs won't hurt you or your baby. There is also no need for pregnant VDT operators to wear protective clothing or lead aprons.

Workplace Dangers
A surprising number of workplaces contain things that may cause birth defects or miscarriages. The main sources of danger are chemicals, solvents, gases, metals, and radiation. If you are concerned about these dangers in your workplace, talk it over with your doctor or ask in your prenatal class for information about the risks for different kinds of jobs.

You could also ask your workplace Occupational Health and Safety Committee for information. If your workplace doesn't have an Occupational Health and Safety Committee, you might want to get together with other workers to start one.

Sharing Your Feelings

Pregnancy is a time of growth and change. Your body is changing and your feelings change along with it.

You may find that your feelings change so often—and sometimes so quickly—that you feel as if you are on an emotional roller coaster. One minute you're up, and the next you're down.

These mood changes can be surprising and unsettling, but they're normal. They are a natural response to all the changes that come with pregnancy.

You don't need medicine to get through this. You need time, patience, love, and support. Ask the people around you for the help you need. Talk about your fears, your worries, and concerns. Share your dreams and plans. If you need a hug or a back rub or a shoulder to cry on, ask for it. No matter how much people care about you and want to help, they can't read your mind. They won't know what you need unless you tell them.

Talk It Over

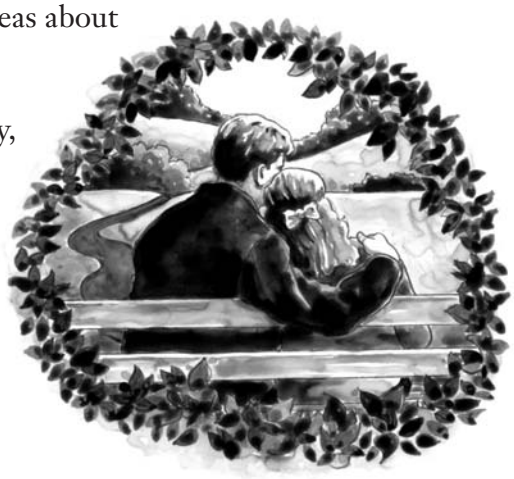
Pregnancy is a normal part of life. But it's a time when your life is changing, and change—even a happy, welcome change—can bring stress.

There's a lot to think about while you're pregnant. What will childbirth be like? Will your baby be healthy? Will you be a good mother? A good father? Will you have to move to a bigger place? Can you afford it?

Don't let things build up. Talk about your worries and take care of problems while they are still small.

Pregnancy can bring people closer together than ever before. Talk things over with the ones you love.

Communication is important now, while you're pregnant. It will become even more important later, when you're getting adjusted to life with a new baby. You can't assume that you and your partner have the same ideas about parenting. For example, what do you think is more important—a happy baby or a clean house? What does your partner think? How do each of you plan to divide up the work of caring for a baby, doing housework, and earning a living?



Another thing you need to discuss is how you plan to feed your baby. Did you know that breastfeeding has many advantages? It's the safe, natural way to feed your baby. Breast milk is the perfect food for babies, designed by nature to meet their needs and to give them protection from disease and infection. See the Choosing to Breastfeed section of this book for more information.

Talk over how you plan to feed your baby with the important people in your life—your partner, your mother, your family, and your doctor. You will need help and support as you learn to be a parent and these are the people you will be depending on. Make them part of your plan.

You need to start talking about these things now. Don't wait until you have a problem to start sharing your feelings.

If you find you need help, ask for it. You can handle most things by talking them over with people you trust and working them out on your own. Sometimes though, it's just too much for one person. If this happens, and you feel overwhelmed by problems, look for professional help or counselling.

Sexuality

Your sexuality is part of who you are. As your life, body, and feelings change with pregnancy so will your sexual feelings and desires.

Is It Safe to Have Sex During Pregnancy?
In a healthy pregnancy, sex won't hurt the baby and won't hurt the mother. Most of the time it's perfectly safe and normal.

However, your doctor may advise you to avoid intercourse

- if your placenta is attached in the lower part of your uterus, near your cervix (placenta previa)
- if, in the past, you have had a problem with your cervix starting to open up too early in your pregnancy (incompetent cervix)
- if you have a history of unexplained early labour
- if you have any signs that you might be going into labour too early
- if you have any signs that you might miscarry
- if your waters have broken
- if you have an infection

If your doctor has advised you to avoid intercourse, don't forget to ask him or her when you can start again.

Sexual Feelings
It's normal for your sexual feelings—and your partner's—to change while you're pregnant. A lot of things can influence how you feel about sex. For example, you and your partner can both have mixed feelings about the changes in your body that come with pregnancy. Many men and women think that a pregnant woman's larger breasts and rounded tummy are sexy and exciting. Others don't. You may find that your own feelings about your body change from day to day.

Almost any pattern of interest in sex is normal. Many pregnant women find that they are more sensitive to touch and more easily aroused. Others find it more difficult to enjoy sex at this time.

The most important thing is to talk to one another, to try to understand each other's feelings and concerns.

As your size and shape change, you can enjoy looking for different and more comfortable positions. This is a great time to experiment. Let your partner know what feels good and what doesn't and return the favour. The important thing is to tell each other how you feel.

Remember that there are many ways to show love, care, and affection that don't involve sexual intercourse. If either you or your partner don't want intercourse, look for other ways to be close. Try massage, cuddling, kissing, back rubs. Pregnant women often feel a great need to be held and cuddled. Their partners seem to like it, too.

Take Time for Yourself

Take care of yourself
Enjoy your pregnancy and remember that you're worth fussing over. Taking care of yourself is good practice for taking care of your baby.

Give yourself a break:
- Make some time for yourself every day. Stretch out, relax, and think about your baby.
- Give yourself a day off once in a while. Read, swim, walk, or just spend the day in bed.

Stay active:
- Make time every day for physical activity. Walking, swimming—even just stretching—will help you feel better when stress builds up.

Relax:
- Lie down, relax your muscles, and concentrate on breathing slowly and deeply.
- Do some of the relaxation exercises in the Healthy Activity section every day.

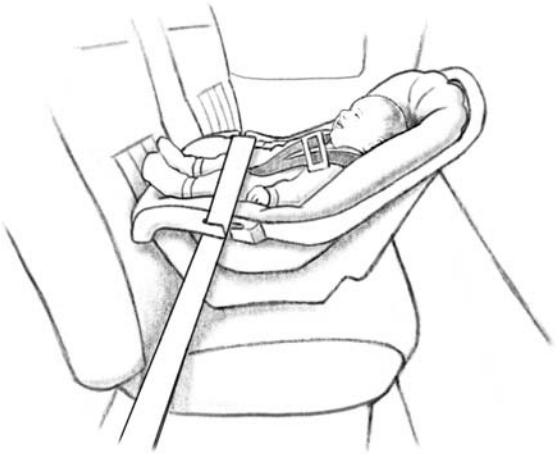
Car Seats and Baby Furniture

Although there are hundreds of things you can buy for a baby, it's good to know there are only a few things you must get. A car seat is one of them.

Safety and comfort are points to consider whether you buy new baby things, receive them as gifts, or get them second hand.

The law says that babies must travel in an infant car seat, even on the trip home from the hospital. Even if you don't own a car, you will need a car seat when you travel in a taxi or ride with friends.

Car Seats



The car seat that provides the best fit for a newborn is the infant-only seat. Infant-only seats are used until the baby weighs 9-10 kg (about 20-22 lb), and 66-74 cm long (26-29 inches), depending on the model. The infant-only car seat must always **face backwards, in the back seat, and be fastened in with a seat belt.** The safest place for a car seat is in the **centre of the back seat** (except if there is a fold down armrest). Infant car seats are not safe unless they are installed and used according to the instructions that come from the company that made the seat.

Rear-facing infant seats are available as:
Infant-Only Seats - best fit for newborns; must always face the rear; have weight and height (length) limits
Infant/Child Seats - used rear-facing & then forward facing as the baby gets older
Infant/Child/Booster Seats

Don't be in a hurry to start using a forward-facing child seat. The longer you use a rear-facing infant-only seat, infant/child seat or infant/child/booster seat **that fits correctly**, even past your child's first birthday, the safer your baby will be in a crash. Be sure to follow the manufacturer's instructions for use and check the label for the weight and height that are allowed.

Infant car seats must meet the Transport Canada's safety standards. Don't buy a car seat unless it has an instruction booklet and a National Safety Mark to show that it meets these standards. A plastic infant carrier is not a safe seat even if it has a seat belt.

Never use a seat more than 10 years old because materials weaken with age. Never buy or use a seat that has been in an accident. Before you buy a car seat, try it out in your car. Make sure that it fits easily into your car's seat and that your seat belts will fit around it. Check that it's easy for you to use. Read the instructions and practice.

You can call Highway Safety, Public Health Nursing, or a Family Resource Centre for information on the proper way to put the seat in your vehicle and on harnessing your baby safely in the seat.

Warning: Do not put an infant or child seat in a seat with an air bag.

If you have Questions, call Transport Canada Toll-free at 1-800-333-0371 or check the website at ***www.tc.gc.ca***

Baby Furniture

You will not need a lot of baby furniture right away. The baby will need a place to sleep - a crib or bassinet - and you'll need a place to put baby clothes - a small chest of drawers or even a box. You don't really need a rocking chair, but many parents and babies get a lot of pleasure from one.

Any furniture you buy for the baby should be clean, safe, and sturdy. Old furniture isn't always safe. Make sure that:

. all small parts are firmly in place and won't come loose
. no parts are loose, split or broken
. no parts or hardware are missing
. there are no holes or spaces big enough to trap any part of a baby

Safe Cribs

If you are buying a second-hand crib, do a very careful safety check. Cribs made before 1986 do not meet current safety standards. It is illegal to advertise, sell or give away these cribs.

The crib must have a label that says the name of the company that made it, model number, and the date it was made. **Only use a crib that displays a date of manufacture after September 1986**. Is Your Child Safe? Health Canada 2006

- The slats should be no more than 6 cm (2 1/2 in) apart.
- The mattress should be less than 15 cm (6 in.) thick. It must be firm, and should not move around. You should not be able to fit more than two fingers between the mattress and the side of the crib.
- When the side rail of the crib is up, there should be at least 66 cm (26 in.) between the lowest part of the mattress support and the top of the side rail.
- The tops of the corner posts should be very small and not pointed so children's clothing won't catch.
- The mattress support should be firmly attached. The mattress should not come loose when you push up from under the crib, rattle the crib from side to side, or thump the mattress from top to bottom.
- There should be clear, easy-to-understand directions on how to set up the crib.

Warning: Because of the risk of SIDS (Sudden Infant Death Syndrome), soft mattresses, pillows, comforters, stuffed toys, and bumper pads should not be used in cribs.

Safe Playpens

All playpens, new or used, must meet the standards of the *Hazardous Products Act*. These are:

- Playpens should be stable and sturdy, with no more than two wheels or casters. These should both be on the same end.
- Sides should be at least 48 cm (19 in.) high.
- If there is netting on the sides, it must be a very fine mesh to keep clothing, buttons, or hooks from getting caught.
- Check for tears in vinyl rails or in the mattress pad of the playpen. A baby can bite off small pieces and choke.
- Edge must not be rough or sharp.
- Hinges should be designed to prevent pinching or sudden fall.
- There should be no holes that are large enough to trap tiny fingers.
- All small parts should be firmly attached.

Baby Walkers

Baby walkers with wheels are now banned in Canada. It is against the law to sell, advertise, or import new or used baby walkers, even for your own use. It is also against the law to give them away.

For more information on buying baby clothes and toys see the Healthy Family section.

More information is available from the Consumer Product Safety Bureau of Health Canada. Toll-free call: 1-866-662-0666, or check the website at ***www.hc-sc.gc.ca***

Nine Months Of Changes

Pregnancy starts from a fertilized egg and continues to the birth of your baby. The nine months of your pregnancy will be nine months of changes.

While your baby is growing inside, you'll be changing too. Your uterus will get larger as your baby grows. Your body will increase its blood supply to carry food and oxygen to your baby. Your breasts will be getting ready to produce milk. Emotionally, you'll be preparing for motherhood, and your family will be preparing to welcome a new member.

Each pregnancy is its own special miracle. For these nine months you are your baby's world. Make it the best it can be.

First Trimester: Months 1, 2, 3

Baby's Growth

Weeks 1 to 4

- .5 cm (1/4 in) long — about the size of a pea
- spine and spinal cord are forming
- digestive system is starting to form
- umbilical cord is forming
- heart is beating by day 25

actual size

Weeks 5 to 8

- 2.8 cm (1 1/8 in) long
- weighs 1 g (1/30 oz)
- face is forming; eyes are shut
- long bones, internal organs, and brain are forming
- arms and legs are forming

actual size

Second Trimester: Months 4, 5, 6

Baby's Growth

Weeks 13 to 16

- 15 cm (6 in) long
- weighs 115 g (4 oz)
- strong heartbeat
- active muscles: baby turns, rolls, kicks, and waves arms and legs
- thin, transparent skin covered with soft, downy hair
- finger nails and toenails are forming
- swallows amniotic fluid

1/4 actual size

Weeks 17 to 20

- 25–30 cm (10–12 in) long
- weighs 450 g (1 lb)
- heartbeat can be heard
- sucks thumb
- hiccups
- has hair, eyelashes, and eyebrows
- mother may feel movement

1/4 actual size

Weeks 9 to 12

- 7.5 cm (3 in) long
- weighs 28 g (1 oz)
- arms and legs can move
- has fingers and toes
- has fingerprints
- can smile and frown
- tooth buds are forming

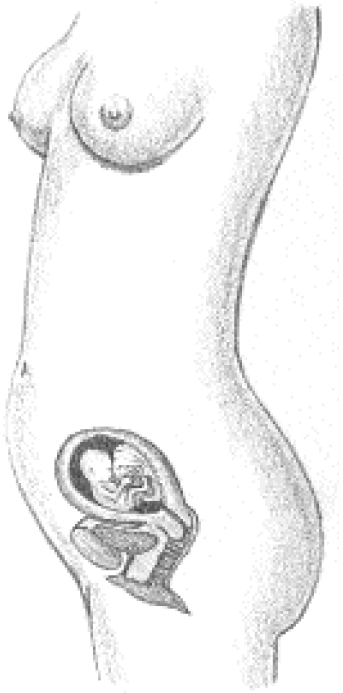
1/2 actual size

Mother's Physical Changes

Weeks 1 to 12 (Months 1, 2, 3)

During the first three months, your baby is growing and changing, but your body doesn't look much different yet.

- uterus grows from about the size of a tennis ball to the size of a grapefruit
- may gain or lose up to 2.3 kg (5 lb)
- increase in secretions from vagina
- breasts full and tender
- need to urinate frequently
- may feel faint, tired, or sick



Weeks 21 to 24

- 28–36 cm (11–14 in) long
- weighs about 680 g (1 1/2 lb)
- skin is wrinkled and has a creamy, protective coating
- opens eyes
- has a strong grip
- lots of movement: baby wakes, sleeps, yawns, cries, sucks thumb

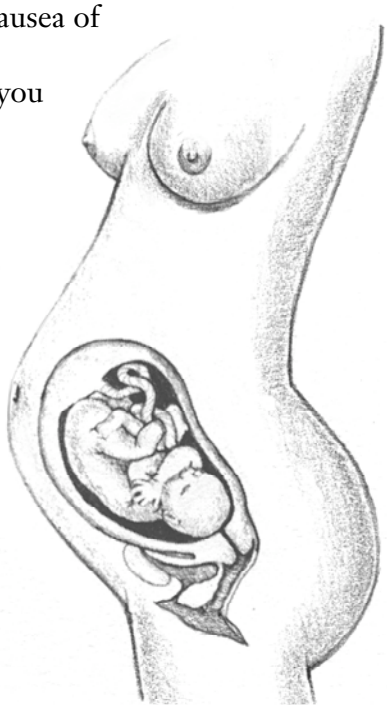
1/8 actual size

Mother's Physical Changes

Weeks 13 to 24 (Months 4, 5, 6)

During this trimester you begin to feel a lot better. The tiredness, mood swings, and nausea of the first trimester are usually gone. You may feel dreamy and calm. As you begin to feel moving and kicking, your baby becomes very real.

- You begin to look pregnant.
- You should be gaining about a pound a week—1.5–1.8 kg (3–4 lb) a month.
- You may notice that your nose is stuffy and that your gums or nose may bleed.
- You may notice some changes in your skin: a dark line down the centre of your abdomen (called the linea negra) and a dark area on your face (called the mask of pregnancy).



Third Trimester: Months 7, 8, 9

Baby's Growth

Weeks 25 to 28

- 36–43 cm (14–17 in) long
- weighs about 1000–1400 g (2 1/2–3 lb)
- very active — kicking and rolling into different positions
- beginning to make breathing movements
- adding body fat and brain is growing

1/8 actual size

Weeks 29 to 32

- 42–45 cm (16 1/2–18 in) long
- weighs 1800–2200 g (31/2–4 lb)
- bones in the head are soft and flexible
- is storing iron in liver
- sleeps and wakes
- responds to sounds

1/8 actual size

Birthday!

Baby's Growth

Weeks 36 to 42

- 50 cm (20 in) long
- weighs 3200–3500g (7–7 1/2 lb)
- lungs are mature
- has enough body fat to keep warm
- fingernails have grown long
- head is large
- arms and legs are curled up against body

Ready to be born!

1/4 actual size

Weeks 33 to 36

- 48 cm (19 in) long
- weighs 2200–2700g (4–5 lb)
- getting too big to move around as much
- at about 36 weeks usually settles into a head-down position for birth
- adding fat, so skin is less wrinkled
- brain growth continues
- skin has thick, creamy coating (vernix)
- most of the downy hair is gone from skin
- gaining immunities from mother

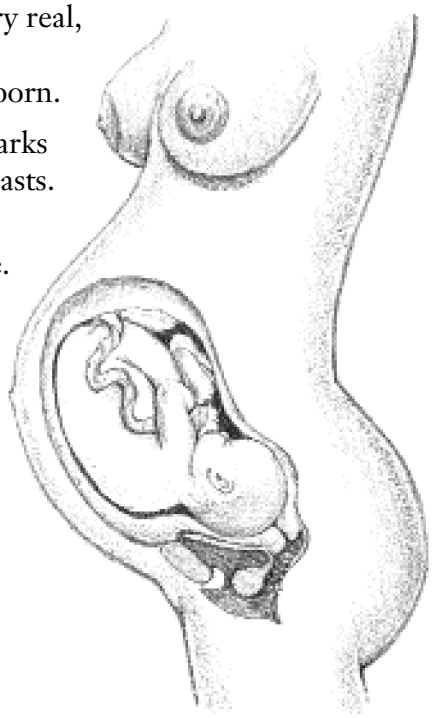
1/8 actual size

Mother's Physical Changes

Weeks 25 to 36 (Months 7, 8, 9)

By this time your baby is very real, and you're probably waiting eagerly for your baby to be born.

- You may notice stretch marks on your abdomen and breasts.
- You may notice that you perspire and urinate more.
- You may notice skin changes, tiny red blotches called "vascular spiders."



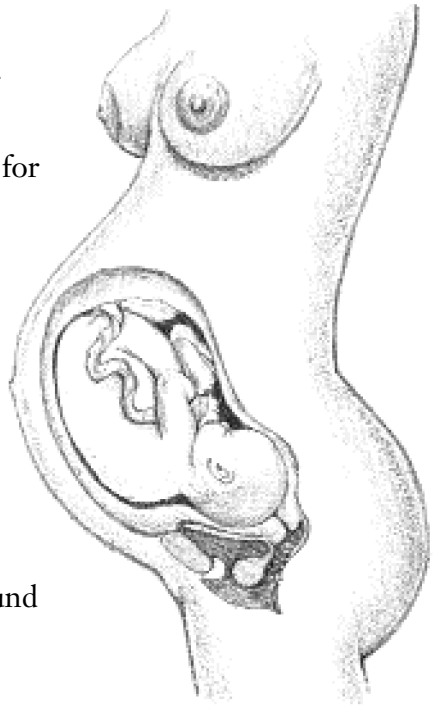
Mother's Physical Changes

Weeks 36 to 42 (month 9+)

This is it! You're full of mixed feelings. You can hardly wait to see your baby, and yet you're nervous about what's to come.

- You may feel lots of Braxton-Hicks contractions. These are practice for labour and are perfectly normal. (See Healthy Birthing)
- You may notice that the baby has dropped down into your pelvis. This makes breathing much easier. It also means you'll need to urinate more often.
- You may have a burst of energy
- Signs that labour is starting:
  - backache
  - a plug of mucus from your vagina with a little blood in it. This is called a "show."
  - contractions that get stronger and don't stop when you move around
  - your waters break
  - loose bowel movements

HAPPY BIRTHDAY!



Relief for Common Discomforts

During pregnancy your body goes through many changes. It might help to know that while not all of these changes are comfortable, most of them are normal and don't need medicine or treatment. It's also nice to realize that you probably won't have all of the discomforts we talk about here.

And whatever the discomfort, there are things you can do to help yourself feel better.

Every pregnancy is different, but in general eating well and being active will help you to reduce discomfort and stay well throughout your pregnancy.

Backache

What causes it?
Backaches can be caused by poor posture during pregnancy.

What can I do about it?

- Stand up straight. Tighten your buttocks and pull in your tummy muscles. Good posture will ease the strain on your back.
- Do pelvic tilt and abdominal exercises every day. See Healthy Activity for directions. Doing the pelvic tilt on all fours can be especially helpful in easing backache:
  1. Kneel on all fours. Keep your back flat and your head level with your back. Do not let your back sag.
  2. Tighten your buttocks and abdominal muscles, pulling in your tummy and curving your back upward. Hold for a few seconds.
  3. Relax back to your starting position. Keep your back flat. Do not let it sag.
  4. Repeat a few times.
- Be careful when lifting. See the Healthy Activity section for advice on safe ways to lift.
- Use a firm mattress on your bed and sleep in a side-lying position with your knee bent up toward your chest. The left side is best because it helps your blood to circulate.
- A heating pad, hot water bottle, warm bath, or ice can help ease the ache.
- A back rub from a friend or partner can also feel good.

What if none of this works?

- If backache continues to be a concern for you, talk it over with your doctor or physiotherapist.
- Do not take any medicine for pain without checking with your doctor.

Breast Changes

What causes it?
Most women's breasts start changing early in pregnancy and continue to change throughout. Your breasts may get larger, the veins in your breasts may be more noticeable, and you may notice a tingling feeling in your nipples. Your areolas (the area around your nipples) may get larger and darker, and the little bumps in the areola become more noticeable. Later in your pregnancy you may notice a bit of sticky, yellowish fluid leaking from your breasts. This is colostrum, the fluid your body produces before it begins to make breast milk.

All of these changes are preparation for producing milk and breastfeeding.

What can I do about it?
Breast changes are a normal part of pregnancy. If your breasts are tender or uncomfortable, you may find that wearing a good support bra can help. A good bra is especially important when you're exercising or active. Some women find it most comfortable to wear the bra during the night as well as during the day.

Constipation

What causes it?
During pregnancy, your bowels slow down a bit, which make it more likely that you might become constipated. Taking iron pills can cause constipation and so can a change in your eating habits.

You are constipated if you have bowel movements that are hard and dry or are difficult to pass. It may help to know that constipation isn't serious. It can be very uncomfortable, but it does get better.

What can I do about it?
- Eat high-fibre foods like whole grain bread and cereal, bran, beans, dried fruit, and fresh fruits and vegetables.
- Drink lots of water — 6 to 8 glasses a day.
- Stay active. Walk every day or do some other exercise that you enjoy.
- Develop good bowel habits:
  - When you have to go, do it. Don't hold back.
  - Wait until you have to go. Don't try to force it.
  - Don't strain. Relax and take your time. Try raising your feet on a stool or a box while you're on the toilet.
- Try drinking hot or very cold liquid on an empty stomach.

What if none of this works?
- Talk to your doctor if the problem lasts more than a week or so.
- If you're taking iron pills because your doctor has told you to, ask if you should stop taking them.
- Do not take any laxative or other medicine without checking with your doctor.

Cramps — Leg and Foot

What causes it?
Cramps in feet and legs are common, especially later in pregnancy. Cramps can be caused by pressure from your uterus on the blood vessels leading to your legs and by pointing your toes when stretching.

What can I do about it?

- Stay active. Exercise will increase the circulation to your legs.
- Be careful not to point your toes when you stretch, especially when you first wake up in the morning.
- Wear comfortable shoes.
- Avoid standing for long periods of time.
- Wrap ice in a wet towel and place it on the cramped muscle. Leave it there for 10 to 12 minutes to help relax your muscles.
- If you do get a cramp, do not massage, squeeze, or press on the cramped muscle. Blood vessels bruise easily, and pressure will only make the cramp worse. Instead, gently stretch.

To relieve foot cramps

1. Sit down. Keep the cramped leg straight. Bend the other knee.
2. Slowly flex the toes of the cramped foot towards your nose.
3. Hold this position until the cramp eases.

For leg cramps

1. Sit on the floor, near a wall.
2. Using your cramped leg, press the bottom of your foot against the wall. Keep your other leg bent.
3. With your arms straight, lean back on your hands for support.
4. Pressing your foot into the wall, slowly straighten your cramped leg until your knee touches the floor.
5. Hold until the cramp eases.

What if this doesn't work?
Talk to your doctor if you often have painful cramps.

Fatigue (Tiredness)

What causes it?
Tiredness is a normal part of pregnancy. It is especially noticeable early in pregnancy and is a result of the enormous amount of energy your body is using as it adjusts to pregnancy.

You may also feel tired again late in your pregnancy, because of the energy you're using to carry the weight of the pregnancy.

What can I do about it?

- Accept the fact that you need rest and allow time for it during your day.
  - Pace yourself and rest before you're overly tired.
  - Rest whenever you can, even at work. Sit down and put your feet up for a few minutes. If it's possible, lie down on your side.
  - Take naps when you need them. Take a nap instead of a coffee break.
  - Go to bed early to get the extra sleep you need.
- Take good general care of your health. Eat well and stay active. Regular exercise will make you feel less tired, not more tired.

What if it doesn't work?

- Check with your doctor. Do not take any medication.
- Do not use remedies like coffee or caffeine pills to stay awake.

Flatulence (Gas)

What causes it?

You can have gas at any time during your pregnancy. It happens because your digestive system slows down during pregnancy, and this gives gas more time to form. Another cause is the pressure of your uterus on your stomach and intestines.

What can I do about it?

- Note which foods you've eaten just before you felt the gas pains. Try eating only small amounts of foods that give you gas. Many different kinds of food can cause gas, and these are different for everyone.
- Avoid becoming constipated. Follow the advice in the section on constipation.
- Stay active

What if it doesn't work?

- Gas is annoying but not usually serious.
- If you have a lot of pain with gas, talk to your doctor.

Frequent Urination

What causes it?

The urge to urinate is very common during the first three months of pregnancy and again for a few weeks before delivery. It happens because at these times your uterus is pressing against your bladder, which means there is only a small space to hold urine.

What can I do about it?
For most women this is a normal part of pregnancy and doesn't last for long.

- It's important to get enough fluids while you're pregnant, so don't try to cut back on the amount you drink during the day.
- If you find you have to get up several times a night to go to the bathroom, you can try to drink less during the evening.

What if it doesn't work?
- Don't worry. Frequent urination is a bother, but perfectly normal.
- If you have any pain or burning when you urinate, check with your doctor. You may have a bladder infection.

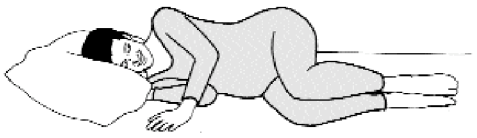
Groin Pain

What causes it?
Late in pregnancy you may feel an uncomfortable "stitch" or pull in your groin or lower abdomen. This is caused by the weight of your pregnancy stretching the ligaments that hold your uterus in place. This kind of pull can occur during exercise, coughing, or sneezing. It's uncomfortable, but it isn't serious and shouldn't keep you from being active.

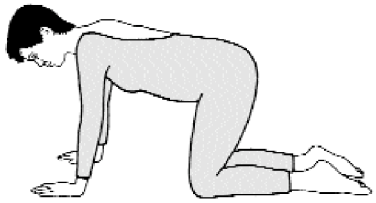
What can I do about it?
- Stand up straight. Poor posture can cause these pains and can make them much worse.
- Avoid standing for long periods of time.
- If you get this pain while exercising, try to notice which activities trigger it and avoid them.

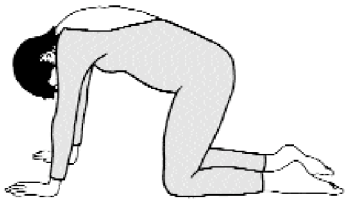
If you get groin pain:

- Do a light, circular massage of the sore area. Use a very light touch when stroking downward.
- To relieve a sudden pain:
  1. Lean against something for support.
  2. Use both hands to lift up your abdomen and relieve the pressure.
  3. Continue to support your abdomen until the pain leaves.
- Try lying down on the sore side with your legs drawn up. This takes the stress off your ligaments and often gives quick relief.



- Try the pelvic tilt on all fours:
  1. Kneel on all fours. Keep your back flat and your head level with your back. Do not let your back sag.
  2. Tighten your abdominal muscles, pulling in your tummy and curving your back upward. Hold for a few seconds.
  3. Relax back to your starting position. Keep your back flat. Do not let it sag.
  4. Repeat a few times.





What if none of this works?
Talk with your doctor if this is a frequent and painful problem.

Headache

What causes it?
Most people get headaches once in a while, and they don't stop just because you're pregnant. During pregnancy, some women have more headaches than is usual for them. This is caused by normal changes in the blood vessels.

What can I do about it?
- Think about the things that give you headaches and try to avoid them. Eye strain, cigarette smoke, coffee, and fluorescent lights are examples of the kinds of things that can trigger headaches in some people.
- Get plenty of rest.
- Eat frequent, small meals. Do not go for a long time without eating.
- Drink lots of fluids.

If you get a headache:

- Find a quiet place and relax.
- Try a damp cloth on your forehead or the back of your neck. Some people like a warm cloth, others prefer cool.
- Rub your neck, shoulders, face, and scalp. It's even better if you can have someone do this for you.
- Get some fresh air.

What if none of this helps?
- Do not take any kind of pain medication without checking with your doctor.
- Talk to your doctor if it seems like you have a lot of headaches.
- Contact your doctor immediately if you have headaches that are severe or long lasting, or if you have any blurring of vision.

Heartburn

What causes it?

Heartburn is caused by acids pushing up out of your stomach. Heartburn is common during pregnancy for two reasons: because the stomach muscles relax, making it easier for food to come back up; and because your growing uterus pushes up against the stomach, which can force acid upward.

What can I do about it?

- Sit up straight during meals. This gives your stomach as much room as possible to digest food.
- Eat small, frequent meals.
- Eat slowly
- Avoid greasy, spicy foods.
- Remain sitting up for an hour or two after eating. Lying down soon after eating can cause heartburn.
- Avoid heavy meals for 2 to 3 hours before bedtime.
- Don't drink anything just before or after eating.

If you get heartburn:

- Take small sips of water or milk.
- Sit up straight or stand. Lying down may make heartburn worse.
- At night, sleep with the head of your bed slightly raised or use extra pillows.
- Try sleeping on your side.

What if it doesn't work?

- Talk to your doctor or pharmacist before taking antacids or any other kind of medication.

Hemorrhoids (Piles)

What causes it?

Hemorrhoids are swollen (varicose) veins in the rectum. They are caused by the pressure of the baby on the lower part of your body. They may also be caused by straining during bowel movements. Hemorrhoids are sometimes painful or itchy and may bulge out of the rectum. They usually disappear after delivery but will sometimes last for a few weeks after the birth.

What can I do about it?

- Avoid becoming constipated. See the section on constipation.
- Don't sit on the toilet for long periods of time. Don't push too hard when having a bowel movement. Putting your feet up on a stool while sitting on the toilet may help relieve the strain a bit.
- Do pelvic floor exercises to improve the circulation in your pelvic area. See Healthy Activity for directions.
- Sitting in a warm tub for 15 to 20 minutes may help ease the discomfort.
- Warm pads or ice packs placed on the hemorrhoids may also help.

What if none of this works?

- Talk it over with your doctor.
- Don't use any kind of medication, ointment, or suppository without checking with your doctor.

Insomnia (Trouble Sleeping)

What causes it?

Some women have difficulty falling asleep and staying asleep during pregnancy. In early pregnancy, this is often because your body is getting used to the changes pregnancy brings. In late pregnancy, the size of your uterus and your baby's kicking can make it difficult for you to find a comfortable sleeping position. Insomnia can be a particular concern for women who have shortness of breath.

What can I do about it?

- It's easier to get to sleep if you're physically tired. Stay active. Walk or exercise every day.
- Avoid caffeine.
- Try going to bed and getting up at the same time every day.
- Avoid eating large meals close to bedtime.
- Try to find a comfortable sleeping position. Use pillows and rolled-up blankets for support.
- If shortness of breath is the problem, try sleeping propped up on pillows.
- Have a warm shower or bath before bed.
- Have a glass of warm milk or hot water with lemon before bed.
- Try going for a walk in the evening.
- Try doing relaxation exercises. See the Healthy Activity section for directions.
- Read a really boring book.
- A backrub may also help.

What if none of this helps?

Insomnia can be common during pregnancy, so don't take any sleeping medication without checking with your doctor.

Morning Sickness

What causes it?

"Morning sickness" is the nausea and vomiting that sometimes occur early in pregnancy. It usually goes away after the first three months. It's called "morning sickness" but it can happen at any time of the day or night.

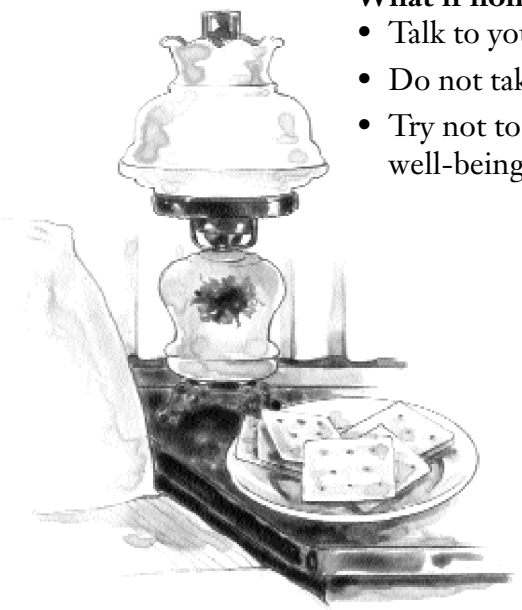
Some women get morning sickness, and others never have it at all. If you are one of the women who gets it, you probably can't prevent the nausea entirely. You can make it less likely that you will vomit by trying the suggestions on this page. You may have to try several things before you find one that works for you.

What can I do about it?

- You will feel better after eating, so even though you may not want to, it's important to eat. Nausea is much worse on an empty stomach.
- Try eating a few crackers or dry toast before bed or before you get up in the morning. Keep them by your bed.
- Instead of a few large meals, try eating small meals or snacks every 2 or 3 hours. A bedtime snack can be especially helpful. Try peanut butter to keep your stomach full longer.
- Try eating solids and liquids separately. Have soups and drinks between meals instead of with meals.
- Avoid fried foods.
- Avoid drinking coffee.
- Get up slowly in the morning. Don't move quickly or suddenly.
- If you feel queasy, sip carbonated water or ginger ale or get some fresh air. A short walk might help.

What if none of this works?

- Talk to your doctor.
- Do not take any medicine for nausea without checking with your doctor.
- Try not to worry. Morning sickness does not affect the nutrition or well-being of your baby.



Shortness of Breath

What causes it?
Shortness of breath can happen at any time during pregnancy. You may notice it more as your growing uterus presses against your rib cage. This leaves your lungs less room to expand. Shortness of breath usually disappears when your baby moves down into your pelvis. In first-time mothers, this usually happens about two weeks before labour begins.

What can I do about it?
- Very little can be done to prevent shortness of breath. Watching your posture can help. Stand up straight. Good posture will give your lungs as much room as possible.
- Try sleeping propped up on pillows.

What if this doesn't work?
Tell your doctor about your symptoms. Shortness of breath can also be a symptom of low levels of iron in your blood.

Swelling

What causes it?
During pregnancy, the amount of blood and other fluid in your body increases. This normal increase in fluid can cause your feet, face, and hands to become puffy or swell a little. This is especially common during the last three months of pregnancy. It can be uncomfortable, but is normal. About 8 out of 10 women get some swelling during pregnancy.

What can I do about it?
- Avoid wearing tight clothing or jewelry—for example, avoid elastic waists, knee-high stockings, socks with elastic tops, rings, and tight watch bands.
- Aim for a slow, steady weight gain.
- Avoid standing for long periods of time.
- Avoid sitting with your legs crossed.
- Get as much rest as you can.
  - Rest with your feet up several times a day.
  - Rest lying on your left side. This can help improve your circulation and reduce swelling.
  - Try to reduce your workload.
- To relieve mild swelling in your legs, ankles and feet, do this exercise for 10 to 15 minutes, twice a day:
  1. Lie with your head and shoulders propped on pillows.
  2. Keep your knees slightly bent, and support your legs off the floor so that they are slightly higher than your heart.
  3. Curl and straighten your toes. Repeat several times.
  4. Make circles with your feet. Repeat several times.
  5. Tighten and relax your thigh muscles. Repeat several times.

- To relieve mild swelling in your hands, bend and straighten your fingers and move your hands in circles.

What if none of this works?

- Do not take any kind of diuretics, water pills, or other medication without contacting your doctor.
- If you have pins and needles in your hands, especially at night, talk to your doctor or physiotherapist.
- Contact your doctor immediately if you have sudden or severe swelling or numbness in your hands and face.

Vaginal Secretions

What causes it?

During pregnancy, it is normal to have an increase in the amount of thin, milky secretions that come from your vagina. Sometimes these secretions can be quite heavy, but as long as they are thin and milky, they are normal and nothing to worry about.

If the discharge causes any itching or burning or has a bad smell, you may have an infection. In this case, contact your doctor.

What can I do about it?

- Keep the area clean and dry.
- If your discharge is heavy, try wearing a panty liner.
- Do not douche.

Varicose Veins

What causes them?

During pregnancy, the walls of your blood vessels are stretched from carrying extra blood. In addition to this, your growing uterus is putting extra pressure on the veins in your legs. This slows down circulation and increases the pooling of blood in your veins, which can lead to varicose veins. Varicose veins of the vulva or the rectum (hemorrhoids or piles) can occur if you sit too long in one position or if you have weak pelvic floor muscles.

If you had varicose veins before, you may find that they are worse during pregnancy.

What can I do about it?

- Stay active. Walking and moving improves circulation.
- Stand up straight. Good posture will improve your circulation.
- Do leg, foot, and pelvic floor exercises several times a day. See the Healthy Activity section for directions.
- Lie down with your legs raised for 10 to 15 minutes, several times a day. Support your feet on pillows so that your legs are slightly higher than your heart.
- Avoid standing for long periods of time. Be sure to sit down and put your feet up several times a day.
- If you sit during the day, change position often. Use a footstool if possible. Get up and walk around for a few minutes every hour or so.
- Avoid sitting with your legs crossed.
- Sleep and rest on your left side as much as possible.
- Avoid tight or binding clothing, especially socks with elastic tops and knee-high stockings.

If you get varicose veins

- In your legs: Wear specially fitted support stockings. Put them on before you get out of bed in the morning. If you get up first and your legs begin to swell, lie down and raise your legs for 10 minutes before putting the stockings on.
- In your vulva: If the veins of your vulva become large and painful, you can wear a special support for comfort. A physiotherapist can show you how to make one.

What if none of this works?

- Talk it over with your doctor.
- Don't take any medication without checking with your doctor.

Enjoying Your Body and Your Pregnancy

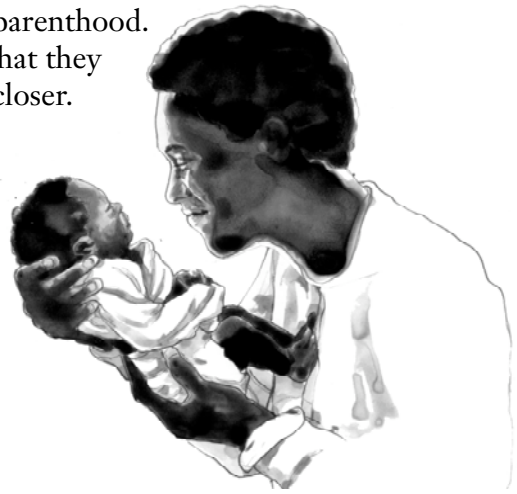
Pregnancy is a time of change and it's only natural to wonder if all the changes you feel are normal.

Every mother, baby, and pregnancy are different. Many mothers worry because they have some discomforts. Others may worry because they have very few. If you are not sure about what's happening to you, talk it over with your doctor or public health nurse.

Seeing your body change as your baby grows and develops is an exciting part of pregnancy. Eating well and staying active will help to prevent and relieve most discomforts so that you can continue to enjoy your body and your pregnancy. Look for more information in the Healthy Activity and Healthy Eating sections.

Becoming a Father

Fathers can have a wide range of feelings about pregnancy and parenthood. You may find that your feelings are sometimes very mixed and that they change as the pregnancy moves along and the baby's birth gets closer.



It's normal to have questions and concerns about becoming a father. You're not the only man who feels this way. The things you worry about and the feelings you have may not be exactly like everyone else's, but they're normal.

This section looks at some of the feelings you might experience as you become a father and offers some suggestions on how to deal with them.

The Pregnant Father

How You Might Feel

- Excited, proud, and full of anticipation.
- Concerned about and protective of your partner.

  Is she sick? Will she be OK? What can you do to help?
- Protective and loving toward the coming baby.

  This may happen after the baby begins to become real to you — for example, when you feel the baby move or hear the baby's heartbeat. You may find yourself daydreaming about what fatherhood will be like. You may also find yourself worrying about whether you'll be a good father and be able to take care of the baby.
- Concerned about practical matters.

  Will there be enough money? Do you need a bigger place to live? A bigger car?
- Worried about how your life will change.

  Will your relationship with your partner change? Will your partner become so wrapped up in the baby that she won't have time for you? Will she love the baby more than she loves you? Are you selfish for even thinking about this?
- Concerned about sex.

  Will you somehow hurt your partner or the baby? Is it OK to still want sex? Is it OK to not want it?

What You Can Do

- Talk about how you feel, especially with your partner.

  Share your joy and excitement as well as your worries and concerns. Listen when your partner talks about her feelings. Talk about the kind of father you hope to be.

- Read and learn about pregnancy and birth.

  This prenatal book has information that will be helpful to you as well as to your partner. The Healthy Start section discusses sexuality and communication and offers advice on buying safe furniture for your baby. Nine Months of Changes has information about the baby's growth and development during each month of pregnancy. You might also go with your partner for at least one of her visits to the doctor. Meet the doctor. Ask whatever questions are on your mind. Listen to your baby's heartbeat.

- Make plans together.

  Plan for the birth. Make decisions about how you will feed the baby. Breastfeeding is best, and your partner needs to know you support this choice. There are many benefits to this feeding choice. Read the Choosing to Breastfeed section for more information. Discuss ways to divide up the work, the responsibility, and the fun of a new baby.

Abuse in Pregnancy

Violence against women is a widespread problem. Abuse often starts or gets worse during pregnancy. Abused pregnant women have four times the normal incidence of giving birth to a low birth-weight baby.

Pregnancy can be the trigger point for abuse. Abused women are three times more likely to be injured during pregnancy or to have an abortion or miscarriage.

Questions you need to ask yourself:

- ❑ Do you scare her or threaten her?
- ❑ Do you yell at her?
- ❑ Do you call her names?
- ❑ Do you throw things?
- ❑ Do you hit her?
- ❑ When you get angry, do you put all the blame on her?
- ❑ If you hit her, do you promise it won't happen again?
- ❑ Does she feel she is alone and has to keep the abuse a secret?

If you answered **YES** to any of these questions, you should talk to someone because your partner and her unborn baby may be in **DANGER**.

How can you help prevent the abuse?

- Learn to communicate your feelings openly with your partner. How is the pregnancy changing your relationship? What can you do about this?
- Find out who else in your community you can talk to about some of the new feelings you are developing.
- Get help right away if you can relate to any of these danger situations.

You, your partner, and the unborn baby deserve a safe start in life!

Stop the hurting, start the healing.

The Father during Childbirth

How You Might Feel

- Excited that it's really going to happen at last.
- Worried that you won't get to the hospital in time or that something will go wrong for your partner or baby.
- Overwhelmed that it's all happening so fast.
- Confused about what's really happening and what you should be doing.
- Anxious to help your partner cope with the pain.
- Confident that you're both ready for this experience.

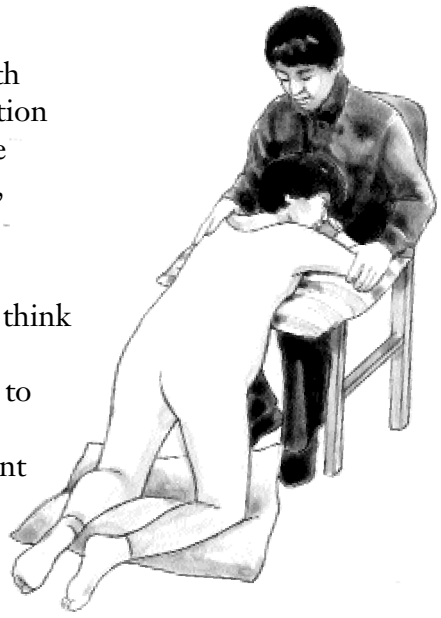
What You Can Do

- Read and learn as much as you can about childbirth.

  Go to prenatal classes with your partner and go with her on a tour of your local hospital. Watching a film about childbirth will give you a better understanding of what birth can be like.
- Plan to stay with and support your partner during her labour.

  Healthy Birthing tells how you can help your partner prepare for birth and assist her during labour and childbirth. The Healthy Activity section explains how you can help your partner practise relaxation. The more actively you prepare yourself to help your partner through childbirth, the better you'll feel about the whole experience.
- Talk about your worries with your partner.

  Sometimes fathers are so worried about the birth that they try not to think about it. You may have heard that some babies are born by cesarean section. Reading and asking questions about this possibility may help to ease your concerns. Talking about your worries and sharing your excitement can help you feel closer to your partner and more confident that you can handle whatever happens.



The New Father

How You Might Feel

- Pleased, proud, and excited.

  The birth of a baby is an amazing event. Being there to share the experience and to hold and meet your new baby is very special.

- Amazed by and absorbed in the baby.

  You may be surprised at how strong your feelings are and how much you need to see, hold, and touch your baby.

- Let down.

  Fathers sometimes worry because they don't feel as happy as they thought they would.

- Tired and overwhelmed.

  Once your partner and baby come home, you might be surprised by how much care a new baby needs and how little sleep new parents get. Sometimes a father might feel that mothers just naturally know how to look after a baby. It comes as a surprise when his partner seems uncertain and turns to him for support or help.

- Worried about whether the baby is normal.

  Many new fathers haven't spent much time with new babies and have no idea what to expect. They worry about the baby's health and about doing something that might hurt the baby.

- Worried about money.

  Your family income might be less for a while and the reality of the costs of diapers, baby clothes, and food begins to sink in.

What You Can Do

- Read and learn as much as you can about babies and baby care.

  The Healthy Family section has information about this and about how new fathers can take care of themselves. While your partner is in the hospital, learn together how to bathe, feed, and change the baby. Practise picking up and holding the baby before you go home. The more you know about what's normal for a newborn, the less you'll have to worry about.

- Try to take a few days off from work to help everyone adjust to the new baby.

  Learning to care for a baby is a big job. You and your partner will need one another's help and support as you get to know your baby and begin working how to split up the household chores. Your partner will need extra help for a while as she recovers from childbirth.

- Look on the bright side.

  Babies bring responsibilities, but they also bring pleasures and rewards. Fatherhood can fill you with pride, purpose, and joy. It really does change your life. With love and care, it will be a change for the better.

The Best for You and Your Baby

Now, during your pregnancy, is the right time to decide how you want to feed your baby. Your personal situation, your partner's attitude, and your feelings about yourself and your baby will all affect your choice.

Your breastmilk is the perfect food for your baby. It is all your baby needs for about the first six months of life. The act of breastfeeding—the skin-to-skin contact, the cuddling, the love-gazing that breastfeeding encourages—is important to your baby's social and emotional development. Your baby learns that a warm breast is always available. Your baby learns to love and trust and play.

Breastfeeding will give your baby his first "injection" of antibodies to help fight disease. It will also help you to develop a special bond as you experience the sharing that happens with each feed.

Breastfeeding is good for your baby and will make you feel good about yourself too!

You may be confused by conflicting advice about breastfeeding from well-meaning friends or relatives and feel unprepared for what lies ahead. It's important to know the facts when making any choice. This is also true for choosing how to feed your baby. During pregnancy is a good time to learn and read about breastfeeding.

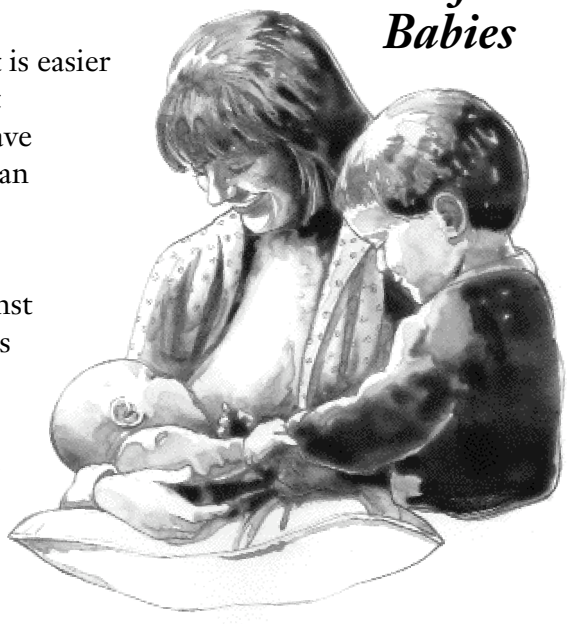
Breastfeeding Is Best for Babies

There are a number of reasons why mother's milk is the best choice for babies.

Perfect first food
Breast milk is designed to meet babies' first nutritional needs. It is easier for babies to digest and easier for their bodies to use than infant formulas (or breast milk substitutes). Breastfed babies usually have less colic, burping, upset stomach, constipation, and diarrhea than bottle-fed babies.

Protection from disease, infection, and allergy
Breast milk contains substances that give babies protection against diseases and infections. Food allergies appear less often in babies who receive only breast milk for the first 4 to 6 months.

Control of milk intake
Breastfed babies feed when they are hungry and stop when they are full. They control their own milk intake. Bottle-fed babies can be coaxed to take a little more and may overeat.



Good mouth development
A mother's nipple suits the shape of a baby's mouth. Breastfed babies usually have good jaw development, and their face muscles are strengthened.

Comforts and satisfies babies
Babies often have a natural need to suck. Breastfeeding helps satisfy that need.

Close relationship between mother and baby
Breastfeeding is more than a way to feed your baby. Breastfeeding is a partnership between you and your baby. It develops a special bond. Your attention, plus the warmth and closeness of your body, help to give your baby a sense of security and well-being.

Perfect for months
Breast milk supplies all your baby's nutritional needs during the first 4 to 6 months of life. This is the most rapid period of growth during life. Your healthy baby does not need any other foods during this time. That means no food or other drink. Feeding solid foods too early could lessen your milk supply and put your baby at greater risk of allergies.

Breastfeeding Is Also Good for Mothers and Families

There are a number of reasons why breastfeeding is good for mothers and their families too.

Easy on the budget
In these days of rising costs, it's good to know that breast milk costs a lot less than infant formulas (or breast milk substitutes). Breast milk is made by you, so your only extra expense will be the extra food you need to eat to produce the milk. Even when you take into account the extra food, breastfeeding still costs the least.

Convenient and safe
Breast milk is always clean, fresh, and exactly the right temperature. There's no preparation and it is ready 24 hours a day. When your baby is ready to eat, breast milk is available immediately. That makes night feedings a lot easier to handle! Breast milk is always with you, so travelling with your baby is simpler. There's no bottle to prepare, carry, or wash.

Environmentally friendly
Breastfeeding is nature's way for you to feed your baby. You both help to save some of the earth's resources by cutting out preparing, heating, storing, and washing. You are also helping to decrease the pollution of air, land, and water from production and packaging.

Rewarding experience
Most mothers find breastfeeding satisfying for themselves and their babies. Providing the best for your baby makes you feel good about yourself.

While you have the natural ability to breastfeed, you have to learn how to do it. Learning to breastfeed takes some time and patience, but it's worth the commitment. You may have some challenges, especially in the early weeks, but this is perfectly normal. Talk about these challenges right away. Discuss them with your public health nurse or dietitian. Also remember there are other people in your community who can help you.

Learning about your baby
Breastfeeding allows you to learn your baby's cues more quickly. You can respond to baby's need for food and comfort before baby becomes overly upset.

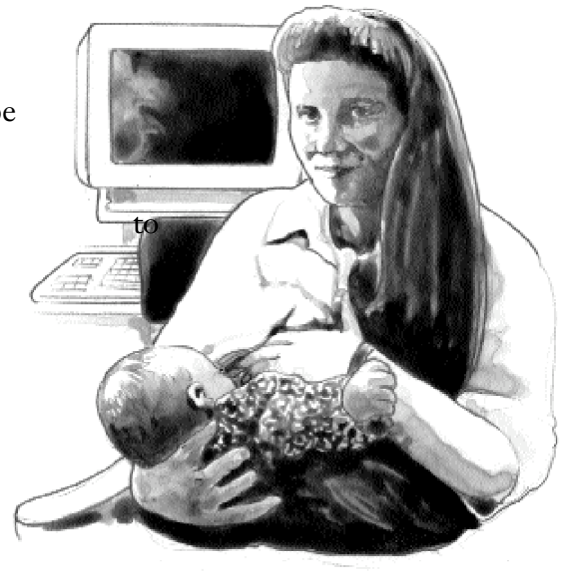
Helps mother's body
Your baby's suckling at your breast causes your uterus to contract and return to its normal size more quickly. Breastfeeding may also help you slowly lose some of the weight that you gained in pregnancy. Producing breast milk uses up fat your body stored during pregnancy. Women who breastfeed are less likely to get osteoporosis, cervical cancer, and breast cancer.

Breastfeeding may help you get back to your pre-pregnancy weight. It does not guarantee that you'll be back to your pre-pregnancy shape. Healthy eating and regular physical activity will help. Read the Healthy Activity section to get off to a good start

Works for working mothers
Mothers admit that breastfeeding while working is challenging, but say it's possible with commitment, planning, and help. When you are away from home at feeding time, you can leave your expressed breast milk with your sitter or partner to feed your baby. Breast milk can be frozen for future use too.

Some mothers have day care facilities at work or nearby so they can breastfeed during their breaks. You may want to plan for your partner, family member, or sitter to bring your baby to you for breastfeeding during your breaks at work. Talk to your employer to see what flexibility can be worked into your day.

Works if you're a mother and also a student
Many of the ideas and suggestions for working mothers would be helpful to you as you balance the demands of being a mother, wife or partner, and student. Schools, community colleges, and universities have student counselling services that may be able help you. Check it out!



Common Myths and Concerns about Breastfeeding

You've probably had some questions about becoming a parent. It's also normal that you and your partner have some questions about breastfeeding. Read about the common breastfeeding questions that mothers and fathers have. Hopefully yours are included here. If not, talk over your concerns with your public health nurse or dietitian or other breastfeeding support people in your community.

Will I be able to breastfeed?
The most important factor in being able to breastfeed is wanting to breastfeed your baby. As naturally as day follows night, your milk will come in and your baby will breastfeed.

There are a few serious medical conditions that would prevent a mother from breastfeeding her baby. Examples of such conditions are a mother who uses addictive drugs, is addicted to alcohol, is receiving treatment for cancer, or is infected with HIV.

Are my breasts too small?
The size of a mother's breasts is not an issue. Big or small, they can produce all the milk your baby needs. What counts is starting to breastfeed your baby very soon after birth. Remember, the more often you breastfeed your baby, the more milk there will be.

Are my nipples the right shape?
The shape of your nipples is unlikely to keep you from being able to breastfeed. If you are uncertain, see page 56 for a simple test.

Your baby's suckling will soften and shape the nipple and areola area during breastfeeding. She'll do most of the work in reshaping the nipple structure if it is needed.

Will breastfeeding make my breasts sag?
This is one of the myths about breastfeeding. It is the hormones of pregnancy, not breastfeeding, that affect the breasts and may cause them to sag. A good supportive bra will help this. You can expect your breasts to return to their normal or near normal size after you stop breastfeeding.

Does breastfeeding take a lot of time?
While you may have heard that breastfeeding "ties you down," many women like how flexible breastfeeding really is. Whether breastfeeding or bottle feeding, a mother's activities are somewhat limited for a time by feedings, other demands of a baby, and being tired. Keep in mind—the first few weeks after childbirth are a time of change, adjustment, and joy. This is true for all new mothers!

Do I need to eat a special diet?
You don't need a special diet while you're breastfeeding. What's important is healthy eating and drinking enough fluids. When you eat well, using Canada's Food Guide To Healthy Eating as your guide, you keep your body healthy while you nourish your baby.

What about smoking and breastfeeding?
While pregnant, you are encouraged to stop smoking. After your baby is born, the harmful effects of smoking get passed along through breast milk. Heavy smoking, that is, more than 20 cigarettes a day, may cause breastfed babies to have nausea, vomiting, abdominal cramps, and diarrhea. Smoking will decrease your milk supply. Your second-hand smoke increases your baby's risk of ear infections, colds and Sudden Infant Death Syndrome. However, if you smoke, it is still better to breastfeed than to formula feed. You should know that your baby is more likely to become a smoker if you or your partner smoke.

Will breastfeeding keep me from getting pregnant?
Breastfeeding should not be relied upon as a method of birth control. Although you may not have a menstrual period while you are breastfeeding, it is possible to become pregnant. You must use some form of contraception to prevent an unplanned pregnancy.

Birth control pills can decrease milk production. Talk with your doctor or public health nurse about the types of birth control to use while you are breastfeeding. If you are using birth control pills, watch carefully for any signs of decreased milk supply, such as decreased breast size, leaking or increased baby demands outside of growth spurts.

Will my partner be left out?
No. Early on while you and your baby are building the milk supply, it's true that your partner cannot help with feeding. However, there are many other ways he can help and develop a close relationship with your baby. These are outlined on page 60.

What about my other children?
Older children will be curious about breastfeeding if they haven't seen it before. They may want your attention while you are breastfeeding. They may want to be near you during your baby's feeding. Make a snack for them before you begin to feed the baby and have them sit next to you to eat it. Encourage them to bring you a book to read or to do some quiet activity. Save special toys for this time. Talk to them about what's happening while you feed.

Sometimes older children feel left out or jealous of a new baby. This is normal and to be expected. Assure them that they are loved and important to you.

If your children are old enough, encourage them to take part in caring for the new baby. Teach them to hold or burp the baby. Ask your child to sing while you change the baby's diaper and to pass you things you need. Perhaps they could answer the telephone while you are breastfeeding. A positive experience for your older children may foster their future decision to breastfeed your grandchildren!

What about going back to work?

Today in Prince Edward Island many mothers have maternity leave for up to 12 months. On the other hand, women who are self-employed or who work casually may not have this paid leave and must return to work earlier. That may be within the baby's first month of life. If you have to return to work, you can continue breastfeeding with help from your partner, sitter, or a relative or friend. There are tips about continuing to breastfeed after going back to work or school in *Baby Help: Feeding and Immunizing Your Baby* and *Breastfeeding Your Baby*.

Preparing to Breastfeed

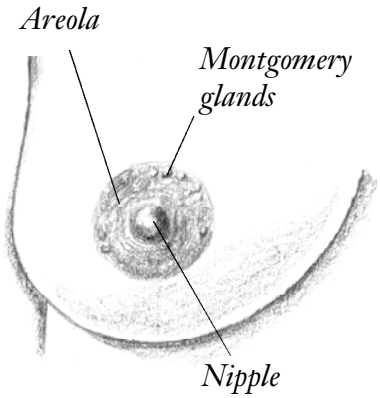
Once you've decided to breastfeed, you can begin to prepare yourself. The time to do this is while you are pregnant. During pregnancy is also the time to think about how you will breastfeed and who will support you and answer your questions. You can begin to prepare your partner to get involved; there are lots of ways he can help. Towards the end of your pregnancy, you should be thinking about nursing bras and nightwear for nursing. These preparations will carry you through the first weeks of your baby's life, so enjoy preparing.

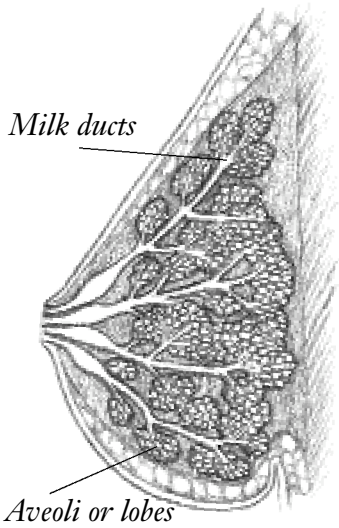
The Breast and How It Works

The breasts are working organs of the female body that can fully nourish one or more babies for many months after birth. This section describes the parts of the breast and how breasts change during pregnancy and when your body makes milk (the process of lactation).

Parts of the breast

- The breast is formed by the skin, chest muscles, blood vessels, nerves, fatty tissue, and milk-producing tissue.
- The areola is the darker circular area surrounding the nipple.
- Inside the breast, milk glands (or lobes, which are subdivided into lobules) contain the milk-producing alveoli.
- The alveoli produce and release breast milk.
- Milk ducts (called lactiferous ducts) carry the milk from the alveoli to the milk reservoirs (called lactiferous sinuses).
- The milk reservoirs are widened ducts just under the areola where the milk is stored until the baby squeezes them during feeding.
- Each nipple has 15 to 25 duct openings from the milk reservoirs.
- Montgomery glands, noticed as bumps on the areola, secrete a protective oily substance that lubricates the nipple and areola. The substance also discourages the growth of bacteria on the nipple and areola area.





Changes in Your Breasts

Before pregnancy
Your breasts were getting ready to breastfeed a baby before you ever thought about becoming a mother. Milk production glands began to develop during your teenage years.

During pregnancy
Hormones cause your breasts to develop during pregnancy. The breast, areola, and nipple increase in size. The nipple and areola also become darker in colour. Milk glands and ducts increase in number and grow in size. Don't worry about coarse hair around the nipple. This will not affect breastfeeding.

During lactation
You will notice a major change in your breasts once your baby is born. Once the placenta is delivered, hormones stimulate the alveoli to begin producing milk. Your breasts will swell as milk begins to fill the milk ducts. The amount of swelling varies. You may have different feelings, from a full feeling to one of slight discomfort. Frequent breastfeeding helps to decrease this discomfort.

Examining Your Breasts

Ideally, your doctor will check your breasts and nipples during the first three months of pregnancy. Expect your doctor to check your nipples again at the beginning of the seventh month of pregnancy. If your nipples are normal, no physical preparation is required. If you have inverted or tight nipples, you can do nipple preparation during pregnancy.

By examining your breasts, you follow their development during pregnancy. It will also help increase your comfort level for breastfeeding.

You need to check your nipples by doing the "pinch test." First, take a look at your nipples and become familiar with their shape. Now check your nipples using the "pinch test."

- Grasp about one inch of breast tissue and areola behind the nipple between your thumb and first or index finger.
- Pressing inward, gently squeeze the thumb and index finger together, slightly behind the nipple. Note what happens to your nipple.

Pinch test

Normal

Inverted

Normal
Nipple stands out when pinched, making it easy for your baby to grasp or latch onto your breast.

Flat
Nipple stands out only slightly or remains flat with the pinch test. Nipple preparation during pregnancy can help to make your nipple stand out so your baby can latch on easily.

Inverted
Nipple appears turned inwards before the pinch test and remains turned in when pinched.

Preparing Inverted or Flat Nipples

Inverted or flat nipples do not cause a problem with milk production, but they can make it harder for some babies to latch onto the breast, especially at first. With an inverted nipple, the areola and nipple don't go into the baby's mouth far enough and the baby loses grasp of the breast easily.

If the baby is positioned and latched on well, most types of flat or inverted nipples will not cause breastfeeding problems. Some types of nipples may be more difficult for your baby to latch on to, especially at first, but patience and persistence will pay off. Remember that babies breastfeed, not nipplefeed. Contact your public health nurse or lactation consultant in the early days of breastfeeding for help with latching on.

Wearing breast shells during the last 4–6 weeks of pregnancy may help draw out the nipple. Discuss the use of breast shells with a public health nurse, lactation consultant, or your doctor.

Setting Goals for Breastfeeding

The ideal time for your baby's first feeding is within the first hour of birth. You can continue to breastfeed for as long as you and your baby are enjoying it. The World Health Organization and UNICEF recommend breastfeeding until at least age two.

Now is a good time to set some goals for breastfeeding. A goal is your purpose in doing something. Goals show clearly what you can expect to get out of something you are learning.

Why have your own goals for breastfeeding? You have the natural ability to breastfeed but must learn how to do it. By making your own goals for breastfeeding, you are helping yourself to learn what is involved.

You are also deciding how you're going to do it. By setting goals in advance, you can decide what you will need to help you achieve your goals.

Your prenatal goals for breastfeeding
Here are some suggestions for breastfeeding goals. Think about them and then check off the ones you want to aim for.

- ❑ I will breastfeed my new baby.
- ❑ I will "build" my breastfeeding support group while I'm pregnant.
- ❑ I will find out about breastfeeding at the hospital where my baby will be born.
- ❑ I will tell the hospital staff that I plan to breastfeed my new baby.
- ❑ I will read about breastfeeding goals for my hospital stay (on page 64) and try to achieve them.
- ❑ I will develop a baby-feeding plan that requests that my baby not be given any bottle or pacifier (see page 65 for a sample).
- ❑ I will accept that breastfeeding may take time, patience, and determination to work.
- ❑ I will make the first few weeks a learning time for both my baby and myself.
- ❑ I will involve my partner in helping breastfeeding to work for our family.
- ❑ I will try to learn as much as possible about breastfeeding so I feel confident.
- ❑ I will try to quit smoking now.
- ❑ I will breastfeed our baby as long possible, because the benefits will continue as my baby grows.

Building Breastfeeding Support

Breastfeeding is nature's way to feed your baby, but that doesn't mean you know how to do it right away. Most mothers need information, support, and encouragement while breastfeeding, especially during the first month or so.

How can breastfeeding support help me?
It's a good idea to think about breastfeeding support ahead of time and identify friends, family members, professionals, and support groups to help you.

- You'll have someone to talk with about breastfeeding your baby and to get help from, either in person or by telephone.
- You'll have a friendly shoulder to lean on any time of the day or night, and often it's most needed during the night!
- You'll have people checking on how you and your baby are doing, either in person or by telephone.
- You'll have help with some aspects of baby care, such as the support person taking the baby for a walk while you have a relaxing bath or looking after the baby while you have your hair cut.
- You'll have someone to help with making some meals, doing some housework, and perhaps even do some shopping.
- If you have other children, you'll have help in caring for them. Of course, it's a good idea to involve other children in ways appropriate to their age.
- You'll have someone to invite you, your baby, and the rest of your family for a meal or an outing.
- You'll have a sitter so you and your partner can go out.

Keep in mind that friends and family will offer advice, whether you ask for it or not. Some advice will be helpful, but you may find some of it confusing and contradictory. Listen politely, thank them, and don't be afraid to ignore their advice.

Who can help give breastfeeding support?
The time to think about which people can help you in the early days of breastfeeding is during your pregnancy. Then you'll be ready when your baby is born!

- Find one or two mothers who have enjoyed breastfeeding their babies and who live near you. Talk to them about their experiences and ask if they will give you moral support or help with any challenge you might have when breastfeeding your baby.
- Talk with your partner about ways to share "the load" once your baby arrives.

- Find out if there is a breastfeeding support group where you live. Ask your public health nurse or check in your telephone book. Perhaps you'll want to join a group and learn from experienced breastfeeding mothers. Attend one or more of their meetings while you are pregnant.
- Look for other new mothers to talk with, trade child care, or give one another a break in ways that you both enjoy.
- Check to see if community groups or family resource centres in your neighbourhood have a parent-child drop-in centre, mother-baby groups, or exercise programs.
- Talk about breastfeeding with your public health nurse or nutritionist. Many public health offices offer breastfeeding support in the community.

A Word to Partners

As the partner of a breastfeeding mother, you can be very much a part of the breastfeeding experience. While your partner is pregnant, learn with her about the advantages of breastfeeding for your baby, for your partner, and for your family. Discuss any concerns you have with your prenatal educator or public health nurse or nutritionist. Share with each other your feelings about breastfeeding before your baby is born.

Here are some suggested ways that partners can help with breastfeeding.

- Support the new mother and baby as they learn to breastfeed. Remember, it's a partnership. It takes a while for them to adjust to each other and to breastfeeding.
- Encourage the new mother with words and actions. Help her to get into a comfortable position for feeding. Bring her a snack or drink during the feeding. Play her favourite music. You can do your own thing here and be creative.
- Take off a few days from work to help everyone adjust to the new baby. You and your partner will need one another's help and support as you get to know your baby and share the chores.
- Encourage the mother with breastfeeding techniques you've both learned.

- Help with baby care. You can bring and return your baby to her crib before and after a feeding, and burp the baby when needed. Babies love to be held, rocked, and talked to.
- Lie down or sit with the mother while she breastfeeds the baby.
- Comfort your baby during fussy or hard-to-please times. One way is to lay her, skin-to-skin, over your chest with her ear over your heartbeat. The rise and fall of your chest usually lulls the baby to sleep. You have unique ways to comfort your baby, just as the baby's mother does. Remember, both baby and mother will benefit from your comforting efforts.

Also think about and explore how partners can help with breastfeeding. That way you'll both be ready before your baby comes or at least as ready as you can be!

Buying Nursing Bras and Nightwear

Nursing bras

Nursing bras are designed for support and comfort in breastfeeding as well as convenience. You can wear regular bras as long as they have no underwires that may cause clogged or plugged milk ducts. Some mothers with heavy breasts may find a regular bra more supportive, especially one with a front closure. Some mothers are comfortable wearing no bra.

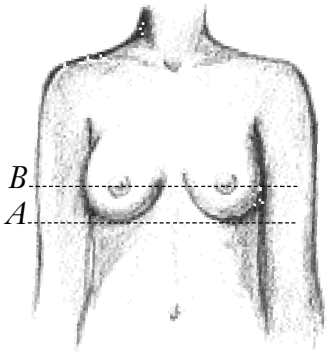
During pregnancy, your breasts increase in size, and if you have to buy new bras, consider buying nursing ones. You can wear them while you are pregnant and then later for breastfeeding. You will need 2 or 3 bras and can buy them at department or maternity stores. Have them ready to put into the suitcase you're taking to the hospital?

What should I look for in a nursing bra?

The bra should fit well, be adjustable, and not be tight. It should have seamless cups (without plastic liners) and large flaps that pull down for easy feeding and allow most of the breast to be uncovered. The bra should give firm support and have wide non-stretch straps. It should be made of cotton or cotton-polyester so it is washable. Try bras on before buying and be sure you can unhook and rehook the flap with one hand.

What size do I buy?
Two measurements, band size and cup size, are needed to determine your correct nursing bra size.

First, for the band size—A, measure around your rib cage just below the bustline. The following chart gives the bra band size:



Rib cage measure						
27 in (69 cm)	29 in (74 cm)	31 in (79 cm)	33 in (84 cm)	35 in (89 cm)	37 in (94 cm)	39 in (99 cm)
Band size						
32 in (80 cm)	34 in (85 cm)	36 in (90 cm)	38 in (95 cm)	40 in (100 cm)	42 in (105 cm)	44 in (110 cm)

Second, for the cup size—B, measure around your chest over the fullest part of your breasts. Allow for the use of nursing pads when taking this measurement. The difference between the breast measure and the band size indicates the cup size. The following chart gives the bra cup size:

Difference	1 in (2.5 cm)	2 in (5.0 cm)	3 in (7.5 cm)	4 in (10.0 cm)	5 in (12.5 cm)
Cup size	A	B	C	D	DD

Example—If the band size is 34 in (85 cm) and the breast measurement is 37 in (94 cm), the difference of 3 in (7.5 cm) = C cup.

Why use nursing pads?
Some mothers wear nursing pads in their bra to protect their clothing from leaking milk. You have three choices: buy washable, reusable nursing pads, make your own, or buy disposable nursing pads. Be sure the pads do not have a seam across the nipple because this can cause nipple soreness.

To make your own nursing pads, use small squares of white flannelette or diaper flannel, old cloth diapers, soft face cloths, unscented sanitary napkins, or disposable diapers with the plastic lining removed. Another choice is quilted makeup removal pads, which are inexpensive.

Nursing nightwear
There's no need to buy special nightwear as long as you can comfortably put the baby to your breast. You will need 2 or 3 nightgowns or pyjamas with front openings for ease in breastfeeding. T-shirts also work well because they can be lifted up easily. There are specially designed nightgowns with slits hidden within folds to make breastfeeding convenient.

Your night clothes should be washable. Be sure to pack them with the things you are taking to the hospital.

Breastfeeding in the Hospital —Plan Ahead

All hospitals are not the same—support for breastfeeding may vary. So find out about breastfeeding support at the hospital where your baby will be born. Ask during your pregnancy, and then you'll know what to expect.

Questions to Ask before Labour

When will my baby be put to my breast?
If possible, your baby should be put to your breast within 1 hour of birth. Most babies have a quiet, alert period after delivery that lasts up to 3 hours. During this time, your baby may be especially ready to start suckling at your breast. Not all babies will feed, but you can still enjoy this first quiet time together. Then the special relationship between you and your baby begins.

Will someone help me the first time I put my baby to my breast?
Ask if someone with breastfeeding experience will be there to help you get started.

Does the hospital encourage rooming-in?
Baby and mother rooming together 24 hours a day helps to create the breastfeeding partnership. Does your hospital make this possible?

Are breastfeeding classes available?
While you are in hospital, the nurses are there to answer your questions and help you with breastfeeding. Ask for as much help and information as you need. In addition, breastfeeding classes may be available and can be helpful. You can also discuss breastfeeding with other mothers.

Do the hospital staff give breastfed babies water or pacifiers?
Breastfed babies should not be given artificial nipples. Sucking a bottle nipple or pacifier and suckling at the breast are completely different. If babies get a bottle or pacifier, they may have a preference to suck that and not suckle at the breast. This can cause babies to refuse to take the breast at all.

Giving water, sugar and water, or baby formula to healthy babies is rarely required. If medically necessary, liquid can be given by a cup or syringe.

Does the hospital have a support group or 24-hour breastfeeding telephone hot line?
Yes. Mother-baby staff are available at the Prince County and Queen Elizabeth Hospitals to answer your questions 24 hours a day. Keep the telephone number handy. Many problems seem to come up in the middle of the night, so don't hesitate to call.

Goals for Breastfeeding in the Hospital

It's important that you and your baby get off to the best possible start. You are encouraged to make some breastfeeding goals for your time in the hospital. Some recommended goals are listed.

My baby and I will get acquainted as soon as possible
Your baby should be put to your breast within 1 hour of birth if possible. This is important for the skin-to-skin contact that begins bonding your special relationship. Your baby may not feed at this time, but enjoy the time together.

My baby and I will learn correct positioning for breastfeeding
Correct positioning is important for breastfeeding. Incorrect positioning of your baby at the breast is the biggest cause of nipple soreness. Lots of practice positioning will help you and your baby get it right. Be sure to ask your hospital nurses to check your breastfeeding positioning.

My baby and I will develop good latch-on skills
It's important for your baby to latch onto the breast correctly. Your baby gets milk by pressing on the areola, not by suckling on the nipple. Your nurses will help you and your baby learn correct latch-on skills.

My baby and I will try a number of positions for breastfeeding
Variety is the spice of life with breastfeeding. For example, lying down is a very good way to feed the baby at night because it's restful. It's also a good way for you to rest during a daytime feeding. Ask your nurses for help to try different positions. There's more information about breastfeeding positions in *Breastfeeding Your Baby*.

My baby and I will go to breastfeeding classes in hospital
If available, breastfeeding classes at the hospital can be helpful. This is a chance to have your concerns and questions answered. You can also chat with other new mothers about their breastfeeding experiences.

You are also encouraged to go to postpartum classes about feeding babies when you get home from the hospital if they are available. Find out the times at your Public Health Nursing office.

I will learn about hand expression of breast milk while in hospital
Hand expressing of breast milk is a skill you should learn. This skill may be needed during the first week at home to soften the areola of a full breast to enable the baby to latch more easily. It is best to wait until your milk supply is established (3–4 weeks) before expressing milk to replace a feeding. There's more information about hand expressing or pumping breast milk in *Breastfeeding Your Baby*.

Sample Baby-feeding Plan

I have decided to breastfeed my baby and would like my nurse's help with the following:

- ❑ My baby will not be given a bottle.
- ❑ My baby will not be fed any fluids or supplemental feeds without my signed consent.
- ❑ My baby will not be given an artificial nipple or soother.
- ❑ My baby will be allowed to room with me for as long as possible each day.
- ❑ My baby will be brought to me during the night for feeding.
- ❑ I understand that should there be a time when my baby is unable to breastfeed, my nurse will fully explain to me all other options, such as cup feeding, finger feeding, and lactation/nursing aids.

I have considered what my request means for myself, my baby, and my nurse and am fully committed to this.

_____ _____ _____

Mother's signature *Nurse's signature* *Date*

Your Choice to Breastfeed Your Baby

The decision to breastfeed your baby is the first important step in choosing to feed your baby. Breastfeeding is the best choice because breast milk is made for human babies.

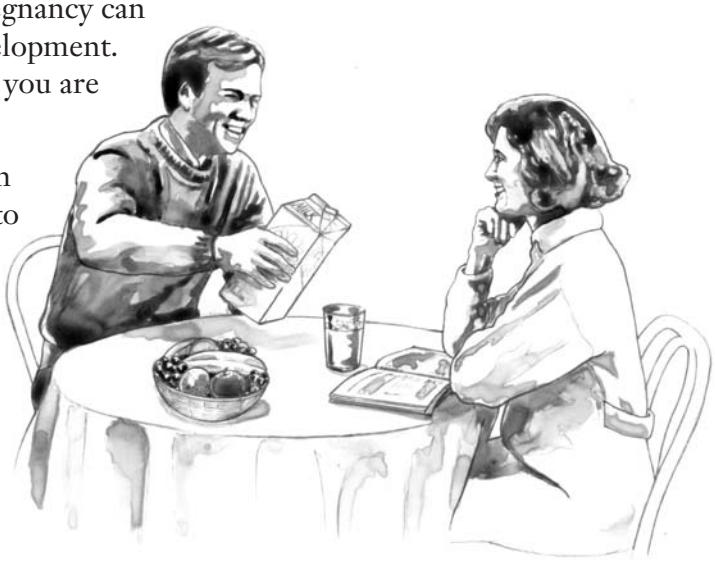
The special feeding relationship that you and your baby develop will grow every day. As you both learn the ins and outs of breastfeeding, you will discover many more joys.

Once you have made your firm decision to breastfeed, be sure to get a copy of *Breastfeeding Your Baby* from your local Public Health Nursing office.

Healthy Eating

What have you fed your baby today?

While you're pregnant, you are your baby's world. When you eat, you are feeding your baby, too. What you eat during your pregnancy can make a real difference to your baby's growth and development. Eating healthy food is even more important now that you are pregnant.



Healthy eating can also make a difference to your own health during pregnancy and for life. It can help you to prevent or control some of the discomforts of pregnancy, like nausea, constipation and heartburn.

It's important to look at your eating habits while you're pregnant. Your eating habits have a great influence on your family's eating habits. Developing healthy eating habits now will help you, your baby, and your family stay healthy for life.

Healthy eating is good for you, good for your baby, and delicious, too! *Eating Well with Canada's Food Guide* will help you plan meals and snacks high in nutrients you need for a healthy pregnancy and healthy baby.

Weight Gain

It's natural, normal and healthy to gain weight during your pregnancy. The weight you gain is building a healthy baby, keeping you well, and getting your body ready for breastfeeding. This is not a time to lose weight.

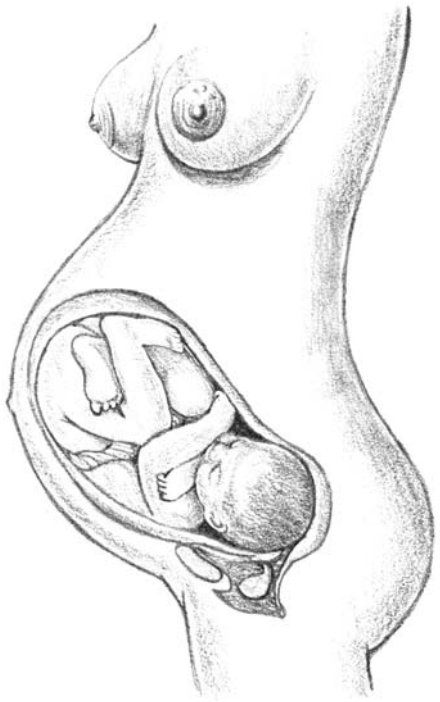
Most healthy women need to gain between 11 and 16 kg (24–35 pounds).

If you were very thin before your pregnancy, or if you are still in your teens, you may need to gain a bit more, as much as 20 kg (45 pounds).

If you were heavier, you may need to gain a bit less, as little as $8\frac{1}{4}$ kg (18 pounds).

Here's where the weight would go if you've gained about 13 kg (28 pounds) by the end of your pregnancy.

3 ½ kilograms 7 ½ pounds		Baby
3 ½ kilograms 7 ½ pounds		Fat stores
3 kilograms 6 ½ pounds		Extra blood and fluid
1 kilogram 2 ¼ pounds		Uterus
1 kilogram 2 ¼ pounds		Waters around baby
½ kilogram 1 pound		Breasts
½ kilogram 1 pound		Placenta
13 kilograms 28 pounds		TOTAL



Gaining Weight Gradually

When you gain weight during pregnancy is just as important as how much weight you gain.

Most women don't gain much weight during the first three months of pregnancy. About 1 to 2 kg (2 to 5 pounds) is normal. Although still very small, your baby is developing very quickly. Healthy eating is very important early in your pregnancy.

For the rest of your pregnancy, the baby continues to develop and to grow bigger and stronger. You should expect to gain about ½ kg (1 pound) a week.

This steady, gradual weight gain is a sign of a normal, healthy pregnancy. If you find you are gaining much more, or much less, than ½ kg (1 pound) a week, talk it over with your doctor.

What You Need

While you're pregnant, you need to eat healthy foods because you are making food and nutrient choices for yourself **and** your growing baby.

This means that **every day** you should have

- regular meals and snacks
- food from each of the 4 food groups
- foods containing extra iron, calcium, and folic acid
- foods higher in fibre
- foods lower in fat

It means that you may have to limit or avoid

- alcohol
- caffeine
- artificial sweeteners
- "other" or less nutritious foods

Moderation is the key to healthy eating. You need a balance of many foods, and not too much of any one thing. Milk is an example of this. Milk is a good food and part of a healthy diet. You do need a bit more milk than usual while you're pregnant, but if you drink too much of it, you won't have room for all the other healthy foods you need.

No one food is perfect. You need a variety of healthy foods to be healthy and to build a healthy baby.

Regular Meals

Eating regular meals and snacks is an important part of healthy eating. You and your baby both need a steady supply of food to stay well. It's very difficult to get this if you skip meals.

It's a good idea to make a habit of eating regularly. If you find that eating three meals a day is difficult, you can try having smaller meals and snacks more often. The important thing is to stick to an eating pattern that is comfortable for you and gives you and your baby the food you need.

It's especially important that you eat when you first get up in the morning. From bed time to waking up is a long time to go without food. Your body slows down while you're asleep, and you need healthy food to help it get going again.

The Four Food Groups

The four food groups of *Eating Well with Canada's Food Guide* are

- Vegetables and Fruits
- Grain Products
- Milk and Alternatives
- Meat and Alternatives

You should be eating a variety of foods from each of these food groups **every day.**

Each food group has a suggested number of servings. Pregnant women need more calories. Include an extra 2 to 3 food guide servings each day. For example, have fruit and yogurt as a snack or have an extra slice of toast at breakfast and an extra glass of milk at supper. Remember to listen to your body—eat when you are hungry and stop when you are full.

The foods you eat now are the building blocks for a healthy baby. All together, they add up to healthy eating. If it's difficult for you to get foods from all of these groups — for example, if you are a vegetarian or if you are allergic to milk — talk with a dietitian about how you can be sure you are getting the food you and your baby need.

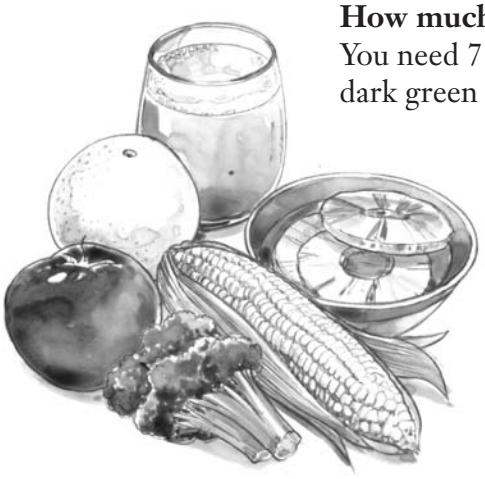
Vegetables and Fruits

What foods are in this group?
This group includes all vegetables and fruits, fresh, cooked, or dried, as well as fruit and vegetable juices. When you drink fruit juice, be sure that you're getting real juice and not fruit "drinks," which contain very little juice and are mostly sugar and water.

Why do I need them?
Vegetables and fruits give you

- folic acid, which helps build red blood cells
- vitamin A, which helps build bones and teeth and keeps eyes and skin healthy
- vitamin C, which keeps your gums and blood vessels healthy and helps you resist infection

How much do I need?
You need 7 to 8 servings of vegetables and fruits every day. Eat at least one dark green and one orange vegetable each day.



How big is a serving?

A serving is:

- ½ cup (125 ml) cooked fruits or vegetables (fresh, frozen, or canned)
- ½ cup (125 ml) fruit or vegetable juice (fresh, frozen, or canned)
- 1 medium-size fruit or vegetable (like a carrot, potato, green pepper, tomato, peach, apple, orange, or banana)
- ¼ cup (60 ml) dried fruit

Grain Products

What foods are in this group?
This food group includes grains, cereals, and flour as well as all the foods made from these. Bread, oatmeal, bran muffins, rice, shredded wheat, noodles, and pasta are all part of this food group. Whole grain breads and cereals are especially good because they are also high in fibre.

Why do I need them?
Grain products give you
- carbohydrates, which give you energy and help your body use fats
- B vitamins, which help your body to use energy from foods and keep your eyes, skin, nervous system, and appetite healthy. B vitamins are also important for normal growth and development
- iron, which keeps blood healthy

How much do I need?
You need 6 to 7 servings of grain products every day.

How big is a serving?
One serving is:
- 1 slice of whole wheat bread
- ¾ cup (175 ml) cooked cereal
- 30 g (1 ounce) cold cereal
- 1 small roll or muffin
- ½ cup (125 ml) cooked brown or white rice, macaroni, spaghetti, or noodles
- ½ hamburger or hot dog bun

Milk and Alternatives

What foods are in this group?
This group contains all forms of milk — whole, partly skimmed, skim, fresh, evaporated, and powdered. It also includes milk products like cheese, yogurt, frozen yogurt, milk puddings, and cream soups and sauces.

Why do I need them?
Milk products give you
- calcium, which builds bones and teeth and keeps them strong. It also helps nerves to function and blood to clot
- vitamin D, which also builds strong bones and teeth
- protein, which helps to build and repair all parts of the body and helps to fight infections

How much do I need?
You need 2 to 4 servings of milk products every day.

How big is a serving?
One serving is:
- 1 cup (250 ml) of milk
- 1 cup (250 ml) fortified soy beverage
- ¾ cup (175 ml) yogurt
- 50g (1½ ounces) firm cheese (like cheddar)

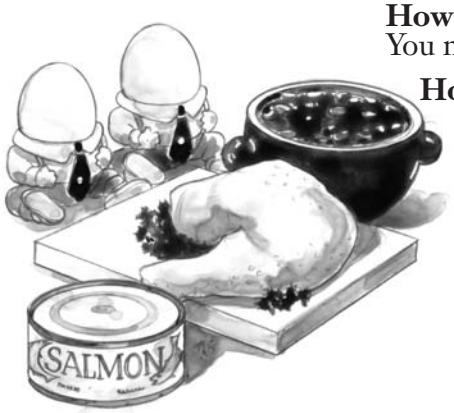
Meat and Alternatives

What foods are in this group?
Besides meat, this group includes fish, poultry, eggs, dried peas, beans and lentils, peanut butter, nuts, and seeds.

Why do I need them?
Meat and alternatives give you

- protein, which builds and repairs all parts of the body and helps fight infection
- iron, which keeps blood healthy
- folic acid, which helps build red blood cells

How much do I need?
You need 2 servings of meat and alternatives every day.



How big is a serving?
A serving is:

- 75 gms (2 1/2 ounces) of cooked lean meat, fish, or poultry. This is a piece about the size of a deck of cards.
- 2 tablespoons (30 ml) of peanut butter
- 3/4 cup (175 ml) cooked dried peas, beans, or lentils
- 1/4 cup (60 ml) nuts or seeds
- 2 eggs
- 75 gms (2 1/2 ounces) canned tuna or salmon

Oils and Fats

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

Water

While not a food group, water plays an important part in keeping your body well and healthy.

- It helps keep your body temperature normal.
- It moves vitamins and minerals to where your body needs them.
- It helps to keep your bowels regular, prevents constipation, and lets the fibre in your food do its job.

Fresh, clean drinking water is part of healthy eating during pregnancy. You need 6 to 8 glasses of water every day, but it doesn't help to drink so much water that you have no appetite left for food.

Water safety
If your water comes from a city or town water supply, you can be fairly sure that it is safe for you and your baby.

If you get your water from a well, it's important to have it tested. It may contain substances that could affect you or your baby.

In Prince Edward Island, kits for testing your water are available at the Access PEI Centres. There is a charge to have your water tested.

Extra Calcium, Iron, Folic Acid, and Vitamin D

Calcium, vitamin D, iron, and folic acid are very important for your baby's growth and development. For this reason you need more of these nutrients than usual while you're pregnant.

The best way to be sure you're getting enough calcium, iron and folic acid is to eat a variety of foods from each of the four food groups every day.

Calcium

Why do I need calcium?
You need calcium to stay healthy and to help your baby build strong bones and teeth.

How much calcium do I need during pregnancy?
If you are 18 years of age or younger, you need 1,300 mg of calcium each day. If you are over 19 years of age, you need 1,000 mg of calcium each day.

What foods contain calcium?
Milk and milk products — like cheese and yogurt — are the most common and rich food sources of calcium. You can get the calcium you need by following Canada's Guide to Healthy eating each day.

Milk is enriched with vitamin D, which your body needs in order to use the calcium in foods. Other milk products, like ice cream, cheese, and yogurt, aren't enriched.

If you don't like or can't use milk products, talk to a community dietitian about other ways to get the calcium you need. Sardines and salmon (with the bones), oysters, tofu, sesame seeds, almonds, baked beans, and broccoli all contain calcium. It's important to know that while these foods do contain calcium, they don't have nearly as much as milk products do. This means that you'll have to eat a lot more of them to get the calcium you need.

Here are some examples of the amount of calcium in foods.

Food	Serving	Calcium mg
milk (2%, 1%, skim)	1 cup (250 ml)	315 mg
yogurt, fruit-flavoured	1 cup (250 ml)	250 mg
cheese	2oz (50g)	361 mg
enriched soy beverage	1 cup (250 ml)	319 mg

Canadian Nutrient File, 2005

Easy Ways to Add Calcium

Use skim milk powder when cooking. Five tablespoons of dry milk powder gives you the calcium of one cup of milk. Add skim milk powder to puddings, custards, cheese dishes, scrambled eggs, meat loaves, muffins, bread, chowders, and milk soups for extra calcium. Mash potatoes in their cooking water, add 3 to 4 tablespoons of skim milk powder, then mash again.

Use cheese. Try cheese for a snack. Grate it into salads, casseroles, and sandwiches. Make cheese sauces for vegetables and pasta. Try cheeses that are lower in fat.

Use yogurt. When cooking, use plain yogurt instead of sour cream. Use yogurt to replace some or all of the mayonnaise in salad dressing, dips, or sandwich fillings.

Use milk instead of water in some recipes. Make hot cereals and cream soups with milk, not water. Add extra milk powder for even more calcium.

Iron

Why do I need iron?
You need iron to build the red blood cells that carry oxygen and iron to your baby. It's important for babies to have a good supply of iron in their bodies when they're born. The iron they're born with has to last them for the first four to six months of their life.

What foods contain iron?
Some good sources of iron are

- meat and alternatives, like lean red meat, clams, lentils, dried peas and dried beans
- whole grain breads and cereals and wheat germ
- dried fruits, like raisins, dates, apricots, prunes, and prune juice.

Vitamin C helps your body to use the iron in vegetables and fruits. Try to eat foods rich in vitamin C at the same meal as non-meat foods rich in iron. Some foods high in vitamin C are oranges and grapefruit and their juices, tomatoes and tomato juice, cabbage, cauliflower, and broccoli.

Easy Ways to Get More Iron

Use dried fruit.	Dried fruits, like apricots, dates, raisins, and currants, make good snacks. You can also add them to cereals, applesauce, salads, muffins, sweet loaves, and cookies.
Drink prune juice.	Prune juice is another good source of iron. Try mixing it with other juices for good taste and extra iron.
Use beans.	Dried peas, beans, and lentils — homemade or canned — are good sources of iron. Dishes like baked beans, chili con carne, split pea soup, and lentil soup are delicious, familiar, and good sources of iron. If you make homemade soup, try adding a can of kidney beans or chick peas for extra iron.
Use whole grains.	Switch from white to whole wheat breads. Add oatmeal to meatloaf and meatballs. Use bran flakes in recipes that call for corn flakes.
Use wheat germ.	Add wheat germ to meat loaves, hamburgers, muffins, breads, and cookies. You can also use it as a crunchy topping on casseroles and fruit crisps, or sprinkle it on salads and cereals.
Avoid coffee or tea at mealtimes.	These make it more difficult for your body to use iron. Wait at least an hour after meals before having coffee or tea.

Folic Acid

Why do I need folic acid?
Folic acid is a vitamin that works with iron to keep your blood healthy and to build healthy blood and tissue for your baby.

Recent research has shown that women need more folic acid than previously thought necessary. Increasing your folic acid intake before you get pregnant and continuing this intake well into the first three months of your pregnancy will help prevent neural tube defects such as spina bifida. Your body does not store folic acid, so you need to be sure to get enough every day.

It is recommended that all women during their childbearing years, that is from the start of menstruation to the end of menopause

- eat good food sources of folic acid every day

and

- take a supplement of 0.4 mg of folic acid every day (supplements containing more than 1 mg folic acid are not recommended)

What foods contain folic acid?
Many different kinds of food are good sources of folic acid.

- vegetables and fruits, like broccoli, greens, green peas, brussels sprouts, tomatoes, sweet potatoes, oranges, grapefruit, cantaloupe, and citrus juices (Orange juice is an inexpensive, quick way to get folic acid into your eating plan.)
- meats and alternatives like, peanuts and peanut butter, other nuts, dried peas, and dried beans
- whole grain breads and cereals and wheat germ

Folic acid is easily destroyed by heat, air, and water. Be sure to keep fruits and vegetables refrigerated until you use them. When you can, eat fruits and vegetables raw. When you cook, use as little water as possible. Try steaming your vegetables instead of boiling them.

Easy Ways to Get More Folic Acid

Use spinach.	Try a spinach salad, or add spinach to your regular salads. Use it with or in place of lettuce in sandwiches, Add it to soups, stews, and casseroles.
Eat raw fruits and vegetables.	Try raw veggies like broccoli, cauliflower, carrots, and green pepper with a dip. Add fruits and vegetables to your salads. Tomatoes are good with most salads, and oranges are great with spinach. Oranges are an especially good source of folic acid.
Add vegetables whenever you can.	Try making stew with tomato juice. Add tomatoes to casseroles like macaroni and cheese. Add an extra can of tomatoes to your favourite chili or spaghetti sauce recipe.
Drink citrus juices.	Orange juice is always good. Try mixing it with grapefruit or pineapple juice for a change of taste. Be sure that you get real juice. Fruit drinks and drink crystals do not contain folic acid.
Use wheat germ.	Sprinkle it on salads and cereals. Add it to meat loaf and casseroles. Throw some in when you bake bread, muffins, or cookies.
Use whole grain flour.	Make baked goods rich in folic acid by using whole wheat flour, oatmeal, and wheat germ when you make cookies, fruit crisps, muffins, granola, or fruit loaves.
Use nuts.	Snack on peanut butter and crackers or whole wheat toast. Snack on peanuts, almonds, and walnuts. Add them to salads. Toss them into casseroles and vegetable dishes. Add chopped nuts to cookies, muffins, and bread when you bake.
Eat beans, peas, and lentils.	Try pea soup, bean soup, lentil soup, bean salads, and canned or homemade baked beans.

Higher Fibre, Lower Fat Foods

Choosing foods that are higher in fibre and lower in fat is a healthy idea any time. Research has shown that a diet higher in fibre and lower in fat may decrease your chances of getting heart disease or cancer.

Higher Fibre
Constipation is a common problem during pregnancy. Fibre is a natural laxative and will help to prevent or relieve constipation. When eating foods higher in fibre, be sure to drink lots of fluid to keep the fibre soft.

Higher fibre foods include

- whole grain breads and cereals
- vegetables and fruits
- dried peas, beans, and lentils

Staying active is also important in preventing constipation. See page 29 in the Nine Months of Changes section for more information.

Lower Fat
It is normal and necessary to gain weight during pregnancy. Most of the weight you gain comes from your baby and the extra blood and tissue your body needs to nourish and support that new life.

Staying healthy and building a healthy baby takes nourishment from many different kinds of food. Fatty foods may be replacing the more nutritious foods you and your baby need. You may be getting a lot of calories but not a lot of nourishment. Cutting down on the amount of fat in your diet during pregnancy is a good way to make room in your diet for the foods you and your baby need.

To reduce the amount of fat in your diet

- avoid high fat snacks like potato chips, pastries, and chocolate
- bake, broil, or steam foods instead of frying
- choose leaner cuts of meat, fish, and poultry
- use lower fat milk and milk products
- use fewer added fats like butter, margarine, mayonnaise, and salad dressing

Vegetarian Eating

If you are vegetarian, you can get the nourishment you and your baby need with a well-planned vegetarian eating style. There are a few things to keep in mind.

- **Be sure you eat enough.** While you're pregnant, it's very important to make sure you're getting enough food energy (calories) to meet your own needs and the needs of your baby. Because vegetarian foods often contain fewer calories, you may need to eat more than usual to get the energy you need.
- **Be careful to get enough protein.** Plant proteins need to be combined correctly in order to meet your needs and those of your baby. Good quality protein is very important during pregnancy.
- **Make sure you're getting enough vitamins and minerals.** If you follow a strict vegetarian style of eating and avoid all foods that come from animals, you may need extra calcium, iron, zinc, vitamin D, or vitamin B_{12} to meet your needs while pregnant.

If you have any questions about vegetarian eating during pregnancy, talk with your local dietitian.

What You Don't Need

In this section, we'll be talking about caffeine, artificial sweeteners, and "other" foods.

"Other" foods and foods and beverages that contain caffeine and artificial sweetners, described in this section, are sometimes called "empty calories." They contain few nutrients and fill you up, leaving less room for the healthy foods you and your growing baby need.

Caffeine

There are several reasons why it's a good idea to limit caffeine while you're pregnant.

- Caffeine enters the baby's bloodstream, and the baby's system can't get rid of it very well.
- Drinks containing caffeine — like coffee, tea and colas — may take the place of more nourishing drinks — like milk or fruit juice.
- Caffeine makes you urinate more often. If you have a problem with frequent urination, caffeine will make it worse.
- Caffeine makes it hard for your body to use calcium and iron. Both of these are very important for your baby's growth and development.

Many of us use caffeine without realizing it. Did you know that besides coffee and tea, there is caffeine in chocolate and in many soft drinks and medicines? Read labels and choose the products that have the least caffeine.

If you are thinking about trying herbal teas as a replacement for coffee or tea, you should know that not all herbal teas are safe during pregnancy. If you use herbal teas, stick to the safe ones. These include: rosehip, lemon balm, citrus peel, ginger, and orange peel. Check with your doctor or dietitian before using any others.

One way to cut down on caffeine is to look carefully at **when** you use it and think about things you could do instead. For example:

- Do you need two or three cups of coffee to get going in the morning? Try to stop after one cup and move away from the table. Switch to decaffeinated tea or coffee or other hot drinks, like postum.
- Are you used to drinking coffee on your breaks at work? Drink something other than coffee or tea. Try fruit juice or milk. Or eat an apple. Make sure that whatever you eat or drink instead of coffee is nourishing.
- Do you drink coffee or cola or eat chocolate to give yourself a boost? Getting plenty of rest and exercising regularly will boost your energy throughout the day.

Artificial Sweeteners

There are several artificial sweeteners on the market. The two most commonly used are aspartame and sucralose. These are known as Equal, Nutrasweet, and Splenda. So far as we know, moderate amounts of these sweeteners won't hurt you or your baby.

Two other artificial sweeteners, saccharine and cyclamate, should be used only if your doctor advises it.

If you use artificial sweeteners, think about the kinds of foods and drinks that contain them. Most of them don't provide the nutrient and energy that you and your growing baby need. Be very careful that these products do not replace more nourishing foods. Pregnancy is an important time to make healthy food choices. Milk, juice, and water are healthier — and cheaper — drinks than sugar-free cola. An apple or orange is a more nourishing snack than sugar-free gelatin.

"Other" Foods

"Other" foods are sometimes called junk foods because they are high in sugar and fat and low in other important nutrients. They give you calories but not much else. Sweets, like candy, chocolate bars, cake, donuts, and soft drinks, are junk foods. So are fried foods, like french fries and chips.

While you're pregnant, you should make sure that the foods you eat give you and your growing baby the nutrients you need. Do your best to limit "other" foods and desserts. For example, if you go to a fast food restaurant, have a cheeseburger and skip the fries. Have a salad instead. Drink milk in place of cola.

Try to replace "other" foods with more nutritious foods. For example, try:

- an apple instead of a chocolate bar
- orange juice instead of orange pop
- cheese and crackers instead of cheesies
- milk instead of coffee
- peanuts instead of chips
- a whole grain muffin instead of cake
- bread and peanut butter instead of bread and butter or margarine

Moderation is the key to healthy eating. You need moderate amounts of many kinds of foods. Before you eat something that you know isn't nourishing, ask yourself "Have I eaten all or most of the recommended number of servings from the food groups listed in *Eating Well with Canada's Food Guide?*"

Getting the Foods You Need

It's one thing to know what you should be eating. It's another thing to fit all that information about food groups, extra iron, calcium, and folic acid, and lower fat, higher fibre foods into the meals you eat and the food you prepare every day.

We're here to help! In this section, there are sample menus and recipes to show you how to get the foods you need.

According to *Eating Well with Canada's Food Guide* every day you need:

Vegetables and Fruits:	7 to 8 servings	❑❑❑❑❑❑❑❑
Grain Products:	6 to 7 servings	❑❑❑❑❑❑❑
Milk and Alternatives:	2 to 4 servings	❑❑❑❑
Meat and Alternatives:	2 servings	❑❑

Remember to include an extra 2 to 3 food guide servings each day.

✓ Iron-rich Foods

✓ Calcium-rich Foods

✓ Folic Acid-rich Foods

✓ Vitamin C-rich Foods

Check the foods you eat every day against this list.

You need AT LEAST the number of servings in the shaded boxes.

How well does what you eat compare with what you need?

Menus

The menu sheets on the next few pages are designed to help you to plan your meals to get the energy and nutrients you and your baby need.

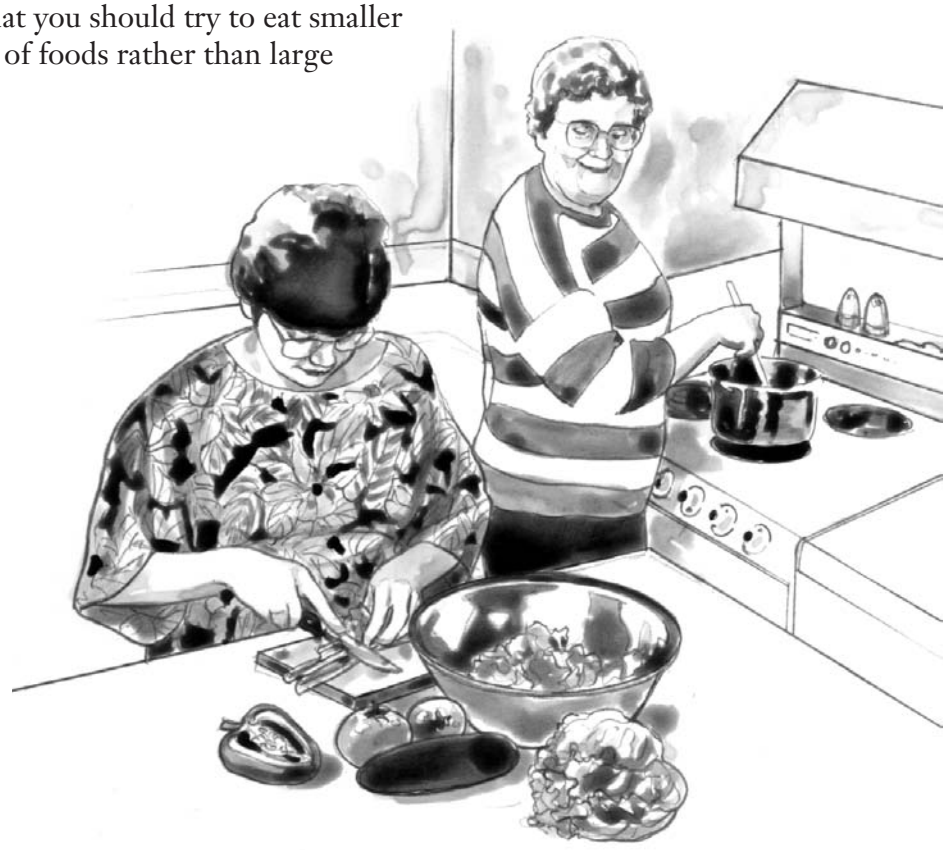
The first two menu sheets have been filled in. They contain meals and snacks that are familiar, easy to make, and not too expensive and that still give you the right number of servings from each food group as well as the extra iron, calcium, and folic acid you and your baby need.

Once you've seen, and perhaps even tried, the first two menus, fill in the blank menu sheets to keep track of your own eating for a few days. Do your menus provide all the foods you and your baby need? If they do, congratulations! Keep up the good work!

If they don't, keep trying. Try following the sample menus for a few days to get the feel of healthy eating. Then start making small changes to give yourself variety. For example, substitute an orange or a pear for an apple. Try green beans instead of peas, or broiled pork chops instead of roast beef.

As you keep track of what you eat, remember that you don't have to eat something from each food group at every meal. The idea is to get the number of servings you need from each food group over the course of the day.

When you look at these menus, it may seem like they have more food than you could possibly eat in one day. Please remember that the serving sizes are fairly small. The idea is to eat a variety of foods from each of the four food groups. This means that you should try to eat smaller servings of many different kinds of foods rather than large servings of just a few kinds.



What did you eat?	How much?	What food groups did it come from?	How many servings from each food group?
Breakfast			
orange sections	1 orange	Vegetables and Fruits	1
bran muffin	1 small muffin	Grain Products	1
milk	1 cup	Milk and Alternatives	1
scrambled egg	1 egg	Meat and Alternatives	1/2
Morning Snack			
pineapple juice	1/2 cup	Vegetables and Fruits	1
graham crackers	3 crackers	Grain Products	1
-	-	Milk and Alternatives	0
peanut butter	1 tablespoon	Meat and Alternatives	1/2
Lunch			
carrot sticks	1 medium carrot	Vegetables and Fruits	1
apple slices	1 medium apple	Vegetables and Fruits	1
whole wheat bread	2 slices	Grain Products	2
milk	1 cup	Milk and Alternatives	1
canned salmon	75 g (2 1/2 ounces or 1/2 cup)	Meat and Alternatives	1
Afternoon Snack			
grapes	20	Vegetables and Fruits	1
-	-	Grain Products	0
cheese chunks	50 g (1 1/2 ounces)	Milk and Alternatives	1
-	-	Meat and Alternatives	0

What did you eat?	How much?	What food groups did it come from?	How many servings from each food group?
Dinner			
broccoli	1/2 cup	Vegetables and Fruits	1
rice	1/2 cup	Grain Products	1
whole wheat roll	1 small roll	Grain Products	1
milk	1 cup	Milk and Alternatives	1
small steak	75 g (2 1/2 ounces)	Meat and Alternatives	1
Evening Snack			
-	-	Vegetables and Fruits	0
whole grain cereal	3/4 cup	Grain Products	1
toast	1 slice	Grain Products	1
milk	1 cup	Milk and Alternatives	1
-	-	Meat and Alternatives	0

Count the number of servings from each food group to see if this menu gives you and your baby the foods you need.

	You get:	You need:
Vegetables and Fruits:	6 servings	7–8 servings
Grain Products:	8 servings	6–7 servings
Milk and Alternatives:	5 servings	2–4 servings
Meat and Alternatives:	3 servings	2 servings

Plus: an extra 2 to 3 food guide servings for pregnancy.

- ❑ **Iron** from whole grain bread and cereals, Meat and Alternatives, and dried fruits
- ❑ **Calcium and vitamin D** from Milk and Alternatives
- ❑ **Folic acid** from Vegetables and Fruits, Meat and Alternatives, and Grain Products
- ❑ **Vitamin C** from Vegetables and Fruits

What did you eat?	How much?	What food groups did it come from?	How many servings from each food group?
Breakfast			
prunes	1/2 cup	Vegetables and Fruits	1
whole wheat toast	1 slice	Grain Products	1
milk	1 cup	Milk and Alternatives	1
peanut butter	2 Tablespoons	Meat and Alternatives	1
Morning Snack			
vegetable juice	1/2 cup	Vegetables and Fruits	1
rice cakes	2 cakes	Grain Products	1
-	-	Milk and Alternatives	0
-	-	Meat and Alternatives	0
Lunch			
tossed salad	1 cup	Vegetables and Fruits	1
whole wheat roll	1 small roll	Grain Products	1
milk	1 cup	Milk and Alternatives	1
split pea soup	1 cup	Meat and Alternatives	1
Afternoon Snack			
buttermilk fruit shake	1 banana	Vegetables and Fruits	1
oatmeal carrot muffin	1 small	Grain Products	1
	1 cup	Milk and Alternatives	1
-	-	Meat and Alternatives	0

What did you eat?	How much?	What food groups did it come from?	How many servings from each food group?
Dinner			
brussels sprouts	1/2 cup	Vegetables and Fruits	1
cauliflower	1/2 cup	Vegetables and Fruits	1
applesauce	1/2 cup	Vegetables and Fruits	1
rice	1/2 cup	Grain Products	1
milk	1 cup	Milk and Alternatives	1
broiled chicken	75 g (2 1/2 ounces)	Meat and Alternatives	1
Evening Snack			
orange juice	1/2 cup	Vegetables and Fruits	1
whole wheat cracker	3 crackers	Grain Products	1
-	-	Milk and Alternatives	0
-	-	Meat and Alternatives	0

Count the number of servings from each food group to see if this menu gives you and your baby the foods you need.

	You get:	You need:
Vegetables and Fruits:	8 servings	7–8 servings
Grain Products:	6 servings	6–7 servings
Milk and Alternatives:	4 servings	2–4 servings
Meat and Alternatives:	3 servings	2 servings

Plus: an extra 2 to 3 food guide servings for pregnancy.

❑ **Iron** from whole grain bread and cereals, Meat and Alternatives, and dried fruits
❑ **Calcium and vitamin D** from Milk and Alternatives
❑ **Folic acid** from Vegetables and Fruits, Meat and Alternatives, and Grain Products
❑ **Vitamin C** from Vegetables and Fruits

What did you eat?	How much?	What food groups did it come from?	How many servings from each food group?
Breakfast			
		Vegetables and Fruits	
		Grain Products	
		Milk and Alternatives	
		Meat and Alternatives	
Morning Snack			
		Vegetables and Fruits	
		Grain Products	
		Milk and Alternatives	
		Meat and Alternatives	
Lunch			
		Vegetables and Fruits	
		Grain Products	
		Milk and Alternatives	
		Meat and Alternatives	
Afternoon Snack			
		Vegetables and Fruits	
		Grain Products	
		Milk and Alternatives	
		Meat and Alternatives	

What did you eat?	How much?	What food groups did it come from?	How many servings from each food group?
Dinner			
		Vegetables and Fruits	
		Grain Products	
		Milk and Alternatives	
		Meat and Alternatives	
Evening Snack			
		Vegetables and Fruits	
		Grain Products	
		Milk and Alternatives	
		Meat and Alternatives	

Count the number of servings from each food group to see if this menu gives you and your baby the foods you need.

	You get:	**You need:**
Vegetables and Fruits:	___ servings	7–8 servings
Grain Products:	___ servings	6–7 servings
Milk and Alternatives:	___ servings	2–4 servings
Meat and Alternatives:	___ servings	2 servings

Plus: an extra 2 to 3 food guide servings for pregnancy.

- ❑ **Iron** from whole grain bread and cereals, Meat and Alternatives, and dried fruits
- ❑ **Calcium and vitamin D** from Milk and Alternatives
- ❑ **Folic acid** from Vegetables and Fruits, Meat and Alternatives, and Grain Products
- ❑ **Vitamin C** from Vegetables and Fruits

What did you eat?	How much?	What food groups did it come from?	How many servings from each food group?
Breakfast			
		Vegetables and Fruits	
		Grain Products	
		Milk and Alternatives	
		Meat and Alternatives	
Morning Snack			
		Vegetables and Fruits	
		Grain Products	
		Milk and Alternatives	
		Meat and Alternatives	
Lunch			
		Vegetables and Fruits	
		Grain Products	
		Milk and Alternatives	
		Meat and Alternatives	
Afternoon Snack			
		Vegetables and Fruits	
		Grain Products	
		Milk and Alternatives	
		Meat and Alternatives	

What did you eat?	How much?	What food groups did it come from?	How many servings from each food group?
Dinner			
		Vegetables and Fruits	
		Grain Products	
		Milk and Alternatives	
		Meat and Alternatives	
Evening Snack			
		Vegetables and Fruits	
		Grain Products	
		Milk and Alternatives	
		Meat and Alternatives	

Count the number of servings from each food group to see if this menu gives you and your baby the foods you need.

	You get:	**You need:**
Vegetables and Fruits:	___ servings	7–8 servings
Grain Products:	___ servings	6–7 servings
Milk and Alternatives:	___ servings	2–4 servings
Meat and Alternatives:	___ servings	2 servings

Plus: an extra 2 to 3 food guide servings for pregnancy.

- ❑ **Iron** from whole grain bread and cereals, Meat and Alternatives, and dried fruits
- ❑ **Calcium and vitamin D** from Milk and Alternatives
- ❑ **Folic acid** from Vegetables and Fruits, Meat and Alternatives, and Grain Products
- ❑ **Vitamin C** from Vegetables and Fruits

Cravings and Aversions

You may find that during your pregnancy there are certain foods that you crave — you can't seem to get enough of them.

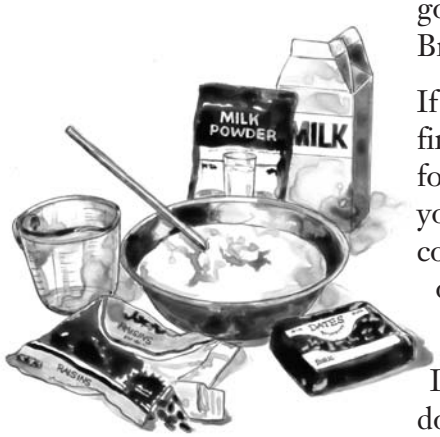
There may be other foods that you can't stand the sight of — just thinking about them can make you queasy.

No one knows why this happens, but there are usually no physical reasons for cravings or aversions. That is, it's not likely that you are craving chocolate bars because your body "needs" chocolate for some reason.

If you crave something that's good for you and your baby, like milk or citrus fruit, go ahead and enjoy! Just make sure that you leave enough room in your diet for other good foods.

If you crave less nutritious foods, like sweets or candy, look for foods that are both sweet and nourishing. For example, dried fruits, date squares, muffins, and quick breads are just as sweet and much more nourishing than candy or cake.

The same advice goes for aversions. If you can't stand something that isn't good for you, fine. For example, if you can't stand fried foods, don't worry. Broil or bake instead. It's much better for you anyway.



If your aversion is to a nourishing food that you and your baby need, try to find creative ways to sneak it into your diet or find other sources or other foods from the same food group. For example, if you can't stand milk, try yogurt or cheese or try putting extra powdered milk into other things you cook, like muffins or meat loaf. If this doesn't work, look for other sources of calcium, like salmon, tofu, or broccoli. If you can't stand the smell of fish cooking, try to have someone else do the cooking for you.

If you are seriously concerned about cravings or aversions, ask your doctor or a dietitian for advice.

Vitamin Pills and Supplements

Enjoying a wide variety of healthy foods is the best way for you and your baby to get the energy and nutrients you need.

Many people believe that if they take a vitamin pill or supplement, they don't have to worry about what they eat. This is not true. Your body needs more than 50 different nutrients every day. No vitamin pill or supplement can give you all of them in the right amounts.

While you're pregnant, it's important to look carefully at your eating habits and make whatever changes are necessary. Your doctor, public health nurse, or dietitian can help with this.

If for some reason you can't change your diet to meet your needs during pregnancy, your doctor will talk with you about supplements. Whether you should take a supplement, and what one you should use, will be based on your own particular needs.

Do not take vitamin pills or supplements on your own.

If you and your doctor or dietitian decide that you need a supplement, treat it like any other medicine. Take it only according to directions and keep it out of reach of children. Be sure to ask these questions:

- What is it?
- What's it for?
- What will it do to me and my baby?
- What are the side effects?
- What is the smallest amount I can take?

Remember, that even the best supplement can't replace healthy eating.

CHECK YOUR EATING HABITS

Now that you know what you should be eating, check yourself to see how well you're doing.

If you can put a check next to each of these questions, keep it up! Your eating habits will help you build a healthy baby and a healthy family.

If you can't check all of these questions, don't give up. Change isn't always easy and often takes time. Look at the things you need to change and think about how you can start changing them.

On most days, do you:

❑ Eat a variety of foods from each of the four food groups?
❑ Eat whole grain bread and cereal?
❑ Eat at least one dark green vegetable each day?
❑ Eat at least one orange vegetable each day?
❑ Eat/drink foods rich in calcium?
❑ Eat/drink foods rich in folic acid?
❑ Eat foods rich in iron?
❑ Have at least one food rich in vitamin C?
❑ Eat regular meals and snacks?
❑ Eat healthy snacks?
❑ Drink 6 to 8 glasses of fluids, not counting tea or coffee?
❑ Limit caffeine?
❑ Eat few fatty, salty, or sweet foods ("other" foods)?
❑ Limit artificial sweeteners?
❑ Keep active?

After the Baby Comes

Healthy eating doesn't stop when your pregnancy ends. Pregnant or not, you still need food from each of the four food groups every day.

All adult women aged 19 to 50 years need:

7–8 servings	Vegetables and Fruits
6–7 servings	Grain Products
2–4 servings	Milk and Alternatives
2 servings	Meat and Alternatives

Breastfeeding moms need an extra 2 to 3 food guide servings each day.

Healthy eating will help you and your family to stay healthy and active. *Eating Well with Canada's Food Guide* can help you make healthy choices.

Remember to

- Enjoy a VARIETY of foods.
- Eat at least one dark green and one orange vegetable each day.
- Have vegetables and fruit more often than juice.
- Make at least half of your grain products whole grain each day.
- Eat at least 2 food guide servings of fish each week.
- Choose lower-fat dairy products, leaner meats, and foods prepared with little or no fat, sugar or salt.
- Achieve and maintain a healthy body weight by enjoying regular physical activity and healthy eating.

- Have meat alternatives such as beans, lentils and tofu often.
- Limit salt, alcohol, and caffeine.

Losing Weight

Every mother loses weight as soon as her baby is born. You lose the weight of the baby, the weight of the placenta, and the weight of the amniotic fluid.

Over the next few weeks, you'll lose the weight of your uterus as it returns to its non-pregnant size, as well as the weight of the extra blood and fluid you needed during pregnancy. Although you shouldn't try a reducing diet while breastfeeding, when you breastfeed you'll begin to use up the fat your body stored during pregnancy to prepare for breastfeeding.

If you've eaten sensibly during your pregnancy and continue to eat sensibly afterwards, you probably won't have much trouble losing the extra weight. Many women find that they have lost the weight gained during pregnancy by the time the baby is about eight months old. This may seem like a long time, but remember that you were pregnant for nine months. Your body will need time to get back to normal.

Getting back to your pre-pregnancy weight does not guarantee that you'll be back to your pre-pregnancy shape. Healthy eating and active living will help with this. Look for a new mother's exercise program to get you off to a good start and see the Healthy Activity section for more information.

A Healthy Weight Range

After you've had your baby, it's natural to want to "get back into shape" as quickly as possible. This is fine as long as you don't risk your health trying to reach an unrealistically low weight.

Before you think about losing weight, think about your goal. What's a healthy weight range for you?

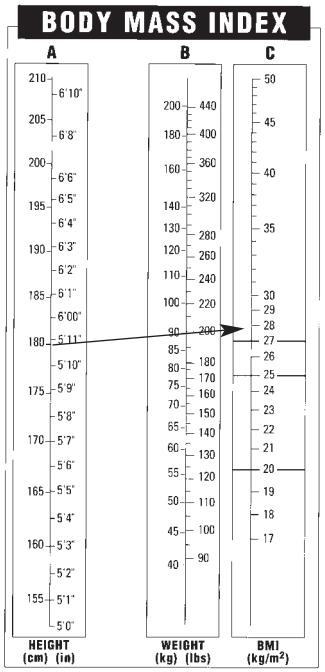
The Body Mass Index (BMI) is an easy way to find your healthy weight range. Once you've found your healthy weight range, you can decide whether you need to lose weight. You may be pleasantly surprised to find that your weight isn't a problem. You may just need exercise to get back into shape.

The BMI works for men, too. Fathers can check their weight as well as mothers. The BMI chart should NOT be used by pregnant women or breastfeeding mothers.

Body Mass Index

How to Find Your Body Mass Index (BMI)

1. Mark an X at your height on the line in box A.
2. Mark an X at your weight in box B.
3. Draw a straight line from the X in box A through the X in box B and across to the line in box C.
4. Your Body Mass Index (BMI) is the number where your line crosses the line in box C.

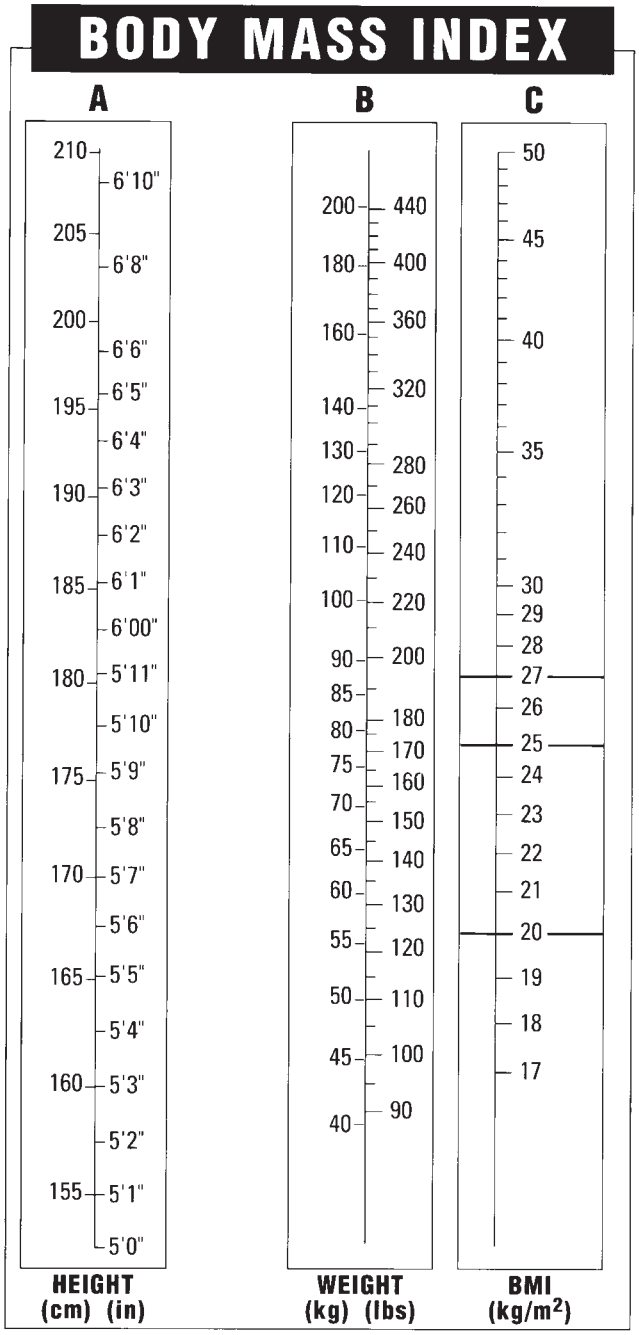


Example:

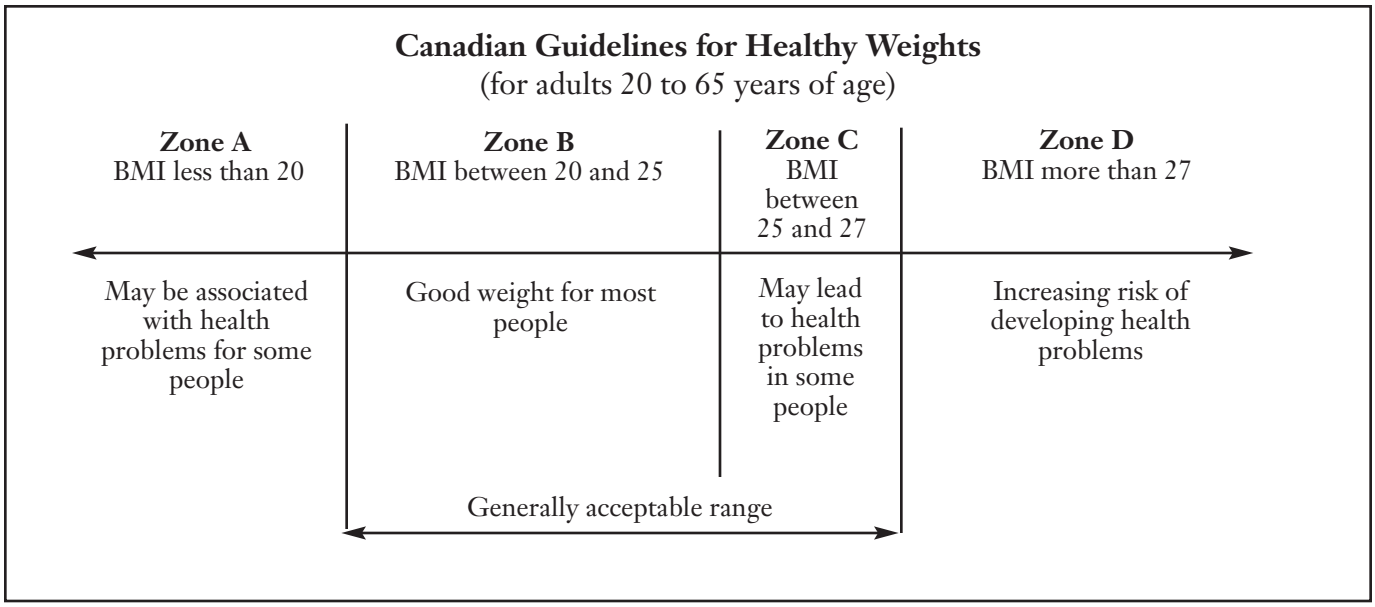
This person is 5 ft.11 in. tall, and weighs 200 lbs.

His BMI is 28.

My BMI is _____ .



Source: Expert Group on Weight Standards, Health and Welfare Canada



BMI in Zone A ?
You may not be eating enough or you may be too active for the amount of food you eat. Or it could be a combination of both.

BMI in Zone B ?
Congratulations. You are in a healthy weight range. Keep up your healthy lifestyle.

BMI in Zone C ?
Be careful. You may be at risk for certain health problems. Don't gain any more weight.

BMI in Zone D ?
You are at higher risk for health problems. You need to examine your eating and activity habits. You may be choosing the wrong foods or not getting enough physical exercise or both.

If your BMI is below 20 or above 27 you may want to see a doctor or dietitian for advice.
A balance of healthy eating and regular physical activity can help keep your BMI within the acceptable range of zones B and C.

My Contract for Body Balance

I would like to work toward reaching or keeping my BMI within the range of 20 to 27. I will do this by

Healthy Eating Goal:

_____

_____

_____

_____

Physical Activity Goal:

_____

_____

_____

_____

Cutting Back on Fats

If you find you need to lose a few pounds to reach your healthy weight, do it slowly and sensibly. Remind yourself that it took nine months to gain the weight.

Keep eating the recommended servings of food from each of the food groups. Just look for lower calorie choices. The best way to lose weight is to cut calories from your diet, not nourishment. And the best way to cut calories is to cut back on the amount of fat we eat.

Cutting back on fats is not that difficult and it can make losing weight easier than you might expect. If you want more information on fats, talk with your local dietitian. Regular physical activity will help you to burn off calories, tighten muscles, and feel great!

Ideas for Cutting Back on Fats

- Use skim, 1%, or 2% milk. Use 2% milk instead of cream in coffee or tea.
- Use lower-fat milk products, like yogurt and cheese.
- Use leaner cuts of meat and trim off fat before cooking. Remove the skin from poultry before cooking.
- Drain off fat while cooking meat.
- Eat more peas, beans, and lentils. Cook them with little or no meat and no added fat.
- Bake, broil, roast, or steam foods. Don't add extra fat during cooking.
- Avoid fried foods.
- Cut back on high-fat snacks. Choose pretzels instead of potato chips, sherbet instead of ice cream, fresh fruit instead of cookies.
- Cut back on added fats. Use only a little butter, margarine, peanut butter, or mayonnaise. Try lower-fat substitutes.
- Cut back on salad dressing. Use half of what you're used to, or try low calorie dressings. When you eat out, ask for the dressing on the side.
- Cut back on fatty luncheon meats and variety meats, like salami, bologna, and hot dogs. Look for new low-fat products.
- Read food labels.

  Food labels list ingredients by amount. If fats are listed in the first three ingredients, the product could be high in fat. Names for fats include hydrogenated vegetable oil, palm oil, coconut oil, tallow, and any word ending in "glycerides" — for example, monoglycerides, diglycerides.

  Look on cheese labels for the percentage of milk fat (MF). Choose cheeses that contain less than 20% MF.

  Avoid foods with extra fat added during processing. For example, butter-basted turkeys, granola, and vegetables in butter sauce all have added fats.

Make Healthy Eating a Habit

Healthy eating is a good habit to have. It means enjoying a wide variety of nourishing, good tasting foods and limiting the amount of less nourishing foods like fats, alcohol, caffeine, and salt.

Good eating habits can help you, your baby and your family stay healthy for life. Right now is a good time to make a habit of healthy eating.

Once your new baby comes along contact your local dietitian or Public Health nursing office for copies of *Breastfeeding Your Baby* and *Baby Help: Feeding and Immunizing Your Baby*.

Active Living and Pregnancy

Active living means different things to different people, but it offers something for everyone.

Active living means making some kind of physical activity a part of your daily life. It means finding activities that are fun, healthy, and satisfying for you and that suit your schedule and your body.

Active living can help you to

- reduce stress. Healthy activity relaxes your body and mind
- stay comfortable. Staying active can help to prevent backache and constipation
- manage your weight during pregnancy
- keep or improve your level of fitness. You'll be in better shape, which will make labour and delivery easier. You'll find it easier to regain your muscle tone, strength, and figure after your baby is born
- have more energy. Exercise and activity can make you feel alive and energetic

Unless you have medical reasons for not being physically active, you'll help yourself and your baby by being active rather than taking it easy. Making healthy activity, a natural part of your life will help you to feel and look better now and after the baby comes.

This section offers a balanced program to help you to exercise your whole body within your own limits. It includes an exercise program for pregnancy and postpartum, advice on aerobic activity, and information on breathing and relaxation techniques.

If you are already leading an active life, ask your doctor, physiotherapist, fitness instructor, or public health nurse for advice about exercising during pregnancy.

If you haven't been involved in any regular activity program, talk to your doctor, physiotherapist, or fitness instructor before you begin one. Then start slowly and build at your own pace.

Everyday Comfort

As your size and shape change during pregnancy, you may find that ordinary things like standing and sitting seem awkward and uncomfortable.

Finding new ways to adjust your movements to allow for the changes in your body will make these everyday activities safer and more comfortable.

Stand Tall: Posture during Pregnancy

Good posture is the key to comfort during pregnancy. By standing correctly, you can carry the weight of your pregnancy without straining your back or abdominal muscles.

Check Your Posture

Yes!

- Straighten neck.
  Tuck in chin.
  Body straightens.
- Roll shoulders back.
  Lift up rib cage.
  Relax arms at sides.
  Relax shoulders.
- Tighten abdominal muscles.
  Flatten lower back.
  Tuck buttocks under.
- Relax knees.
- Balance weight on the centre of each foot.

No!

- Neck sags.
  Chin pokes forward.
  Body slumps.
- Shoulders slouched.
  Rib cage cramped.
  Arms turn in.
- Abdominal muscles loose.
  Lower back hollowed.
  Pelvis tips forward.
- Knees stiff and locked.
- Weight on the inner edges of each foot.

Remember good posture when you walk
Keep your back straight and your head up. Imagine that there is a string attached to the top of your head, pulling upward and straightening your spine.

Hints for comfortable standing
If you must stand for long periods of time, raise one foot on a stool or the rung of a chair. This will ease the strain on your back.

When using equipment like a broom or a vacuum, stand with one foot forward and knees bent. This will make it easier for you to shift your weight and turn.

Day-to-Day Back Care

Taking care of your back can be an everyday activity, now and after your baby comes.

Ironing
When ironing, rest one foot on a small stool. Changing position will ease the strain on your back that comes from standing in one position for any length of time.

Laundry
Avoid bending and twisting when you move clothes from a top-load washer to a front-load dryer. Try placing the clothes on the top of the dryer and then moving them into the dryer.

When you hang clothes on a line, make sure that the laundry basket is at waist level.

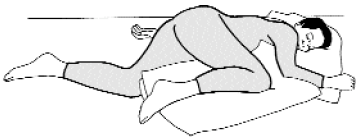
Making Beds
Bend your knees, or if this isn't possible, place one knee on the bed.

Carrying Groceries
Balance the load by carrying equal amounts in each hand. Heavy bags should be held close to the body and supported with your arms bent.

When removing groceries from the trunk of the car, put one foot or knee on the bumper.

Vacuuming
Balance yourself with one foot in front of the other. Keep your knees slightly bent and shift your weight from back foot to front foot. Try to maintain a pelvic tilt to avoid strain.

Get down on your knees to reach under furniture.



Sleeping

Your mattress should be as firm as possible.

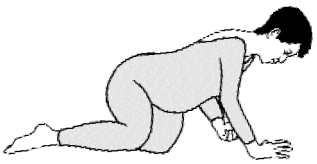
Sleep in a position that reduces strain to your neck and back:

- Side-lying: Bend your knees and put a pillow between your legs.
- Lie on your back with a pillow under your knees. **Do not** use this position later in pregnancy, because the weight of the baby will put pressure on one of your main blood vessels.

Avoid lying on your stomach. This is stressful for both your neck and back.

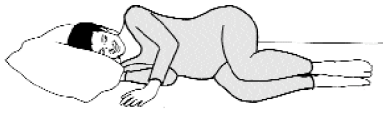
Getting Up (from the floor or out of bed)

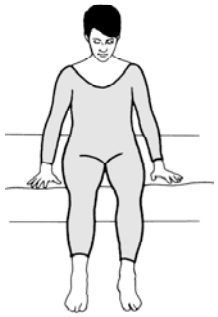
As your baby grows during pregnancy, you may find it harder to change position — for example to get out of bed or to get up after exercising or lying on the floor. Try to move slowly and carefully as you change position. This will help to prevent muscle strain and dizziness.



To get up from the floor:

- Bend your knees.
- Push your feet into the floor.
- Lift your buttocks slightly and roll to one side.
- Use your arms to slowly push up to a sitting position.
- Roll onto your knees.
- Move one knee forward, placing your foot flat on the floor.
- Straighten your back.
- Place your hands on the bent knee for support.
- Stand, using your leg muscles to push yourself up.



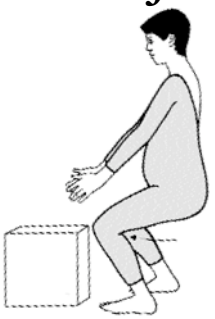


To get out of bed:

- Move close to the edge of the bed.
- Bend your knees. Push your feet onto the bed and roll to one side.
- Use your arms to slowly push up to a sitting position.
- Swing your legs over the side of the bed.
- Rest for a moment, breathing normally.
- Tighten your abdominal muscles and stand up slowly.

Lifting

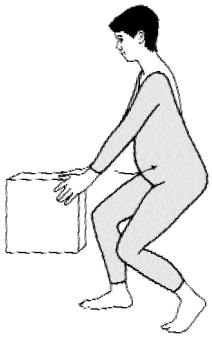
To lift with ease, bend your knees.



It's a good idea to avoid heavy lifting as much as possible while you're pregnant. Let someone else take out the garbage and carry the groceries.

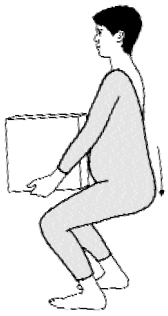
If you have a toddler or small child, it's nearly impossible to avoid lifting. You can make it a lot easier, though. For example, instead of lifting a toddler from the floor, help her to climb up onto a sofa or a stool and lift from there. Or sit on a sofa or chair and let her climb up onto your lap.

Learning how to lift properly can save you a lot of back pain, now and after your baby is born. The key is to lift with your leg muscles, not your back. Never bend from the waist. Bend your knees and lift with your legs. It also helps to bring the load as close to your body as possible before you lift.



Whenever you lift:

- stand with your feet apart
- tuck in your buttocks and tighten your abdomen
- bend your knees
- pull the object close to your body
- lift with your legs



Sitting
(and getting up again)

Good Sitting Posture

- Sit up straight, with your back and the upper part of your buttocks resting against the back of the chair. Avoid sitting on the edge of the chair and slumping against the back.
- Your feet should be out in front of you, either flat on the floor or supported on a stool. Sitting with your legs crossed blocks blood flow to your legs.
- Use a stool to raise your legs and feet as often as you can while sitting. This is a good time to do foot and ankle exercises to improve your circulation. Try circling your ankles and stretching each foot up and down.
- Use little pillows to support your neck and the small of your back.

To Sit Down

- Tighten your abdomen, pulling up and in. Tuck your buttocks under.
- Use your leg muscles to lower yourself into the chair. Hold the armrests if you need support.
- Slide back into the chair.

To Stand Up

- Slide forward to the front of the chair.
- Remain upright. Don't lean forward.
- Tighten your buttocks and use your legs to raise your body.
- Hold the armrests for balance.

A comfortable chair or rocker makes good sitting posture easier.

- **The seat** should be high enough so that your thighs rest comfortably and your feet are flat on the floor. It should be deep enough to support the length of your thigh, but shallow enough to let your back and the upper part of your buttocks rest against the back of the chair.
- **The back** should be high enough to support your shoulders. It's even better if it can support your head.
- **The armrests** should be the right height to allow your arms to rest comfortably when you are sitting upright.

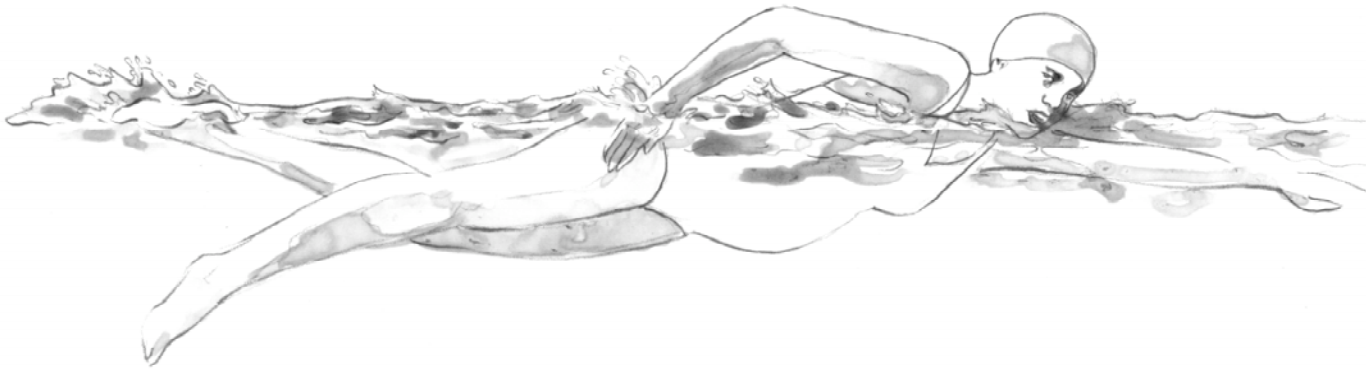
If you can't find the perfect chair, you can make any chair more comfortable by using pillows, footrests, and footstools for support.

Safe and Comfortable Activity

Safety and comfort are important considerations, no matter what kind of exercise or activity you do.

Physical activity is safe and healthy during pregnancy. With a little care, you can continue most of the activities you enjoy.

Have fun! Enjoy a safe and active pregnancy.



Safe and Unsafe Activities during Pregnancy

Recommended — Safe and Fun

- Walking
- Aquacize
- Swimming
- Biking, especially on a stationary bike
- Cross-country skiing on flat ground
- Snowshoeing
- Low-impact aerobic classes
- Prenatal exercise classes with qualified instructors
- Yoga
- Tai chi

Be Very Careful with These

- Racquet sports
  Decrease your activity level.
  Stop after your 6th month.
- Golf
  Adjust your swing; no quick, jerking twist.
- Bowling
  Don't overextend or lose your balance.

- Weight training
  Do not lift while lying on your back.
  Use low weights and high repetitions.
  Lessen the weight as your pregnancy progresses.
  Use weight machines. Avoid free weights.
  Don't hold your breath. Always breathe out on lifting.
- Running (high impact)
  If you are not currently a regular runner, do not start to run or jog during pregnancy.

  If you currently run or jog, talk to your doctor about continuing to run during pregnancy. Listen to your body, and your doctor, when you consider running in the last trimester of your pregnancy.

  While running
  - Keep your feet wide apart.
  - Keep your feet close to the ground. Don't bounce or run on uneven surfaces.

  If you have any pain, stop and find a new activity.

Avoid These — Not Safe during Pregnancy

- Downhill skiing
- Contact sports — basketball, volleyball, hockey
- Scuba diving
- Horseback riding, especially jumping
- Heavy weightlifting
- Softball or baseball

Staying Comfortable and Active

Dress comfortably, in loose, lightweight clothing.

Dress in layers so you can peel them off as you get warm.

Wear a well-fitted bra with good support and non-elastic straps.

Wear well-cushioned shoes with good heel and arch support.

Go to the bathroom before you begin exercising.

Review the Guidelines for Healthy Activity on page 124.

A Program for an Active Pregnancy

Prenatal activity strengthens, stretches, and relaxes your body. All of these are important for a healthy pregnancy and birth and a quick postpartum recovery.

This prenatal program includes:
- warm-up
- muscle-strengthening and stretching exercises
- cool-down

These exercises are also good to do after your baby is born. They'll help your body to return to its pre-pregnancy state and give you the energy you need to enjoy your new baby.

It's a good idea to do these exercises as often as possible — every day is ideal. So have fun doing them. Find a friend, get the little ones to 'help' you, or do them on your own. You'll start to feel the benefits sooner than you might think.

Staying Safe and Active

Ease into exercise
- Start by doing each exercise 3 to 5 times. Gradually build up to 5 to 10 times each.
- Begin and end your program with a few easy stretches.
- Take a few deep breaths and relax between exercises.
- Avoid high-bounce exercises. No-bounce are safest.

Listen to your body
- Drink plenty of water while exercising.
- Don't let yourself become overheated or overtired.
- Take regular rest periods.
- Breathe normally while exercising. Don't hold your breath.
- If you have any pain, stop the exercise and check with your doctor, public health nurse, physiotherapist, or fitness instructor.

Pace yourself

- Avoid strenuous exercise during the first trimester.
- If you weren't active before you became pregnant, increase your activity level gradually.
- You should be able to carry on a conversation while you are doing any cardiovascular exercise. If you can't talk comfortably, you are exercising too hard.
- Drink plenty of water during cardiovascular exercise. Your uterus is a warm environment, and when your body temperature rises, it does in the uterus as well. Drinking extra water will keep your body, and your uterus, at a comfortable temperature.

CAUTION After cardiovascular exercise, do not lie flat on your back or on your right side until your body has cooled down.

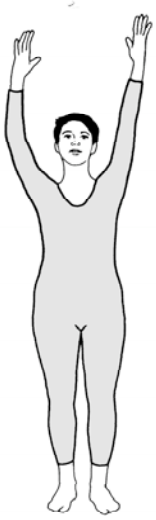
- You may have to change your activity level as your pregnancy progresses.
- From the fourth month on, do your exercises standing, sitting or side lying. Try not to be flat on your back for more than five minutes at a time. The baby's weight can press on your blood vessels and decrease circulation to you and your baby.

Stop exercising and talk with your doctor if

- you have any bleeding from your vagina
- you have persistent contractions after exercising. Some tightening of the uterus is normal after exercise but if the contractions keep coming, let your doctor know

See page 4, What's Normal, for other warning signs.

Warm-up



Warming up helps your body ease into exercise. Slow stretching before you start exercising will make you more flexible and prepare your muscles for increased activity.

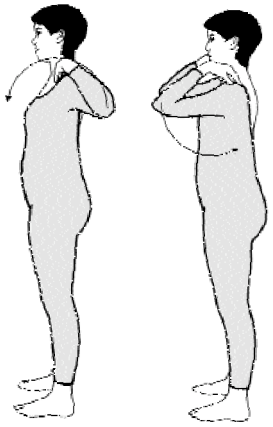
1. Alternate Arm Stretches

Exercises shoulder, arm, and trunk muscles. Lifts your ribs and helps make breathing easier.

- Keep your back straight while sitting or standing.
- Raise both arms over your head.
- With fingers outstretched, reach first one arm, then the other, toward the ceiling.
- Repeat.
- Lower your arms and relax.

2. Elbow Circles

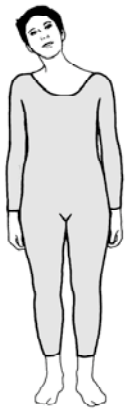
Relaxes shoulder muscles.



- Stand or sit up straight.
- Bend your elbows and touch your shoulders with your fingers.
- Make a large circle by moving your elbows forward, up and back.
- Repeat 5 times.
- Relax with your arms at your sides.

3. Neck Stretches

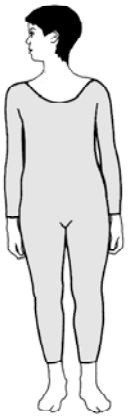
Stretches and relaxes neck muscles.



- Stand or sit up straight.
- Bring your ear toward your shoulder.
- Breathe in and out deeply; feel the muscles stretch.
- Repeat on the other side.
- Repeat 3 to 5 times.
- Relax.

4. Head Turn

Stretches and relaxes neck muscles.

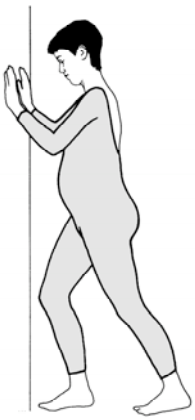


- Stand or sit up straight.
- Turn your head to one side; look over your shoulder.
- Repeat to the other side.
- Repeat 3 to 5 times.
- Relax.

5. Calf and Hip Stretch

Stretches the muscles in the back of the legs and hips.

- Stand in front of a wall, with one foot in front of the other, toes pointing straight ahead, palms flat against the wall.
- Keep your back leg straight and your heels firmly on the floor. Avoid arching your back.
- Bend your front knee gradually and slowly lean toward the wall. As you feel the stretch in your back leg, bend your knee slightly to avoid strain.
- Repeat with your other leg.
- Repeat 3 to 5 times.
- Relax.



You can increase the stretch by widening the distance between your back leg and the wall and by pushing your hips toward the wall.

6. Tailor Sitting
Stretches the inside of your legs.

CAUTION When tailor sitting, never use your hands or elbows to press your knees toward the floor. This can cause over-stretching and strain in your pubic area.

- Sit on the floor with your back straight and your shoulders level.
- Put the soles of your feet together and pull your heels in toward your body. Let your hands relax.
- Slowly relax both knees toward the floor — go as far as is comfortable. If you feel any pain, stop.
- Hold for the count of 5 to 10.
- Relax, bringing your knees back up to where you started.
- Repeat 3 to 5 times.

7. Leg Stretching
Stretches your leg muscles (hamstrings).

- Sit in a chair. Tighten abdominals. Keep your back straight. Place a small towel roll behind your back.
- Straighten your right leg out. Hold for the count of 5 to 10.
- Relax.
- Repeat with your other leg.

Stretching and Strengthening Exercises

The exercises in this part of the program (#8 to #18) are designed to help your body adjust to pregnancy and strengthen it for childbirth.

When doing these, or any exercises, avoid lying on your back for more than 5 minutes without pillows under your head and shoulders.

REMEMBER

- Start by doing each exercise 3 to 5 times and gradually build up to 5 to 10.
- Breathe normally while exercising. Never hold your breath.
- Do stretches slowly and avoid bouncing.

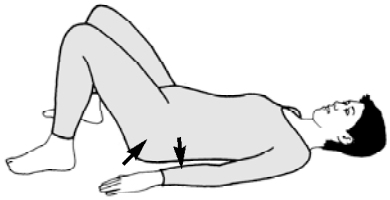
8. Pelvic Tilt

Helps prevent and relieve backache and strengthens abdominal muscles.

- Lie on your back, with knees bent, feet flat on the floor.
- Tighten your abdominal muscles.
- Tighten your buttocks and press the small of your back into the floor.
- Hold for a few seconds, breathing normally.
- Slowly relax.

Pregnancy puts a great strain on your abdominal muscles, and the next three exercises are intended to help strengthen them. Strong abdominal muscles will help you to be more comfortable now and will help you during labour and delivery.

Before you do any abdominal exercises, you need to check for abdominal muscle separation. This is a separation of the central connecting seam of the abdominal muscles. It may be very slight or very noticeable and it happens to about one of every three pregnant women. Ask a friend, your partner, doctor, or prenatal educator to help you check.



Here's how to check:

- Lie on your back with your knees bent, feet flat on the floor.
- Tuck in your chin and slowly raise your head and shoulders until you can see your abdomen.
- If you have a separation, you will usually see a bulge just above or below your belly button. If you're not sure, feel the centre of your abdomen. If you can feel a soft area between two bands of firmer muscle, then you have a separation.

Here's what to do if you have a separation:

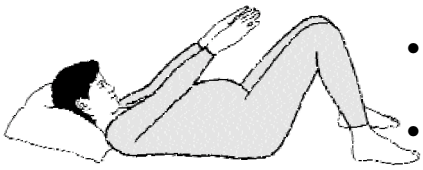
If you have a separation, you'll need to support your abdomen while doing exercises. You can do this by either lacing your fingers together across your abdomen, or crossing your arms and putting a hand on either side of your abdomen.

There are mixed opinions on when to stop abdominal exercises if muscle separation occurs. You can always continue with the pelvic tilt and pelvic floor (Kegel) exercises to maintain some abdominal muscle control.

For exercises #9 and #10, later in pregnancy, you may want to prop pillows under your upper back, so you are lying on a slant. This will allow you to continue with your abdominal exercises and place less strain on your trunk.

9. Curl-ups

Strengthens the abdominal muscles. If you have a separation, remember to support your abdomen with your hands.



- Lie on your back, knees bent, feet flat on the floor, arms across your abdomen.
- Tighten your abdomen and buttocks. (This is the pelvic tilt. Hold these muscles firm while doing this exercise.)
- Tuck in your chin.
- Lift up your head and shoulders while breathing out.
- Slowly lower your shoulders and head to the floor.
- Relax.
- Repeat.

10. Diagonal Curl-ups

Strengthens your diagonal abdominal muscles.

NOTE Avoid this exercise if you have a separation.

- Lie down, knees bent, feet flat on the floor.
- Tighten your abdomen and buttocks. (This is the pelvic tilt. Hold these muscles firm while doing this exercise.)
- Tuck in your chin.
- Lift your head and shoulders.
- Reach your arms across your body toward one knee.
- Curl up as far as is comfortable, breathing out. Hold for the count of 5, breathing normally.
- Slowly lower your shoulders and head to the floor.
- Relax.
- Repeat, going from side to side.

The next two exercises (#11 and #12) are designed to help you strengthen and control your pelvic floor muscles. Your pelvic floor is made up of the layer of muscles that are attached to your pubic bone in the front and your tail bone in the back.

During pregnancy you need strong pelvic floor muscles to support your uterus. During childbirth you need to be able to control these muscles, so you can relax them during the birth of your baby.

Regular exercise will keep your pelvic floor muscles strong and elastic. Pelvic floor exercises are sometimes called hidden exercises or Kegel exercises. You can do these exercises any time — when you brush your teeth, while watching TV or standing in line at the grocery store. In fact, you can do these exercises any time, anywhere, in any position — sitting, lying, or standing.

Doing 5 contractions, 10 times a day isn't hard, and you'll reap the benefits now and for the rest of your life.

11. Basic Pelvic Floor Exercise.

- Any position: lying, sitting, standing, on all fours.
- Tighten the muscles around your bladder, vaginal and rectal openings. Feel them pulling up inside.
- *Hold for a count of five.*
- Relax and repeat.

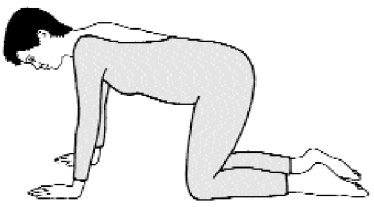
12. The Elevator

- Sitting, standing, lying. Any position is OK, but lying down is easiest when you are learning this one.
- Imagine that you are an elevator.
- Slowly contract your pelvic floor muscles, pulling them tighter and tighter at each floor.
  - First floor, contract.
  - Second floor, a bit tighter.
  - Third floor, tighter.
  - Fourth floor, *hold for a few seconds.*
- Breathe normally.
- Now, come back down the elevator.
  - Third floor, release a bit.
  - Second floor, release a bit more.
  - First floor, relax.
- Repeat.

13. Pelvic Rock

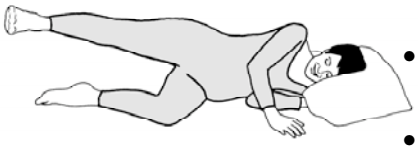
This exercise can help to relieve lower back pain.

- Kneel on all fours.
- Hold your back flat (not arched or hollowed). Keep your head level with your back.
- Tighten your abdominal muscles, pulling in and upward.
- Tuck in your buttocks.
- Slowly relax your abdomen and buttocks. Keep your back flat. Don't let it sag.
- Repeat slowly.



14. Side-Lying Leg Lifts

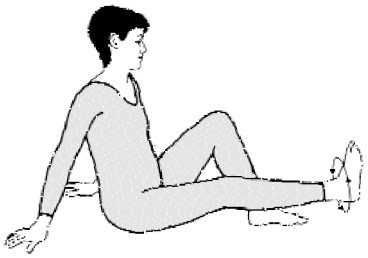
Helps strengthen all upper leg and hip muscles and helps keep up the circulation in your legs.



- Lie on the floor on your side. Support your head with your arm on a pillow.
- Bend your bottom knee and hips forward for support.
- Keep your upper leg in a straight line with your body.
- Steady yourself by placing your upper hand in front of your body.
- Tighten your abdomen and buttocks. (This is the pelvic tilt. Hold these muscles firm while doing this exercise.)
- Keeping your knee straight and your foot bent, raise and lower your upper leg a few times.
- Lower leg and relax.
- Roll on to your other side and repeat with your other leg.

15. Ankle Circles

Helps with blood circulation to the legs and helps reduce ankle swelling. If your ankles continue to swell, lie down and raise your ankles above your hips during the exercise.

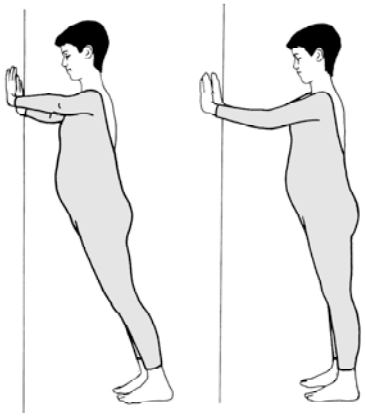


- This exercise can be done lying or sitting.
- Straighten one leg.
- Make slow, complete circles with your foot, going one way first, then the other. Repeat several times.
- Repeat with your other foot.

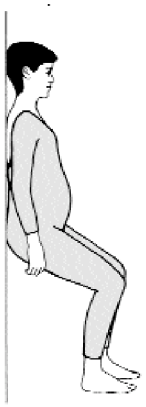
16. Push-Offs

Helps to strengthen the upper back.

- Stand facing a wall.
- Keep your body straight from shoulders to feet.
- Keep your heels flat on the floor.
- Push off from the wall by bending and straightening your arms.



17. Imaginary Chair

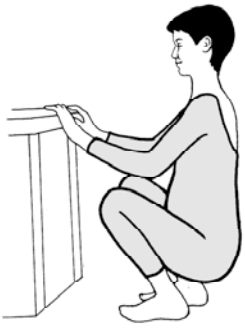


Strengthens upper leg muscles.

CAUTION Avoid this exercise if you have knee problems.

- Stand with your back against a wall and your arms relaxed at your sides.
- Tighten your abdominal muscles and tuck in your buttocks. (This maintains a good pelvic tilt.)
- Bend your knees and slide down the wall.
- Stop at a comfortable 'sitting' position.
- Slowly slide back up to a standing position.
- Repeat.

18. Squatting



Strengthens the thigh muscles.

CAUTION Avoid this exercise if you have knee problems.

- Keep your feet flat on the floor and wide apart.
- Squat to a comfortable position. If you can, rest your elbows on your knees.
- Maintain a pelvic tilt by flattening the curve of your lower back and keeping your spine as straight as possible.
- Hold for a count of five.
- Push up slowly, using your leg muscles and keeping your back straight.

Cool-Down

Just as a warm-up eases your body into exercise, a cool-down eases you out. For your cool-down, repeat the warm-up exercises. They're just listed here, but you'll find complete directions in the Warm-Up section.

19. Alternate Arm Stretches

20. Elbow Circles

21. Neck Stretches

22. Head Turn

23. Calf and Hip Stretch

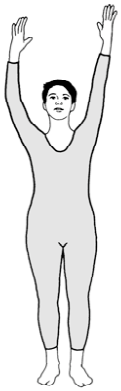
24. Tailor Sitting

25. Leg Stretching

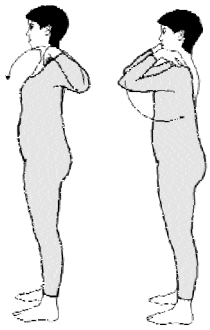
Once you've learned how to do the prenatal exercises use the chart on the next page to help you remember their order. Begin doing each exercise 3 to 5 times. Slowly work up to 5 to 10 times each.

Prenatal Activity Chart

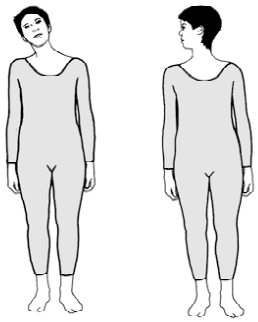
Warm-Up



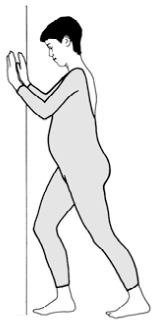
1 Alternate Arm Stretches



2 Elbow Circles



3 Neck Stretches 4 Head Turn

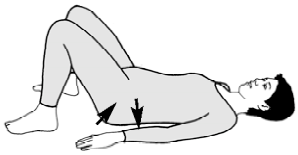


5 Calf and Hip Stretch

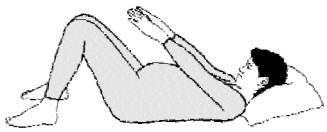
6 Tailor Sitting

7 Leg Stretching

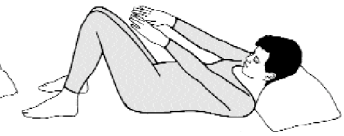
Stretching and Strengthening Exercises



8 Pelvic Tilt



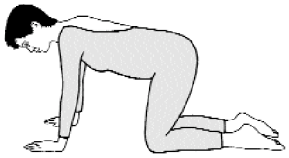
9 Curl-ups



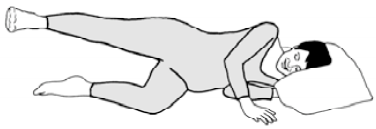
10 Diagonal Curl-ups

11 Basic Pelvic Floor Exercise

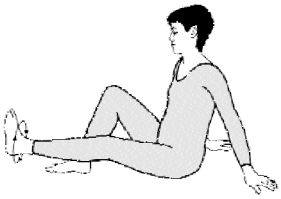
12 The Elevator



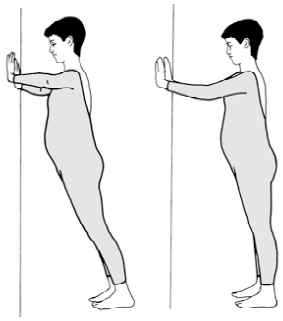
13 Pelvic Rock



14 Side-Lying Leg Lifts

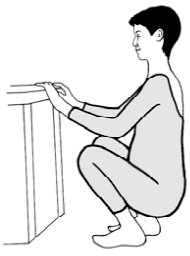


15 Ankle Circles



16 Push-Offs

17 Imaginary Chair



18 Squatting

Cool-Down
Go back and repeat your warm-up. (#1 to #7)

Exercises to Avoid

Most exercises are safe during pregnancy, but there are a few you should avoid. These put unnecessary strain on your back or abdomen or may throw you off balance.

To be safe, avoid:

- trunk rotations with straight legs in a standing position
- double straight-leg raises while lying on your back
- straight leg sit-ups
- exercises that exaggerate the hollow of the back
- shoulder stand with bicycling
- deep knee bends — up and down
- touching your toes from a standing position without bending your knees

If you have any doubts about the safety of an exercise, check with your doctor, physiotherapist, public health nurse or fitness instructor.

Active Living

In addition to a daily strengthening and stretching routine, activities like walking, cycling and swimming are part of an active life.

If you're already active, try to stay active during your pregnancy. Be sure to read the Safe and Comfortable Activity section for recommendations on safe and unsafe activities during pregnancy.

If you haven't been physically active before, you can begin during your pregnancy with activities like walking, swimming and special prenatal exercise classes. You'll find a sample walking program on page 125.

Moderation is the key to healthy activity. Listen to your body. If you have any pain, tiredness or shortness of breath, try slowing down or changing to a different activity.

Find an activity you enjoy and have fun!

Guidelines for Healthy Activity

Follow the Guidelines for Staying Comfortable and Active on page 112.
Choose an activity you enjoy and try to do it for 10 to 15 minutes at a time, 3 or 4 times a week.

Warm up before your activity.
Use the exercises in the Warm-up section of this booklet.

Begin slowly.

Cool down after your activity.
Gradually slow down. Don't stop suddenly.

See the Cool-down section on page 121.

Use the "talk test."
If you are moving at the right pace, you should be able to chat comfortably during your activity. If you can't carry on a conversation, you are exercising too hard. Slow down!

Don't forget to eat and drink.
Have a small snack, like whole wheat bread or a muffin about 1 to 1 1/2 hours before you start. This will give you energy and avoid using up food your baby needs.

If the weather or the room is hot, drink small amounts of water every 15 minutes while you're active.

Avoid activities that involve
- jumping
- twisting
- rapid jerking
- sprinting
- quick starts

Walking

Walking is one of the best and easiest activities you can do during pregnancy. It's safe and natural, and there is almost no risk of injury.

Brisk walking is a healthy activity. More than half of your body's muscles are designed for walking. It trains your heart, lungs, and muscles to work more efficiently.

Regular, brisk walking can reduce blood pressure, improve digestion, and help prevent constipation. It also helps your body use more calories. When combined with healthy eating, walking will help you to maintain a healthy weight and a positive body image.

Walking has other advantages as well.

- Walking refreshes the mind, reduces tiredness, and increases energy.
- Walking relieves stress and tension.

And finally, whether you do it alone or with friends or family, walking is fun!

Level 1: Just Starting

Week	How Long?	How Often?	How Far?
1	10 min.	2 days/wk	1 km or 1/2 mile
2	10 min.	3 days/wk	1 km or 1/2 mile
3	15 min.	3 days/wk	1.2 km or 3/4 mile
4	18 min.	3 days/wk	1.4 km or 3/4 mile
5	20 min.	3 or 4 days/wk	1.6 km or 1 mile
6	20 min.	4 days/wk	1.6 km or 1 mile
7	25 min.	4 days/wk	2 km or 1 1/4 miles
8	30 min.	4 days/wk	2.4 km or 1 1/2 miles
9	32 min.	4 days/wk	2.8 km or 1 3/4 miles
10	35 min.	4 days/wk	3.2 km or 2 miles

Level 2: For Active People

Week	How Long?	How Often?	How Far?
1	20 min.	3 days/wk	1.6 km or 1 mile
2	22 min.	3 days/wk	2 km or 1 1/4 miles
3	25 min.	3 days/wk	2.4 km or 1 1/2 miles
4	30 min.	3 days/wk	3.2 km or 2 miles
5	30 min.	4 days/wk	3.2 km or 2 miles

Relaxation

Relaxation is a way of letting go. When you relax, you let go of the tension in your muscles and in your mind.

Relaxation:
- helps you to save energy
- gives you a feeling of well-being
- helps make your delivery easier

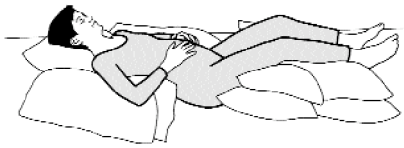
Learning to relax is one of the best ways to help yourself to be more comfortable during labour.

The routine in this section is one way to practise relaxation. It's not the only way. Everyone is different. If you've found something that helps you to relax, use it.

When you practise relaxation:
- make sure all parts of your body are supported and comfortable
- let go of all muscle tension
- clear your mind
- breathe slowly and evenly

Relaxation is a life skill. Learn it now and you will find ways to use it during pregnancy, birth, and for the rest of your life.

Finding Comfortable Positions



You never know what will feel good during labour, so it's a good idea to practise relaxing in many different positions.

There is only one position to avoid while relaxing: you should not lie flat on your back. This is because the weight of your uterus presses on your blood vessels and can reduce the blood flow to you and your baby.

Many women find these positions comfortable:

Side lying, with a pillow under your head and another between your knees. Both knees should be slightly bent. Lying on your left side helps improve the circulation to you and your baby.

Side lying with one arm behind. One pillow supports your head and shoulders, another supports your upper leg. Lying on your left side helps improve your circulation.

Back lying, with at least two pillows under your head and shoulders and another under your knees. **Do not** use this position later in pregnancy, because the weight of the baby will put pressure on one of your main blood vessels.

When You Practise Relaxation

It can be helpful to have your labour partner check your muscles for tension while you're learning relaxation. They do this by gently touching or lifting parts of your body — for example an arm or leg. If it's limp and relaxed, your partner puts it gently back on the pillow. If it's tense, your partner strokes or touches it gently until it relaxes. A warm, soft touch can be very relaxing, and many people find it easier to release their muscles and 'let go' in response to a touch.

Breathe slowly and deeply while doing this or any relaxation exercise.

As you tighten your muscles, don't clench them too tightly; just enough so that you can feel them.

As you relax, think about letting go or releasing the tension in your muscles.

You may find it helpful to have your labour partner give you relaxation cues in a calm, soothing voice. This will help you to learn the routine and will get you used to feeling relaxed when you hear your labour partner's voice. This will be very reassuring when you are trying to relax during labour. Having your partner read "Relaxing Step by Step" to you while you practise relaxing is a good way to learn this.

Relaxing Step by Step

The purpose of this routine is to help you learn to recognize and release muscle tension. You do this by tightening and releasing your muscles, one by one. Tighten as you breathe in. Relax as you breathe out.

You may wish to start at your toes and work up to your face, or start with your face and work down to your toes. Try it both ways to see which is more relaxing for you.

Find a comfortable position, making sure all parts of your body are supported and comfortable.

- Breathe in, tightening your ankles and pulling your feet back toward your body.
  Breathe out, letting go.
- Breathe in, tightening your legs.
  Breathe out, letting go.
- Breathe in, tightening your buttocks and pelvic floor muscles.
  Breathe out, letting go.
- Breathe in, curling your hands into a fist or straightening your fingers.
  Breathe out, letting go.
- Breathe in, bending your wrist.
  Breathe out, letting go.

- Breathe in, pulling your shoulder blades together.
  Breathe out, letting go.
- Breathe in, making a face.
  Breathe out, letting go.
- Continue breathing slowly and evenly ... in and out, in and out, in and out ...
- Let your whole body go ... close your eyes ... rest. Breathe in and out, in and out.
- As you sink deeper into relaxation, your body will feel heavy, as if it is sinking into the floor. Let it go. Breathe in and out, in and out.
- Continue breathing: in and out, in and out, in and out. Let the rhythm of your breathing keep your mind clear and calm.
- You may drift off into sleep. Let yourself go. Breathe in and out, in and out, in and out.
- When you're ready to move, change position slowly and gradually. Clench and stretch your hands. Make circles with your feet and ankles. Move your legs. Sit up slowly. Rest for a moment, then stand up.

After the Baby Comes: A Postnatal Program

Postnatal exercises are as important as prenatal. They help your body adjust after the changes of pregnancy and return to its pre-pregnant state. Postnatal exercises can:

- improve your circulation
- speed up healing
- restore muscle strength
- build up your energy
- help your bowels and bladder return to normal
- help you feel better and more relaxed

You can start doing postnatal exercises as soon as your baby is born. Check the Healthy Birthing section for postnatal exercises you can do while still in hospital.

Once you return home, you can start doing your prenatal routine once again. Start slowly and regain your strength gradually.

Healthy activity is also still important. Return slowly. Start with walking or swimming. Make sure that your stitches are well healed and all bleeding has stopped. Remember that moderation is the key. Listen to your body. If you have any pain or increased bleeding, stop and call your doctor for advice.

Check with your doctor before you return to a favourite sport or activity. Within 8 weeks you should be able to participate fully in all your favourite activities.

Postnatal Program

In the first week home:

Warm-up
Do the parts of the prenatal Warm-up that you find comfortable.

Strengthening Exercises
- Pelvic Tilts
- Pelvic Floor Exercises
- Curl-ups*
- Diagonal Curl-ups*

Cool-down
Repeat the Warm-up

Relaxation
- Lie on your back with your knees bent. Relax your arms at your sides.
- Straighten one leg, pressing your knee into the floor and pointing toes toward your head.

- Press your lower back into the floor.
- Pull your shoulder blades together.
- Tuck your chin in and push your head into the floor.
- Stretch your arms down.
- Hold for the count of 10.
- Relax slowly and completely. Breathe slowly and deeply.
- Repeat, straightening your other leg.

In your second week home add the rest of the stretching and strengthening exercises from your prenatal routine.

* If you had a cesarean birth, read the following section before doing these exercises.

After a Cesarean Birth

After a cesarean birth, you can — and should — begin postnatal exercises while still in hospital. The Healthy Birthing section has information about breathing and other exercises to get you off to a healthy start.

When you return home, you can follow the same postnatal program as other mothers, with only one change: omit the abdominal exercises (Curl-ups, and Diagonal Curl-ups) until 3 to 6 weeks post partum.

Care of Your Back
while taking care of your baby

Practising good body mechanics can help prevent injury to your back. Keep on practising good posture and being careful when lifting.

Remember: to lift with ease, bend your knees.
When you pick up your baby or toddler, follow the advice on safe lifting in the Everyday Comfort section. Don't carry a baby or toddler on your hip.

You can also protect your back by making baby care as comfortable and convenient as possible.

Adjust your baby's crib mattress to the highest level possible. Lower the side rail when you pick up the baby or change the bed clothes.

Use a waist-high table when changing or bathing your baby. If this isn't possible, kneel down to bathe or change the baby.

Adjust stroller handles to waist level. Stand up straight and use your arms to push.

Be sure you have good support when you breast- or bottle-feed.

Sitting

- Support your lower back with a pillow
- Support your arms with pillows or chair arms.
- Raise your feet on a small stool.

Breastfeeding in a Side-lying Position

- Place a pillow between your legs and at your lower back.
- Avoid any twisting of the back.

When you use a snuggler, carry the baby above your waist.

When you put an infant carrier into the car — or take it out — protect your back by resting one knee on the seat or placing one foot on the floor of the car. Turn to face the car seat when you buckle up baby.

A Last Word

Making healthy activity a part of your life is worth the effort. When you feel fit and healthy, you feel as though you can handle almost anything. The everyday discomforts and stresses of life seem easier.

Health activity is an important part of a healthy pregnancy. With a little care, you can be active and healthy for pregnancy and for life.

Thinking about Childbirth

Childbirth is a normal, natural event, but most of us have mixed feelings about it. It's normal to feel some worry along with the excitement.

One way to deal with these feelings is to learn as much as you can about childbirth. Knowing what to expect and how to use breathing, relaxation, and comfort measures to work with labour will help you to feel more confident.

Learning about childbirth will also help you to make plans for your baby's birth. Most hospitals offer Family Centred Maternity Care to meet the needs of mother, baby, and other family members and loved ones. You can learn about family-centred care and about other choices by asking questions in prenatal class, by visiting your hospital, and by talking with your doctor. If you would like to have a particular kind of care and you're not sure if it is available, talk it over with your prenatal educator or your doctor. Knowing what your choices are can help you to make the choices that will be best for you.

When it's your baby being born, childbirth becomes very special.

So learn as much as you can. Read this section and go to prenatal classes. Talk to the important people in your life. As you learn and understand more about childbirth, you may find that you worry less, are more relaxed, and have more confidence in yourself.

A Message for Birth Partners

A birth partner is the person a mother chooses to be with her and to support her through labour and birth.

As a birth partner, you can help by

- going with the mother for at least one prenatal visit
- touring the hospital together
- reading and learning about all the things you can do to help and support the labouring mother. This section is a good place to start
- going with the mother to prenatal classes
- practising breathing, relaxation, comfort measures, and positions together
- actively helping with breathing, relaxation, and comfort measures during labour. Stay with the mother. Offer support, comfort, and encouragement

Anyone can be a birth partner — a husband or partner, family member, or friend. You don't need any special skills. You just need to be there and to care.

Planning for Your Baby's Birth

The first step in planning for your baby's birth is to find out what choices and options are available in your community. Talk with your doctor and your prenatal educator and go on a tour of your hospital. You can also learn a lot by reading.

Once you know what your choices are, you can start thinking about the kind of care you'd like during labour, birth, and afterward. You may want to write out a list of your choices or just have them in your mind. Whichever way is best for you, share your hopes and discuss your plans with your doctor and the hospital staff.

Although you're hoping and planning for a normal, uncomplicated birth, no one can say exactly what will happen during your labour. If problems develop, you may not be able to have things exactly as you had hoped. Even so, the time spent thinking about, planning, and talking about the kind of birth you hope to have is a good start toward a happy, rewarding birth experience.

How Can I Prepare for Childbirth?

In this section, we talk about some of the ways you can learn about and prepare for childbirth.

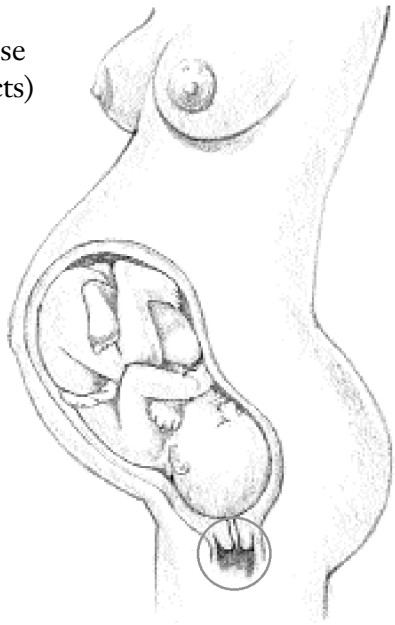
Labour and birth are hard work. Being comfortable during labour requires active thought and effort. There are two keys to comfort during labour. The first is understanding and working with the labour process. The second is learning and practising as many comfort measures as possible. You never know what will feel good during labour, so it's a good idea to have different things to try.

It's also a good idea to practise for labour. This will make it seem easier and more natural to use breathing, relaxation, and other comfort measures when the time comes.

What Happens during Labour and Birth?

For the nine months of your pregnancy, your baby has been growing in your uterus. The uterus is made of very strong muscles which stretch as your baby grows. The neck of the uterus, called the cervix, opens into the vagina. During your pregnancy, the cervix is thick and is closed with a mucous plug (this is circled in the illustration).

During labour, the muscles of the uterus tighten and relax to open up the cervix and help the baby move out of the uterus and down the vagina. These rhythmic tightenings are called contractions. Your uterus tightens (contracts) and then relaxes, over and over, until your baby is born.



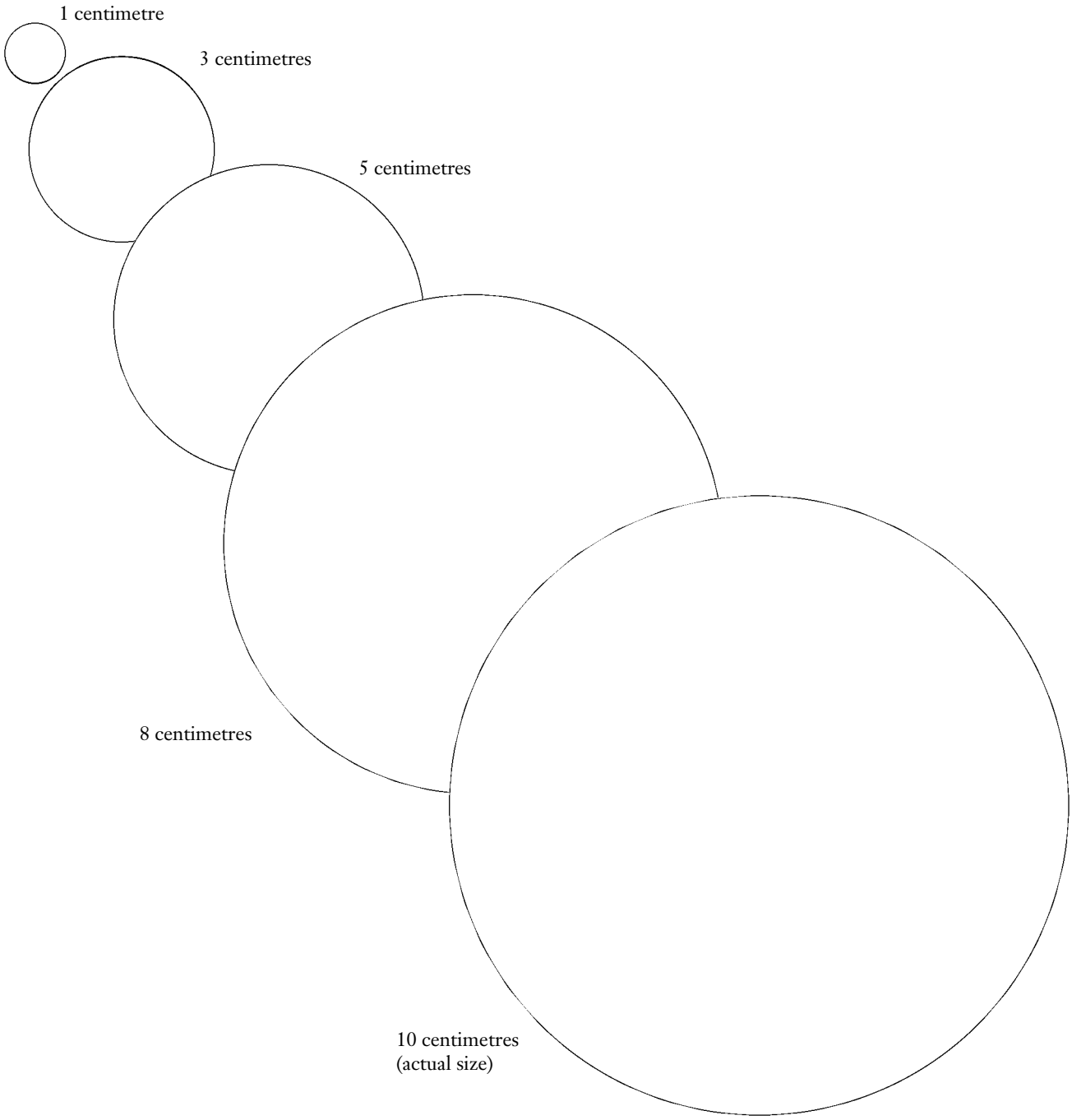
Labour is divided into three stages.

First Stage
The cervix thins out (effaces) and opens up (dilates). During the first stage of labour, your cervix gradually dilates (opens) from 1 to 10 centimetres. The first stage usually lasts between 12 and 18 hours.

Second Stage
When your cervix has opened to 10 centimetres, it is fully dilated and is large enough for the baby to pass through. This usually takes between $1\frac{1}{2}$ and 2 hours.

Third Stage

The placenta (or afterbirth), which has nourished your baby in the womb, comes out. This takes about 15 to 30 minutes.

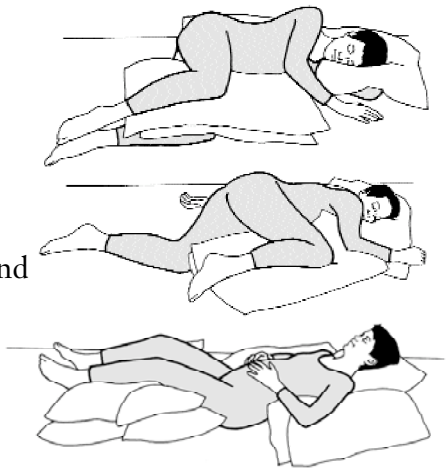


By learning about and practising breathing, relaxation, and other comfort measures, you can prepare yourself for all stages of labour.

Relaxation

Learning to relax is one of the best ways to help yourself to work with your contractions during labour. You'll find detailed directions for learning and practising relaxation on page 126 of the Healthy Activity section.

You never know what will feel good during labour, so it's a good idea to practise relaxing in many different positions. Try practising in the positions of labour and birth shown in this booklet. There is only one position to avoid: while relaxing, you should not lie flat on your back. This is because the weight of your uterus presses on your blood vessels and can reduce blood flow to you and your baby.



Positions for Labour and Birth

This section illustrates many different positions that you might find comfortable at different times during your labour. It's a good idea to practise all of them until they feel comfortable and natural, and to practise breathing and relaxation in all of these positions.

Doing the exercises in the Healthy Activity section will help to stretch and strengthen your body so that these positions will feel more comfortable and natural.

Some points to remember for labour:

Walk as much as you can for as long as you can. Walking helps to make your contractions less painful and more effective.

Stay upright — either sitting or standing — for as long as possible. Your uterus works best while you're upright.

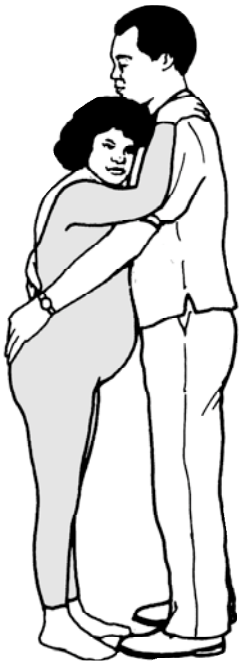
Keep moving. Try not to stay in any one position for long. Your labour partner may have to remind you of this and help you to change position.

Positions for First Stage

Walking

Standing

- Leaning forward while standing.

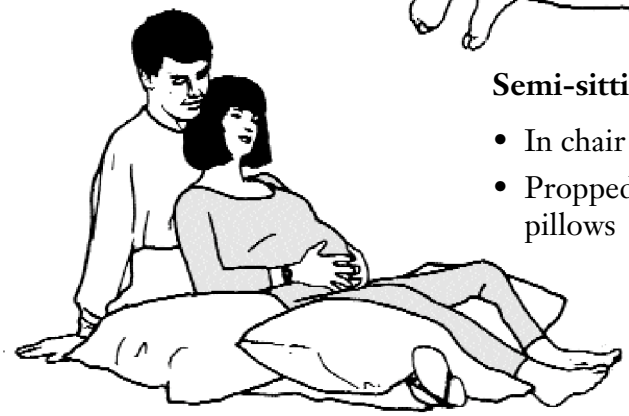


Kneeling

- On hands and knees
- Leaning forward onto chair or onto lap

Semi-sitting

- In chair with feet up
- Propped with pillows



Sitting upright

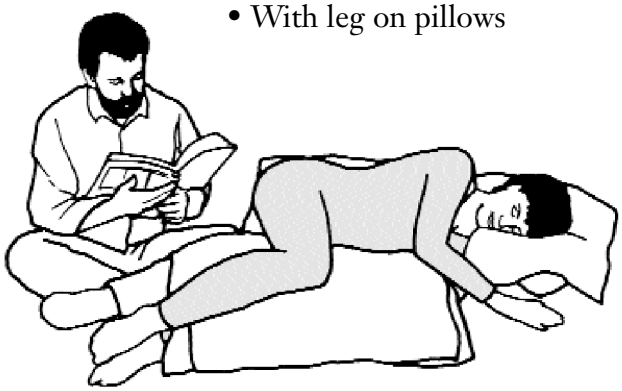
- Tailor sitting
- Leaning forward — into support person and held under arms

  Back of chair

  Back of toilet

Side-lying

- With leg on pillows



Rocking

Positions for Second Stage— Pushing

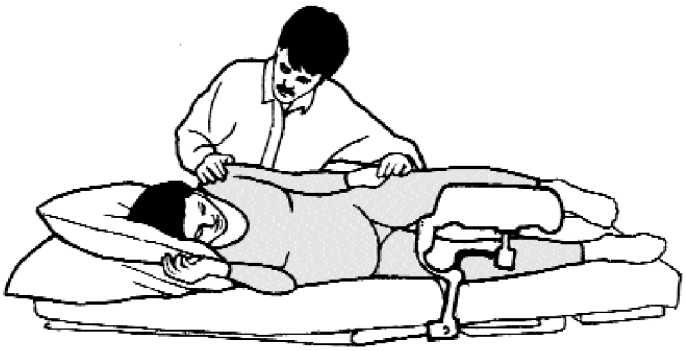
Squatting

- Supported squat
- Support for buttocks

Semi-sitting

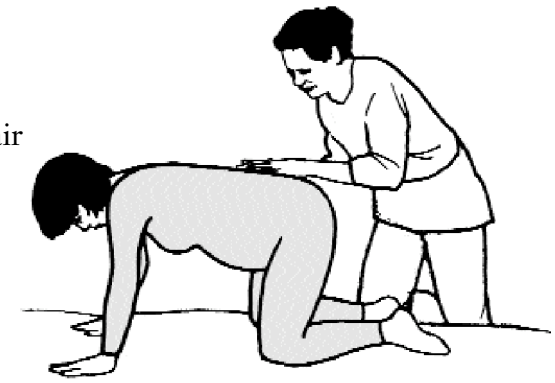
Side-lying

- With leg on pillows
- With leg supported by partner



Kneeling

- On hands and knees
- Leaning forward onto chair
- Leaning forward onto lap



Massage

Effleurage

As with positions for labour, you never know what kind of massage is going to feel good. The best idea is to experiment and try out many different kinds of massage. Then, when the time comes, you'll have some choices.

Some general information for the person giving the massage:

Remember to relax and breathe. Staying calm will help the mother to stay calm too.

Start with a gentle but firm touch. You're massaging, not tickling.

Put your whole body into the massage, not just your hands and arms. You might find that it helps to rock back and forth as you massage.

In several of the positions shown for labour and birth, the labouring woman is leaning or resting against her labour partner. Most of these positions are ideal for massage.

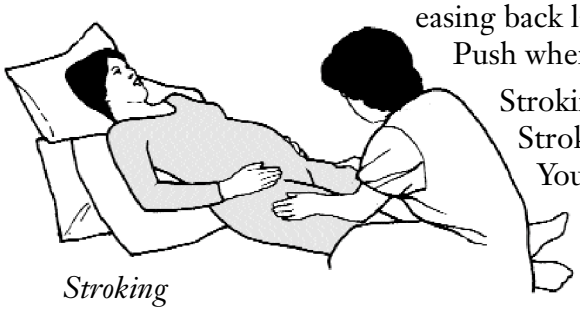
Counter pressure

Don't think of massage as just a back rub. Back rubs are great, but you can also massage, arms, legs, inner thighs, hands, feet, neck, face, and scalp.

Massage techniques

Effleurage: This is a light, fingertip stroking of the abdomen, lower back, or thighs. Effleurage can be done in curves, or circles, or figure eights — whatever feels good.

Counter pressure: This is a firm, steady pressure to the lower back. You use the heel of your hand and put your full body weight into the pressure. Making a circular motion with your hand as you press can also help. Counter pressure is used during contractions and is especially helpful for easing back labour, when the mother is feeling her contractions in her back. Push wherever the mother says she hurts.



Stroking

Stroking: Slow, easy, gentle strokes using the whole hand. Stroking can be done in any direction and on any part of the body. You apply very little pressure, and your hand molds to the shape of the body.

Comfort Measures

Breathing, relaxing, finding comfortable positions, and massage will all help you to be more comfortable during your labour. Many women find the comfort measures in this section to be helpful. Try them all and try other things as well. Find what works best for you.

Heat and cold

Wiping your forehead with warm or cool cloths can be relaxing.

Try a warm bath or a warm shower.

A hot water bottle held against your lower back or lower abdomen may feel good. Some women find an ice pack works better for them than a hot water bottle.

Music
Bring a tape player with headphones and music you like to the hospital. You may find that familiar music helps you to relax and feel at home. If you've been listening to soothing music while practising your breathing and relaxation, hearing those tapes may help you to relax again.

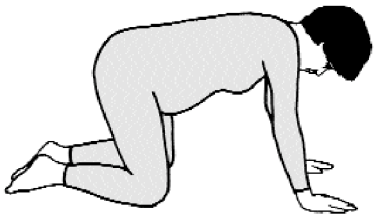
Focus points
It's important for you to concentrate during contractions. Many women find that having something to focus on helps them to concentrate. Your focus point can be anything — it can be a picture, a toy, your partner's face, or a crack in the wall. Your focus point can also be something inside yourself. You can think about a peaceful scene, recall a happy memory, or imagine your uterus opening up to let your baby out. You may find that your focus point changes as labour progresses. For example, you may find it helps to look inside yourself early in labour, but that you need to focus outward and look at your partner's face as labour gets more intense.

Fluids
During labour you need to keep drinking to replace the fluids you lose and to keep your energy high. Drinking clear liquids will also help you to stay comfortable by quenching your thirst. Clear liquids include: water, apple juice, tea without milk, jello, and popsicles. If you have a very dry mouth, sucking on ice chips, a wet washcloth, or a sour lollipop may help.

Remember that every labour is different. There is no right way or wrong way for you to deal with your labour. Try as many comfort measures as you can until you find the ones that work for you.

Comfort for Back Labour

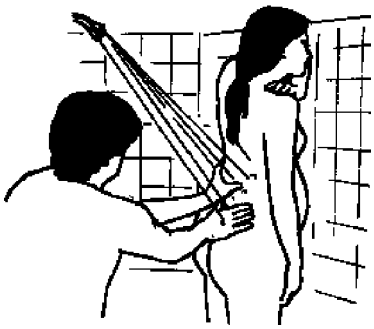
Most women feel contractions in their lower abdomen, but about one in four women will feel them in her back. "Back labour" happens when your baby's back is pressing against your back. This back pain is usually felt just below your waist and lasts for most of the first stage of labour.



All of the suggestions for breathing, relaxation, massage, position, and other comfort measures will help with back labour, but some may be particularly useful.

Try positions that take the baby's weight off your back

- All fours
- Leaning forward while standing or sitting
- Side-lying
- Sitting back to back with your partner and rocking side to side or forward and back.



Massage

- Firm massage to your back, hips, and thighs.
- Firm counter-pressure with palm, fist, or heel of the hand to the point where you are feeling the most pain.

Heat and cold

- Place a hot water bottle or ice pack against the point where you feel the most pain.
- Stand in a shower with the water massaging your lower back.

Breathing for Labour and Birth

Breathing is something we all do, and most of the time we don't think much about it. However, childbirth is a time when paying attention to how you breathe can make a real difference. Learning to pace your breathing can help you to relax during labour and work with your contractions.

There are three levels of breathing used during the first stage of labour: slow, deep breathing; faster, shallow breathing; and pant-blow breathing.

Most women begin with slow, deep breathing in early labour and keep on using it for as long as it is comfortable. It is the most restful and least tiring of the patterns. Move on to the faster, shallower breathing patterns only when you feel the need.

The way in which you'll use these breathing patterns will be up to you. Everyone experiences labour differently. These patterns are tools for you to use in whatever way you find helpful during childbirth.

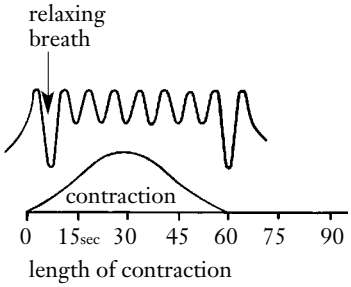
Slow, Deep Breathing

Your own natural rhythm will determine how slowly and deeply you breathe. Relax and breathe comfortably.

To use slow, deep breathing during labour:

- When a contraction begins, take a relaxing breath — breathe in through your nose or mouth and out through your nose or mouth. Whether you breathe through your nose or mouth is up to you. Do whatever feels most comfortable and natural.
- Breathe in slowly, feel your abdomen rise and your chest expand.
- Breathe out slowly, feel your abdomen and chest relax and fall. Keep your mouth slightly open and soft. When you breathe out, it should sound like a relaxed sigh.
- Repeat until the contraction ends.
- When the contraction ends, take another relaxing breath.

Slow, deep breathing pattern



When you practise slow, deep breathing:
As you practise slow, deep breathing, you or your partner can place a hand on your abdomen or chest to check the rise and fall with each breath. Your partner can also check to be sure that your arms and shoulders are relaxed at all times.

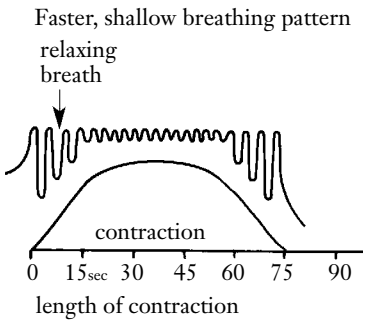
In labour, you'll be using this kind of breathing during contractions that can last from about 30 to 60 seconds.

Faster, Shallow Breathing

This is a breathing pattern to use if your contractions become more intense and you find it difficult to stay relaxed while using slow, deep breathing. Faster, shallow breathing is done more quickly and higher in your chest than slow, deep breathing.

To use faster, shallow breathing during labour:

- When a contraction begins, take a relaxing breath — breathe in through your nose or mouth and out through your nose or mouth.
- Keep on breathing in through your nose or mouth and out through your mouth at whatever speed feels comfortable. As your contraction gets stronger, switch to faster, shallow breathing.
- As your contraction gets stronger and your breathing gets faster, start to breathe in and out through your mouth. Keep your mouth soft and relaxed.
- As your contraction begins to ease up, slow your breathing down and go back to breathing in through your nose or mouth and out through your mouth.
- When the contraction ends, take another relaxing breath.



When you practise faster, shallow breathing:
Start by practising the faster, shallow parts of this breathing first.

Take a relaxing breath and then begin breathing in and out through your mouth, taking light, shallow breaths.

Try breathing at different speeds until you find one that's comfortable for you. Practise this breathing until you can stay relaxed and comfortable for 60 to 90 seconds.

When you're comfortable with the fast, shallow part of the pattern, you can practise starting with slower breathing, gradually speeding up and then slowing down again.

Pant-Blow Breathing

This breathing pattern is used to help you to relax when the contractions are longer and stronger and you can no longer relax with slow, deep breathing or faster, shallow breathing.

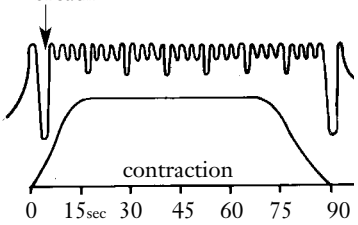
Pant-blow breathing is done through your mouth like quick, light breathing. The basic pattern is this: you take several fast, shallow breaths in and out, and then you blow out.

These shallow breaths make a very quiet "heh" sound. You can use whatever rhythm you like. Many women find it comfortable to use "Heh, heh, heh, blow" (3 pants to 1 blow). You can also try other rhythms, like "heh, heh, blow" (2 pants to 1 blow) or "heh, heh, heh, heh, blow" (4 pants to 1 blow). Try several rhythms to find the one that works best for you.

To use pant-blow breathing during labour:

- When the contraction begins, take a relaxing breath—in through your nose or mouth and out through your nose or mouth. Place your tongue behind your upper teeth.
- Take several fast, shallow breaths, in and out through your mouth. Relax your tongue. Blow out through your mouth.
- You can use whatever rhythm is comfortable, for example, "heh, heh, heh, blow."
- Repeat until the contraction ends.
- When the contraction ends, take another relaxing breath.

Pant-blow breathing pattern



When you practise using pant-blow breathing:
This kind of breathing is used during "transition," a part of labour that comes toward the end of the first stage. At this point in your labour, contractions can last for about 90 seconds and may come very close together.

Practise until you can stay relaxed and comfortable for 90 seconds while doing pant-blow breathing.

Breathing to Help You Avoid Pushing

Sometime toward the end of the first stage of labour, many women begin to feel an urge to push. There are times during labour when you might feel this urge, but be asked NOT to push.

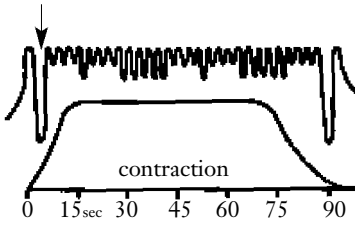
When you are asked NOT to push during labour:

- If you feel the urge to push during a contraction, lift your chin and shift from pant-blow breathing to simply blowing out until the urge passes. Then return to your pant-blow pattern. For example: "heh, heh, heh, blow; heh, heh, heh, blow; blow, blow, blow, blow; heh, heh, heh, blow."

When you practise breathing to avoid pushing:

- When you are practising your pant-blow breathing, have your partner say "urge to push." Switch to blowing out for a few seconds until he says "urge passes." Then return to pant-blow breathing.

Breathing to avoid pushing



Breathing While Pushing

Once your cervix is fully open, the doctor or nurse will ask you to push when you feel the urge. You might feel several strong urges to push during each contraction. We've given you two kinds of breathing to use while pushing. Practise them both, and during labour use whichever works best for you.

When pushing during labour:

- When a contraction begins, take a relaxing breath — in through your nose or mouth and out through your nose or mouth.
- Use whatever kind of breathing feels comfortable until you feel the urge to push.
- When you feel the urge:

  Relax your pelvic floor muscles

  Tuck your chin in and curl your trunk forward

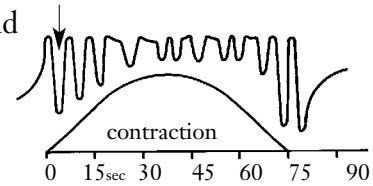
  Purse your lips and breathe out very slowly as you bear down and push

  Keep bearing down and letting the air out slowly until the urge to push leaves

OR

- Hold your breath and bear down for the count of 6. Take a quick breath and bear down for another 6 seconds. Repeat until the urge to push leaves.
- Return to whatever breathing pattern is comfortable until you feel another urge to push.
- When the contraction ends, take another relaxing breath.

Breathing for pushing pattern



When you practise breathing for pushing:
When you are practising pushing contractions, have your partner say "urge to push." Switch to breathing for pushing until he says "urge passes." Then return to whatever breathing pattern is comfortable. Pushing contractions can be as long as 90 seconds.

Don't actually push while practising. Concentrate on relaxing your pelvic floor muscles and imagining the baby moving down and out.

In the next section, "Practising for Labour," you'll find information on how you and your partner can practise breathing patterns and other comfort measures as part of a "rehearsal" for labour.

Practising for Labour

A labour rehearsal is a chance for you and your partner to put together all the breathing, relaxation, and comfort measures you've been learning. It's a good way to try out your new skills.

In a labour rehearsal, your labour partner talks you through imaginary contractions. You practise breathing and relaxation in time with these "contractions." Your partner also checks to be sure that you're relaxed. If you're tense, gentle stroking or touching can help you to relax.

Try to practise all the different breathing patterns so that each one will seem familiar and natural when you use it during labour.

During your rehearsal, you can also practise using focus points to help you concentrate and massage to help you relax. You can also follow "Your Guide to Labour and Birth" on pages 157 to 165 to help connect your labour rehearsal to the real thing.

For your labour rehearsal:

- **Find a comfortable position.**
  Remember to rehearse in many different positions, so you will be able to breathe and relax effectively whether you're standing, sitting, or walking.
- **Practise breathing with imaginary contractions.**
  Use a clock or a watch with a second hand to keep time. Begin with contractions that are about 30 seconds long and work up to about 90 seconds.
- **In practice and in labour, start and end each contraction with a relaxing breath.**

  Breathe in slowly and deeply through your nose or mouth.

  Breathe out slowly through your nose or mouth.

  Whether you breathe through your nose or your mouth is up to you. Do whatever feels most comfortable and natural.

- **To practise breathing through a contraction:**

  Note the time.

  Say "contraction begins."

  Take a relaxing breath.

  Do your breathing pattern.

  Say "contraction ends."

  Take a relaxing breath.

Practise all of the breathing patterns until you feel relaxed and comfortable while doing them in several different positions. Have labour rehearsals as often as you feel the need.

Questions about Medical Help During Childbirth

Most births are normal and uncomplicated. But no matter how well you prepare, there is no guarantee that everything will go exactly as you planned.

Ask questions now. If you talk about your concerns during your pregnancy, it will be easier for you to talk with your doctor if you need medical help during labour. You need to know what to expect in order to make the choices that are right for you and your baby.

What if I Go Past my Due Date?

Very few women have their babies exactly on their due date. Pregnancy usually lasts between 38 and 42 weeks, but there is no hard and fast rule on this. If you don't go into labour around this time, your doctor will watch you carefully.

Induction
Helping to get labour started is called "induction." Labour is induced for specific reasons:

- The mother has a medical problem such as heart disease, diabetes, or high blood pressure.
- The baby has some problem and needs to be born sooner.
- The doctor decides that your pregnancy is "post-term." This means that your pregnancy has lasted longer than is safe for you or your baby.
- Your waters have broken but labour hasn't started.

Labour is induced with medication. You may be given medication to help the cervix open, the uterus contract, or both.

Talk with your doctor if you have more questions about inducing labour.

What Is Fetal Monitoring?

Fetal monitoring is a way to check on the effect that labour is having on the baby's heart rate.

There are several different kinds of fetal monitoring. The kind of monitoring you get will depend on the nursing staff, the hospital's equipment, and whether or not you have any complications.

Fetoscope
The nurse or doctor listens to your baby's heartbeat with something that looks like a stethoscope.

Doppler Ultrasound
A small, hand-held ultrasound device is pressed against your abdomen.

Electronic Fetal Monitors
There are two kinds of electronic fetal monitors: external, which is held in place with belts fastened around your abdomen, and internal, which is inserted through your vagina and attached to your baby's scalp.

Some hospitals use an external electronic fetal monitor for about 20 minutes when you're first admitted, then use the fetoscope for the rest of the labour.

Some kind of fetal monitoring will be used regularly throughout labour to check on how your baby is doing.

If you'd like more information about fetal monitoring, or about how it's done in your hospital, talk to your doctor, hospital maternity nurses, or prenatal educator.

What about Pain Relief?

Everyone feels the pain of labour differently. The breathing, relaxation, and comfort positions you've practised during pregnancy may be all the support you'll need for labour. Some women find that these alone are not enough and they need other kinds of pain relief. Having a trusted support person with them throughout labour has been shown to help women manage labour pain better. Most women find that they are more comfortable during the early and later stages of labour when they are walking, standing, leaning, or sitting. A rocking chair can be a very comforting place. Remember to take short rests, eat light snacks, and drink plenty of juices and water.

Not all kinds of pain relief are available in all hospitals. Talk with your doctor during your prenatal visits to find out what he or she recommends and what is available in your hospital. Tour your local hospital and ask questions there as well.

There are several types of pain relief available for labour.

Analgesics
Analgesics are given in an injection and are the medications most commonly used for relief of pain in labour. You would usually feel the effects about 15 to 20 minutes following the injection.

Analgesics make you feel drowsy, and while they help many women to feel more comfortable during labour, others do not find them very effective. Some women may feel nauseous or vomit.

Analgesics can build up in your system and affect the baby's breathing after birth. For this reason, the amount of analgesics that can be given depends on the stage of labour and the condition of your baby.

Entonox/Nitronox
Entonox/Nitronox is a combination of oxygen and nitrous oxide. You breathe it through a face mask or tube that you hold yourself. You inhale slowly and deeply at the beginning of a contraction and you continue breathing Entonox/Nitronox throughout the contraction.

Entonox/Nitronox is suggested for use during transition (the end of the first stage of labour), when contractions are very strong, and to help with pushing during second stage. It can be given safely earlier in the first stage as well. Entonox/ Nitronox can help you to relax. It gives you a floating feeling and some dizziness, but doesn't harm mother or baby. The effects go away almost immediately when you begin breathing normal air.

Local Anesthesia
These drugs are injected around your vagina (the perineum) to numb the area. Local anesthesia might be used if you have an episiotomy (a small cut to make your vaginal opening wider) or if you need forceps or vacuum extraction during delivery. When they are first injected you may have a stinging feeling until the anesthetic starts to work.

Epidurals
With an epidural, medication is injected into your lower back and takes away most of the feeling between your waist and the tips of your toes. An epidural is a local analgesia which allows you to stay awake and it can be adjusted so that you will be able to feel when to push during delivery. An epidural may be suggested in some situations, such as if your labour is not progressing, if you are exhausted, or if you need a cesarean or a forceps delivery. An epidural can slow your progress if it is given before labour is established. This can be avoided by waiting until your contractions are regular and your cervix has opened to at least 3 centimetres.

Only a specially trained doctor can give an epidural. Because of this, epidurals are not available at all hospitals.

Tens (Transcutaneous Electrical Nerve Stimulation)
TENS is a safe non-invasive method of pain relief using electrical stimulation. It is safe for both mother and baby. The TENS unit is connected to the skin by a pair of cables and four electrodes. The electrical impulses travel through the surface of the skin to the nerves in the underlying area.

In order to use TENS, you need to be trained by a physiotherapist and may have to pay a rental fee for the equipment. Talk with your doctor or a physiotherapist if you'd like more information.

Why Would I Need an Episiotomy?

An episiotomy is a cut made between the vagina and rectum to make more room for the baby to pass through. An episiotomy is usually done right before the baby is born. At that point, the area where the cut is made usually feels numb from the pressure of the baby's head, but a local anesthetic is also used. After the baby and the placenta are out, the episiotomy is sewn up with dissolving stitches.

Usually doctors will do an episiotomy only when absolutely necessary, for example during a forceps delivery or if the mother is having difficulty pushing the baby's head out. Talk with your doctor if you'd like to know more about episiotomies.

Why Would I Need Forceps or Vacuum Extraction?

There are times when the mother may need help to get her baby out. For example, if the baby's heartbeat slows down or becomes irregular during delivery, or if the baby is in a position that makes birth difficult, or if you are just too tired to push any more. When any of these these happen, the doctor will give you a local analgesic, do an episiotomy, and use forceps or vacuum extraction.

Forceps are shaped like spoons. They are placed carefully on either side of your baby's head and used to gently ease the baby out.

In vacuum extraction, a soft plastic cap is placed on the baby's head and gentle suction eases the baby out.

Both forceps and vacuum extraction may leave marks on the baby's head, but this isn't serious and soon fades.

What If I Need a Cesarean?

A cesarean is done when for some reason it's not safe for your baby to be born through your vagina. Even though you may be planning for a vaginal birth, it's a good idea to learn about cesareans in case your baby needs to be born this way.

A cesarean may be planned for reasons known ahead of time or may be needed because of unexpected difficulties. In either case, it's important to realize that you and your partner will be involved in the decision and that needing a cesarean does not mean that you have failed in some way. The overall goal is a healthy mother and a healthy baby.

The most common reasons for having a cesarean are

- labour is not progressing normally
- changes in the heart rate show that the baby might be having difficulty or becoming tired
- the placenta is bleeding or coming away from the wall of the uterus
- the baby is in a position that makes vaginal birth difficult
- the mother has a health problem, like diabetes, high blood pressure, heart disease, or active herpes

If you do need a cesarean, the way it is handled will depend on the facilities and policies of the hospital where you give birth and the practices of the doctor who does the surgery. Talk with your doctor to find out what choices you have.

- You will most likely have an epidural, which allows you to be awake. Rarely a general anesthetic, which will put you to sleep during the surgery, is needed.
- Your partner may or may not be with you during the birth.
- You will most likely have a bikini incision (the most common kind), which is done crossways, low down on the abdomen.

After a cesarean, the baby will get special attention from the doctors and nurses. Then the baby will be wrapped in a warm blanket and given to you and your partner to hold.

Most mothers find that it takes them longer to recover from a cesarean than from a vaginal birth. This is natural after having an operation. Having a baby to look after and love will help you to feel better quickly.

For more information on recovering from a cesarean birth or on having a vaginal birth after a cesarean, see Early Care for Mother and Baby, page 167.

Time to Get Ready

No pregnancy lasts forever. Now is the time to pack your suitcase and get ready for the real thing — your baby's birth day.

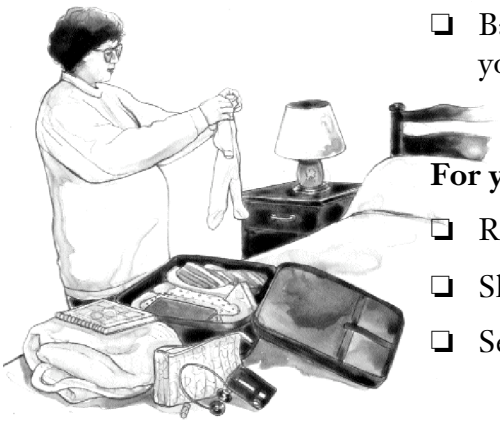
Pack Your Suitcase Before You Need It

Think about packing two bags: one with things you'll want during labour, another with things you'll need during your hospital stay and clothes for you and your baby to wear home.

These lists are only suggestions to help you think about what you might want to take. Take whatever you think you'll need to feel at ease and at home while you're in the hospital.

For labour

- ❑ Your copy of this book
- ❑ Lip gloss or chapstick
- ❑ Sour candy to suck during labour
- ❑ Socks (for cold feet during labour)
- ❑ Talc, corn starch, or body lotion (for massage)
- ❑ Focal point (to look at during contractions)
- ❑ Watch with a second hand (for timing contractions)
- ❑ Notebook and pen (for noting time of contractions and writing questions for staff)
- ❑ Coins for phones and vending machines
- ❑ Music cassettes and tape player (with headphones)
- ❑ Playing cards, books
- ❑ Camera and film
- ❑ Bathing suit or T-shirt and shorts for your partner to wear while helping you in the shower



For your hospital stay

- ❑ Robe
- ❑ Slippers
- ❑ Several nightgowns or pajamas (front opening for breastfeeding)

- ❑ Several full-support maternity or nursing bras
- ❑ Toiletries: tooth brush, toothpaste, shampoo, brush, comb, deodorant, face soap, skin lotion
- ❑ Books or magazines
- ❑ Birth announcements to fill in and mail
- ❑ Loose, comfortable clothes to wear home
- ❑ Sanitary pads (maxi or super absorbent)
- ❑ A package of first-size baby diapers

Do not bring valuables or large amounts of money to the hospital.

For your baby to wear home

- ❑ Diapers (with pins and waterproof pants if using cloth)
- ❑ Undershirt
- ❑ Stretch suit or nightgown
- ❑ Hat
- ❑ Blanket
- ❑ For cooler weather: sweater and socks; blanket or bunting bag

Remember You will need a safe infant car seat for your baby's ride home.

How Will I Know When I'm in Labour?

During the last few weeks of your pregnancy, your body will be giving you signs that the time is near. For example, you might have

- increased discharge from your vagina
- pains in your lower back
- lightening (your baby dropping down into your pelvis)
- a need to urinate often
- pressure in your pelvis and legs
- an increase in swelling in your legs and ankles
- spurts of energy or restlessness
- irregular tightenings in your uterus

With all this activity going on, it can be hard to know whether or not what you feel is really labour. Even if you're not in true labour, you can feel encouraged that your body is preparing for your baby's birth.

Find out in advance whether you should call the doctor or maternity nurse for advice when you're wondering if you're really in labour.

True labour	False labour
• Contractions are regular, about 15 to 20 minutes apart, and last for about 30 seconds. • Contractions gradually get closer together. • Contractions gradually get stronger and longer. • Contractions are felt more in the back or lower abdomen. • Contractions get stronger even when you walk or change activity.	• Contractions aren't regular: sometimes they're closer together, sometimes farther apart. • Contractions remain far apart. • Contractions stay about the same strength. • Contractions feel like the abdomen is tightening up around the baby. • Contractions ease up even when you walk or change activity.

When Should I Go to the Hospital?

Your doctor will give you advice about when you should go to the hospital. In general, if this is your first baby, you should leave for the hospital when your contractions are regular, strong and painful, and about 5 minutes apart.

If you think your waters have broken, go to the hospital even if there are no other signs of labour.

If you are unsure, call the labour and delivery unit at your hospital.

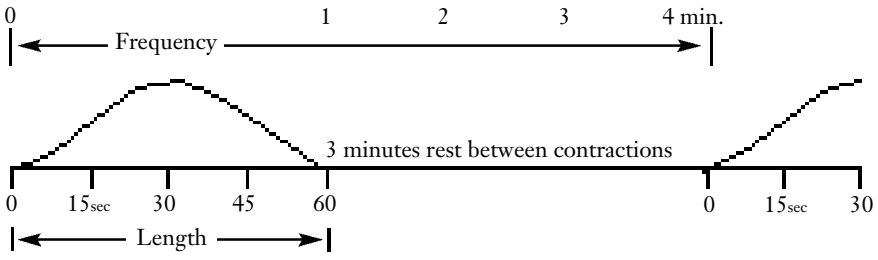
How to time a contraction

When timing a contraction, you are looking for two things:

- the **length** of the contraction: the amount of time between when the contraction starts and when it ends
- the **frequency** of the contractions: the time between the beginning of one contraction and the beginning of the next contraction

To time contractions

- Use a watch with a second-hand or count off the seconds out loud.
- Note the time when a contraction begins. Usually you can feel the top of your abdomen tighten. Note the time when the contraction ends. The abdomen softens. This is the **length** of the contraction.
- Note the time when the next contraction begins. The time between the beginning of one contraction and the beginning of the next is the **frequency,** or how far apart the contractions are.



Your Guide to Labour and Birth

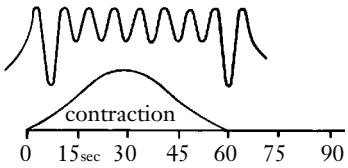
This guide gives an overview of labour with information on

- What's Happening
- How You May Feel
- What You Can Do
- What Your Partner Could Do to Help

Read this guide — and the rest of this section — before labour starts. Take it with you when you go to have your baby. It might help you and your partner to keep track of your labour and to stay as confident and comfortable as possible.

Early Labour

Slow, deep breathing pattern



What's happening

Your cervix is thinning and opening from 1 cm to about 4 cm

Your contractions

- feel like menstrual cramps, gas, backache, or pressure in your pelvis. You may also feel tightening in your lower back, hips, and groin
- each last about 30 to 60 seconds
- start out mild and slowly get stronger
- may start out at about 30 minutes apart, but get closer until they are about 5 minutes apart

Show, a pinkish mucous, comes out of your vagina. (Sometimes this happens sooner.)

Your waters may break.

You may urinate often or have diarrhea.

How you may feel

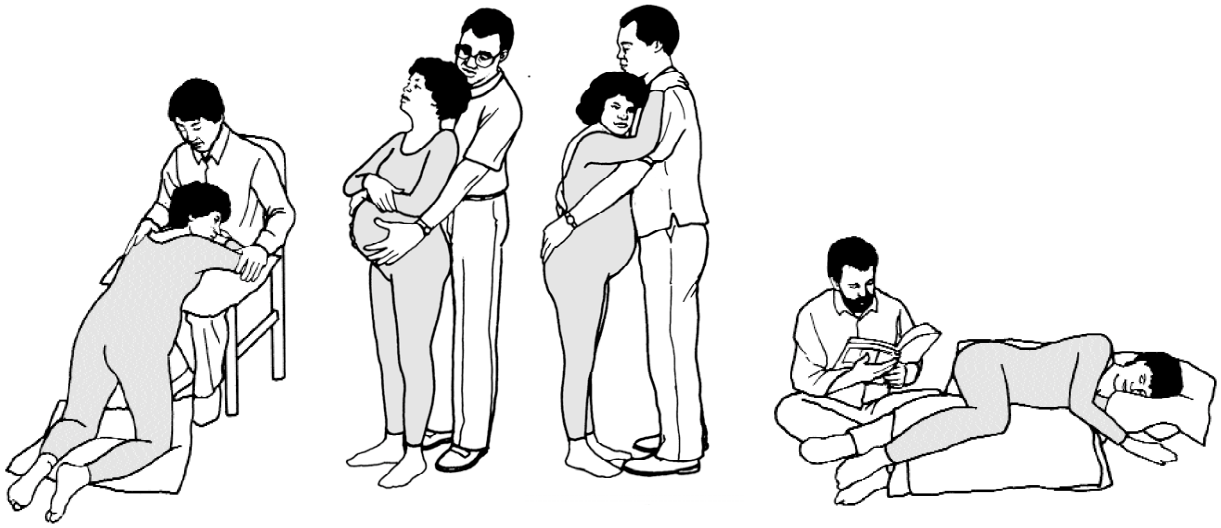
Excited

Relieved

Afraid

Talkative

Eager to get on with it



What you can do

Carry on with your usual activities. Stay upright as long as possible.

Walk.

Shower or relax in a warm tub.

Rest. At night, sleep if you can.

Go to the bathroom as often as you need to.

Eat and drink as you feel the need. It's important to keep up your energy. Even if you don't feel hungry, try to eat a light meal and be sure to get enough to drink.

Breathe normally until walking or talking during a contraction becomes uncomfortable. Then begin slow, deep breathing as you need it.

Go to the hospital when your contractions are coming regularly, every 5 minutes (for a first baby). If you've had a baby before, go when your contractions are 10 minutes apart. You may also call the hospital for advice.

Go to the hospital if your waters break.

How a labour partner can help

Stay with her. Encourage her.

Help her to walk, relax, rest, and pass the time.

Remind her to go to the bathroom. She'll be more comfortable if her bladder is empty.

Encourage her to eat and drink.

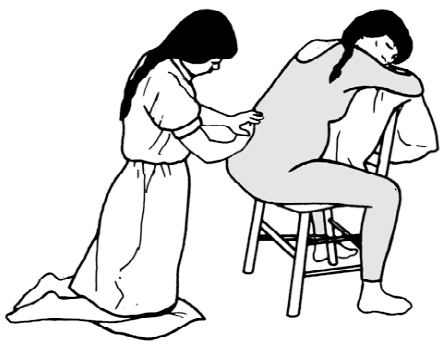
Time her contractions
(See page 156: How to time a contraction.)

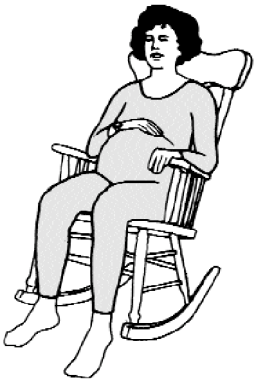
Help her through contractions by:

- breathing with her
- helping her find comfortable positions
- using comfort measures such as massage, heat, and cold

Make sure her bags are packed and ready to take to the hospital.

Call the doctor and take her to the hospital when it's time.





Active Labour

What's happening

Your cervix is opening to about 4 cm to 8 cm.

Your contractions

- are stronger, more intense, and you feel them more in your abdomen. You can feel them rise to a peak, hold, and then ease up
- last about 45 to 60 seconds
- are about 3 to 5 minutes apart

The "show" may increase until it is heavy and dark.

Your water may break if it hasn't already done so.

You may have some nausea, leg cramps, or backache. You may sweat a lot.

How you may feel

Tired

Quiet

Tense

Discouraged

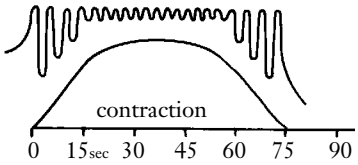
Serious

Interested only in labour

Nauseous

Hot or cold

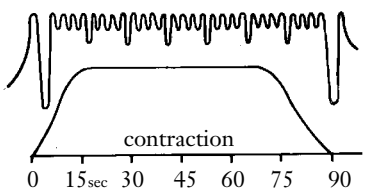
Faster, shallow breathing pattern



What you can do	How a labour partner can help
Concentrate. Focus on breathing and relaxation.	Stay with her.
Change positions often. Try the comfort positions you practised.	Talk to her. Encourage her. Tell her how well she's doing.
Walk.	Time the contractions.
Drink clear liquids to keep your energy up. Sucking on ice chips, sour candy, or a wet washcloth can also help if your mouth feels dry.	Help her through contractions. Breathe with her. Help her to focus and concentrate.
Keep your bladder empty. Go to the bathroom every hour.	Use comfort measures — massage, back rubs, cool clothes to her forehead.
During contractions • concentrate on one contraction at a time • continue with your slow, deep breathing until this is no longer comfortable. Shift to faster, shallow breathing when you need to	Help her to move and to find comfortable positions.
Between contractions • relax • move around; change positions	Offer her ice and clear liquids. Help her to use vaseline or chapstick if her lips are dry. Encourage her to relax and rest between contractions.

Transition

Pant-blow breathing pattern



What's happening

Your cervix is opening from about 8 cm to 10 cm.

Your contractions
- are 1 to 2 minutes apart
- last for 60 to 90 seconds
- are very strong, intense, and sharp. They rise to a peak quickly, hold, and then ease up. They may have double peaks, when they begin to ease up and then rise again

You may feel great pressure on your rectum or vagina.

You may feel nauseous or even throw up.

You may have leg cramps, shaking, or backache.

Your face may be flushed and sweaty.

Your feet may be very cold.

You may be drowsy between contractions.

How you might feel

Afraid

Overwhelmed

Exhausted

Restless

Surprised by the urge to push

Confused when told not to push

Indifferent or irritable to doctor, nurse, or partner

Have difficulty relaxing and breathing

What you can do	How a labour partner can help	
Concentrate. Focus on breathing and relaxation. Think about how close you are to holding and seeing your baby.	Stay with her.	Place a warm, wet washcloth against her perineum (the area around her vagina). This will help her to relax and release her pelvic floor muscles.
Change positions often. Try the comfort positions you practised.	Talk to her. Encourage her. Reassure her. Tell her how well she's doing.	Help her to move and to find comfortable positions.
Drink clear liquids.	Remind her that transition is difficult but short. It means that labour is almost over.	Offer her ice and clear liquids.
Suck on ice chips, sour candy, or a wet washcloth if your mouth feels dry.	Help her to stay calm and relaxed by staying calm and relaxed yourself.	Help her to use vaseline or chapstick if her lips are dry.
During contractions • concentrate on one contraction at a time • continue with faster, shallow breathing as you feel the need • change to pant-blow breathing when you can no longer relax with other kinds of breathing • blow out if you need to stop yourself from pushing	Time the contractions.	
	Help her to focus and concentrate.	
	Help her through contractions. Breathe with her. If necessary, take her face in your hands and look into her eyes. Tell her, "Look at me. Breathe with me."	
Between contractions • relax, move around, change positions	Remind her not to push too soon. Help her to pant and blow until the urge to push passes.	
	Give clear, simple directions.	
	Use comfort measures — massage, back rubs, cool clothes to her forehead.	

Pushing and Delivery

What's happening

Your cervix is fully open and your uterus is beginning to push the baby down through your vagina.

Your contractions

- are 2 to 3 minutes apart
- last for 60 to 90 seconds
- are very powerful

You may have a strong urge to push with the contractions.

You may find yourself grunting or making noises while pushing.

You may feel pressure in your rectum and groin as the baby moves down the birth canal. When the crown of the baby's head can be seen, you may have a burning feeling.

Your backache may go away.

How you may feel

Excited

Impatient

Tired

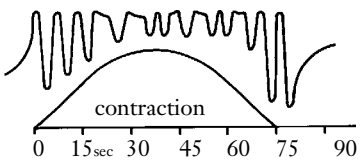
Relieved

Overwhelmed by the urge to push

Amazed at the effort of pushing

Drowsy and peaceful between contractions

Breathing for pushing pattern



What you can do

You'll be asked not to push until your cervix is fully open. When you're asked not to push

- blow out until the urge passes

When you're fully dilated (10 cm), the nurse or doctor will ask you to push when you feel the urge. Pushing may feel very good, if your perineum is relaxed.

When you push

- push from a position that feels comfortable to you: semi-sitting, side-lying, kneeling, squatting, or semi-sitting with your knees bent

Use the breathing for pushing technique that works best for you.

How a labour partner can help

Talk to her. Support her. Encourage her. Praise her.

Help her to imagine the baby moving down the birth canal.

Help her find a comfortable position for pushing. Hold and support her in this position.

Help her to curl forward while pushing.

Breathe with her. Help her to pant and blow when she's asked not to push.

Let her know it's OK to make noises when she needs to.

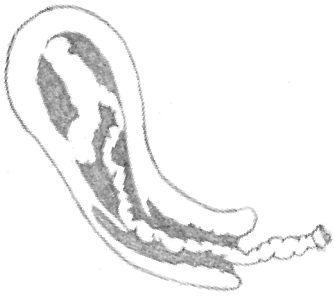
Use comfort measures and massage to help her relax.

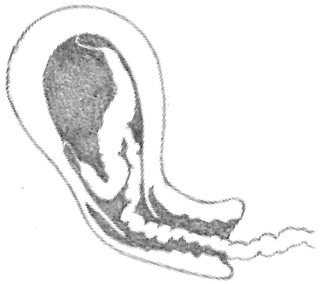
Remind her to keep her pelvic floor muscles relaxed.

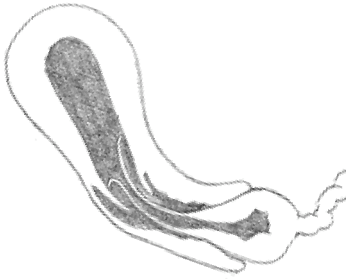
Tell her when you can see the baby's head. She may want to touch it so she can believe it's nearly here.

Welcome the baby into the world!

Delivery of the Placenta







What's happening

After the baby is born, your uterus rises in your abdomen and becomes very round and about the size of a grapefruit.

You'll be given an injection to help the uterus contract to push out the placenta. Putting the baby to your breast will also help the uterus to contract. The doctor or nurse may support your abdomen as the placenta comes out.

There may be a gush of blood as the placenta comes out.

If you've had an episiotomy, the local anesthetic you were given before the episiotomy will still be working, so it won't hurt while it's being stitched up.

How you may feel

Excited, thrilled

Happy, grateful, relieved

Proud, fulfilled

Tearful

Hungry and thirsty

Exhausted

Absorbed by the baby; looking for assurance that he or she is OK.

What you can do

Relax.

Bear down to push the placenta out if asked to.

Lie back, cuddle, and enjoy your baby and your new family.

Nurse your baby.

How a labour partner can help

Assure her that the baby is fine.

Offer her something to drink

Hold, cuddle, and enjoy the baby together.

Acknowledge your own feelings. You may feel overwhelmed with emotions — overjoyed, exhausted, tearful, and relieved.

Pat yourself on the back for a job well done.

Early Care For Mother and Baby

The first few days after your baby's birth are filled with excitement, adjustments, and questions. In hospital or at home, your nurse will help you as you and your baby get to know one another.

After you return home, you can continue to get information and support by contacting your local Public Health Nursing office.

Mother Care

Whether you've had a vaginal or cesarean birth, you go through many changes in the hours and days following your baby's birth. Physically, your body recovers from childbirth and, over a period of about six weeks, gradually returns to its non-pregnant state. Emotionally, you begin getting used to the idea of being a mother and begin getting to know and love your new baby.

Rest and time with your baby will help to ease you through these changes.

While you're in the hospital, your temperature, pulse, and blood pressure will be checked. Your abdomen will be checked to see that your uterus is firm and is returning to its normal size. If you've had an episiotomy, it will be checked to see that it's healing well.

As your uterus returns to its pre-pregnancy size, you may feel sharp, crampy pains in your abdomen. These are called after pains. If you're breastfeeding, you are especially likely to notice them while your baby is nursing. The baby's sucking causes the uterus to contract and helps it return to normal. Many new mothers find that the breathing patterns they used during labour can help them to handle the discomfort of after pains as well.

You'll be asked about the amount and colour of the discharge from your vagina. This is called "lochia" and looks much like a menstrual period. For the first few days after childbirth, lochia is bright red, heavy, and may have clots. Over the next few days it changes to a brownish or pinkish discharge and finally becomes light yellow or clear. This process can take a few weeks.

The nurses will also be reminding you to urinate, and helping you to do so if you need it. They'll also ask if you've had a bowel movement and urge you to drink lots of water to prevent constipation.

Although you need rest, you also need to move around and will be urged to get up and walk and begin gentle exercises soon after childbirth. A combination of rest and activity will help give you the energy you need to take care of your baby and yourself.

Talk with your nurse or doctor if you have any questions about your body, your baby or your new family.

Breast Care

For the first few days after birth, your breasts will feel soft and will produce colostrum — a sticky, yellowish fluid.

Your milk usually comes in about 2 to 4 days postpartum. Your breasts will feel warm, firm, and tender. If your breasts become very full and sore, you can ease them by nursing your baby. If the baby isn't interested when you need relief, you can express milk from your breasts. This is especially effective when done in a warm shower. You can also use warm compresses to ease the discomfort.

When bathing, wash your breasts with plain water only. Do not use soap. Pat your nipples dry. Air dry them after each feeding.

Prevent dryness and irritation by rubbing a small amount of breast milk onto your nipples and the area around them (areola).

Wear a well-fitted cotton bra with non-elastic straps. It should not have any kind of plastic or rubber lining.

You'll find more information about breastfeeding your baby in the Healthy Family section.

Even if you decide not to breastfeed, your breasts will continue to produce mik.
You can wear a good, well-fitted supportive bra to help you feel more comfortable.

Mothers who choose not to breastfeed do not need medication to dry up the milk.

Stimulating your breasts will cause them to produce milk. Avoid

- rubbing with face cloth, hands, or clothing
- allowing hot water to fall on your breasts while showering; shower with your back to the water

If your breasts become sore and swollen, you'll be given ice packs and pain relievers to ease your discomfort.The milk in your breasts will reabsorb into your system. Try not to stimulate or express milk.

Postpartum Blues

Soon after your baby's birth — usually about 2 to 3 days — you may find that you don't feel as happy as you might think you should. You may feel tired, moody, irritable, tearful, helpless, or overwhelmed.

These feelings are called "postpartum blues."

These feelings are normal. Many new mothers feel this way and most find that these feelings pass quickly. Resting and spending time with your baby will help. For more information on postpartum blues, see the Healthy Family section of this book page 209.

Postpartum Discomforts

Care of the perineum
Whether or not you have stitches from a tear or episiotomy, your perineum is likely to be swollen and sore. To feel more comfortable, try

Ice packs: Ice packs wrapped in towels will help reduce swelling and discomfort in your perineum.

Warm baths: Soak at least 2-3 times a day in warm water. Do pelvic floor exercises while soaking.

Rinsing carefully after going to the bathroom: Pour warm water over your perineum with a squeeze bottle while sitting on the toilet. Pat dry with clean wipes going from front to back. This keeps the area clean and prevents infection.

Sitting carefully: Sit down on both hips evenly. Tighten your pelvic floor muscles as you lower yourself. Relax them while sitting. Tighten them again as you get up. Sit on a firm, rather than a soft, seat.

Pelvic floor exercises: Start doing these soon after delivery. Tightening and relaxing your pelvic floor will speed up healing.

Hemorrhoids
The pressure of bearing down during labour can cause hemorrhoids or, if you had them during pregnancy, can cause them to feel swollen and sore.

You can relieve the discomfort by

- using an ice pack wrapped in towels
- soaking in a warm tub
- keeping your bowel movements soft. Drink lots of fluids (6 to 8 glasses a day) and eat fruits, whole grains, and other high-fibre foods

You can find more information about relieving the discomfort of hemorrhoids in Relief for Common Discomforts in the Nine Months of Changes section.

Hemorrhoids can be very uncomfortable, but they usually go away once your body recovers from pregnancy and birth.

After a Cesarean Birth

After a cesarean, your care in hospital will be bit different. If you have questions, your doctor and maternity nurses are there to answer them.

You may also find that you have feelings you didn't expect, especially if you had been planning for a vaginal birth. Talking about how you feel with your partner, your doctor, your maternity nurse, or someone you trust is a good way to begin working out your feelings.

Physical care
After a cesarean birth you will have pain from your incision. If you need pain medication, your doctor will order it for you.

For the first 24 hours after the birth, you will have an IV to make sure you get enough fluids and a bladder catheter to help you to urinate. You'll be offered food and drink and encouraged to eat if you feel like it.

To make it easier to have a bowel movement after surgery, drink plenty of liquids (6 to 8 glasses a day) and walk as much as possible. Your doctor may suggest a stool softener or mild laxative. When you have a bowel movement, support your incision with your hands while you bear down gently.

Breathing exercises
Breathing exercises are an important first step in your recovery. Beginning them soon after surgery and continuing for the next several days will help to keep your lungs clear and make your recovery easier and faster.

When doing any breathing exercise, support your incision with your hands or a pillow.

At least once an hour:
Take 2 or 3 slow, deep breaths. Feel your chest expand.

Huff. Huffing is like saying "ha" quickly. Your mouth is open and your jaw is relaxed. You tighten your abdomen and force the air from your lungs.

Care of your incision
For 2 to 6 days your incision will be covered with a bandage, which your nurse will change. Your incision will be cleaned every day to help it heal and prevent infection. If your incision is healing well, most doctors encourage you to shower as soon as your bandage is removed.

Depending on the kind of stitches in your incision, they will either dissolve or be removed a few days after the surgery. Some doctors use metal clips or staples to close the incision. These will also need to be removed a few days after surgery.

Your incision will be sore at first and, as it heals, may feel numb, itchy, tight, or tender. This is a normal part of healing.

Your doctor will tell you how to take care of your incision after you leave the hospital. Usually, your incision won't require any special care after you go home.

During feedings, place a pillow between your baby and the incision. You'll both be more comfortable.

Rest
After a cesarean birth, your body is recovering from both childbirth and surgery. This does not happen overnight. Give yourself time to regain your strength.

Rest is an important part of your recovery. Try to rest when your baby sleeps. Accept help when it's offered. Limit visitors. Try putting a sign on your door — "Mother and Baby Sleeping."

Vaginal Birth after a Cesarean (VBAC)

What about birth next time? If you've had a cesarean birth, you should consider a vaginal birth with future babies.

A vaginal birth after a cesarean (VBAC) is usually considered if

- your next pregnancy is normal and uncomplicated
- the incision in your uterus from your previous cesarean runs from side to side rather than up and down. Remember that the skin incision may be up and down even though the incision in the uterus runs from side to side.
- you are carrying only one baby, not twins or triplets
- the reason for your previous cesarean doesn't happen again. For example, if you had your cesarean because your baby was lying sideways in your uterus, then as long as this baby's position is normal, you could deliver vaginally

A VBAC is safe, although there is a small chance that the uterus could tear along the old incision during labour. This rarely happens. Your physician and nurse will be watching you and your baby closely . If there are any problems, you will need a cesarean section. On the other hand, a vaginal birth

- has a lower risk of infection and bleeding
- has fewer complications from anesthesia
- requires a shorter stay in hospital
- allows for a faster and easier recovery

Talk with your doctor if you'd like more information about a vaginal birth after a cesarean.

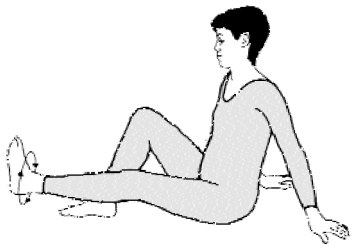
Postpartum Exercises after Child Birth

After childbirth, healthy activity will help your body return to normal.

Exercise will

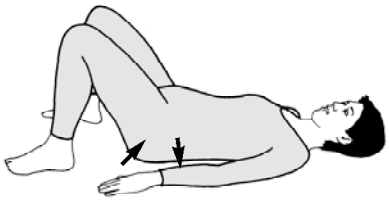
- speed up healing
- improve your circulation
- strengthen your muscles
- keep your pelvic organs toned
- help relieve hemorrhoids
- help your bowels and bladder to work well
- give you energy
- help you to feel better and more relaxed

If your hospital offers postpartum exercise classes, try to attend them. You'll feel better, and it's the easiest way to learn the exercises.



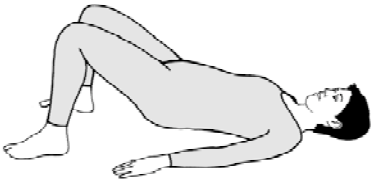
The exercises in this section will be familiar because you've done them as part of your prenatal program. Start them as soon as possible after birth and continue at home. You'll find information on this in the Healthy Activity section.

Don't strain yourself. Start gently and allow your muscles to slowly get stronger. Start by doing each exercise 3 to 5 times. Slowly increase to 5 to 10 times each.



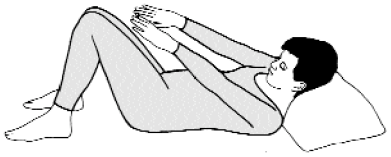
On the day of delivery — in bed

- foot and ankle circling
- pelvic tilt (lying on your back with your knees bent)
- pelvic floor exercises



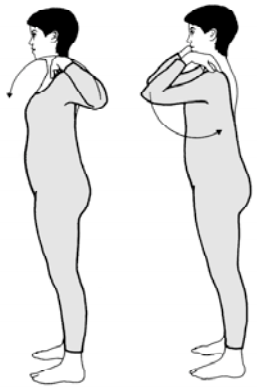
After 24 hours add

- abdominal tightening (lying on your back with your knees bent)



After two days add

- curl ups —before you do curl-ups, check to see if you have an abdominal separation as you learned in Healthy Activity. If you do, be sure to support your abdominal muscles while exercising.
- diagonal curl-ups
- alternate arm stretches
- elbow circles



You may find it helpful to continue practising relaxation techniques as part of your exercise program. Relaxation is as important now as it was during your pregnancy.

Postpartum Exercises after a Cesarean Birth

After surgery, activity is as important to your recovery as rest. And the sooner you begin, the better you'll feel.

You should begin breathing exercises (see page 171) within the first few hours after your cesarean and continue them throughout your stay in hospital.

Within the first 24 hours after birth, you'll be helped and encouraged to sit on the side of your bed, to stand, to sit in a chair, and to take short walks. This may be uncomfortable and seem like a lot to ask of you so soon after surgery, but these early activities are important for your recovery.

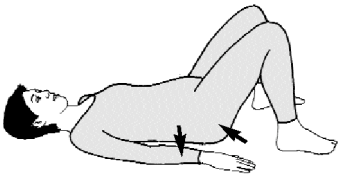
Moving about and exercising will

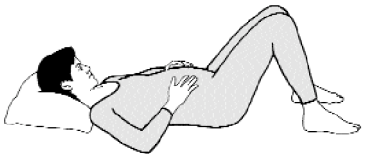
- speed up healing
- help relieve gas
- help your circulation
- help your bowels and bladder return to normal
- give you more energy
- help you to feel better and more relaxed

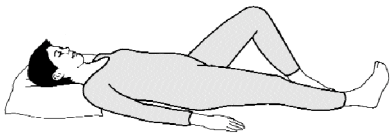
If your hospital offers a postpartum exercise class, try to attend. It will give you a chance to move around and will help you to find ways to ease back into normal activity.

The exercises in this section will be familiar, because you've done most of them as part of your prenatal program. Start them as soon as possible after birth and continue at home. You'll find information about this in the Healthy Activity section.

Don't strain yourself. Start gently and allow your muscles to slowly get stronger. Start by doing each exercise 3 to 5 times. Slowly increase to 5 to 10 times each.







Days 1 and 2

Do these lying in bed

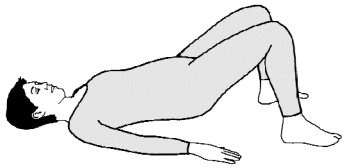
- foot and ankle circling
- pelvic floor exercises
- pelvic tilt (lying on your back with your knees bent)
- abdominal tightening (lying on your back with your knees bent)
- leg bending:

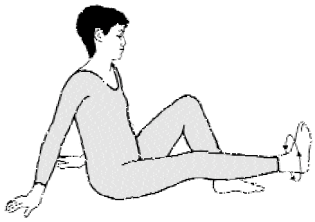
  lie in bed with head and shoulders raised on pillows

  bend your right knee, keeping your left knee straight

  bend and straighten your left knee several times

  change legs and repeat
- bridge





Days 3 and 4

Do these sitting or standing

- foot and ankle circling
- pelvic floor exercises
- pelvic tilt
- abdominal tightening

Do this lying down

- leg bending

Baby Care

During the first few days after birth, your baby is adjusting to life outside your womb. Breathing, eating, and changes in temperature are all new.

The care your baby gets for the first few days is aimed at checking on these adjustments. The hospital staff will watch your baby's breathing, heart rate, and temperature. They'll want to be sure the baby is able to suck well and will check for wet diapers and bowel movements.

Right after birth, your baby will be given an Apgar score. This test looks at the baby's heart rate, breathing, muscle tone, reflexes, and colour. Later, the baby will be given a complete examination.

The law requires that ointment be put in your baby's eyes to protect against infection. This will be done soon after birth. The ointment can sometimes make your baby's eyes look puffy. Your baby will also be given vitamin K before you leave the hospital.

Before you and the baby go home, your baby's heel will be pricked and a blood sample taken to be tested for Phenylketonuria (PKU) and thyroid problems.

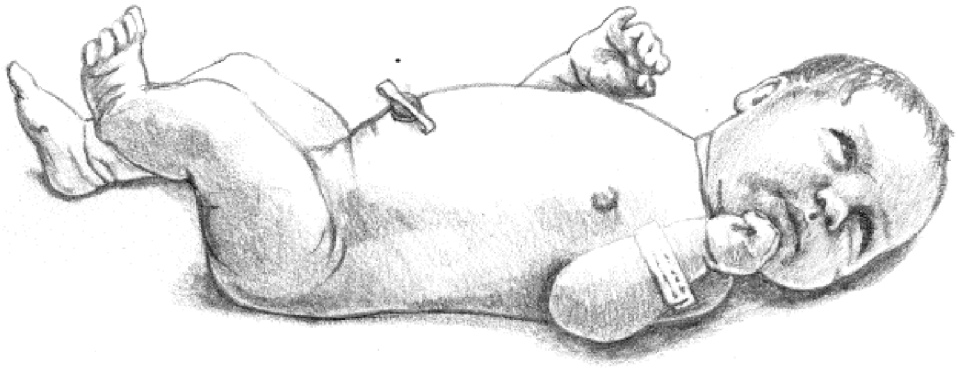
If these conditions are detected early enough, damage to your baby's development can be prevented.

If you go home early as part of an early discharge program or leave the hospital before 48 hours, your baby will still need to be tested. The tests can be done at the hospital.

How Your Baby Looks

New parents are often surprised by the way their baby looks. During your pregnancy, you've been thinking and dreaming about your baby. You've made up an imaginary child — a girl with brown hair like her father and blue eyes like your mother. Or a little boy with black hair and brown eyes and his Dad's special smile.

Part of becoming a parent is letting go of this imaginary child and accepting and loving your real baby. Love doesn't turn on and off like a switch. It grows over time. As you spend time with your baby, touching, stroking, cuddling, feeding, and just looking at the tiny hands and feet, you'll slowly and surely find a lot to love.



Size
A full-term newborn usually weighs about 3500 gms (7½ lbs) and is about 50 cm (20 inches) long. Most babies lose a bit of weight soon after birth.

Head
Your baby's head may seem too big for such a tiny body. It may also have a odd shape from the pressure of delivery. You'll also notice a soft spot on the top of the head. Your baby may have a lot of hair, or almost none.

Skin
Your baby's skin may be dry and flaky. This is normal and will take care of itself. You may also notice some creamy white vernix on the baby's skin. This protected the skin in the uterus and is good for the skin after birth as well. You don't need to scrub it off.

Face
Most newborns have small, flat noses, small chins, and short necks. This makes it easier for them to nurse.

Body
Your baby will have a round chest and tiny little hips. The legs and arms will be slightly bent and the hands curled into tiny fists. Many babies like to sleep with their legs tucked up under them, the way they've spent the last nine months.

Cord
After the cord has been cut, it's grey, soft, and will be clamped with a plastic clip. The clip will be taken off on the second day after birth. Over the next few weeks, the cord will dry up, get smaller and darker, and fall off.

What Your Baby Needs

Newborn babies are little bundles of needs. They need to eat and to sleep. They need warmth and comfort. They need to be clean and safe.

Newborn babies don't act in predictable way. They haven't settled into a routine of sleeping, waking, and eating.

Babies learn about the world by having their needs met. Babies need to be fed when they're hungry. They need to be held close, handled gently, and kept safe, warm, and dry. They need to see loving faces and hear gentle voices.

These first few days are a time when you, your baby, and your family get to know one another. You'll learn how your baby looks and feels and smells and sounds. You'll begin to learn what this new person likes and dislikes. And your baby will begin to learn the same things about you.

Feeding Your Baby

Newborn babies don't usually eat much during the first few days. Because of this, it's normal for babies to lose weight for the first few days and then begin to gain it back. Most babies are back to their birth weight at about 10 days.

When you're breastfeeding, your breasts will produce colostrum, a special first feed for your baby. Colostrum is all a breastfed baby needs for the few days before your milk comes in.

Bottle-fed babies will be offered infant formula, but usually take only a little at a time.

While you're in hospital, the nurses are there to answer your questions and help you with feeding your baby. Ask for as much help and advice as you need. Public Health Nursing also offers classes to help you get started breastfeeding.

You may also have questions and concerns about bottle feeding. If so, be sure to ask for help and advice. You will be given information on how to prepare bottles and formula.

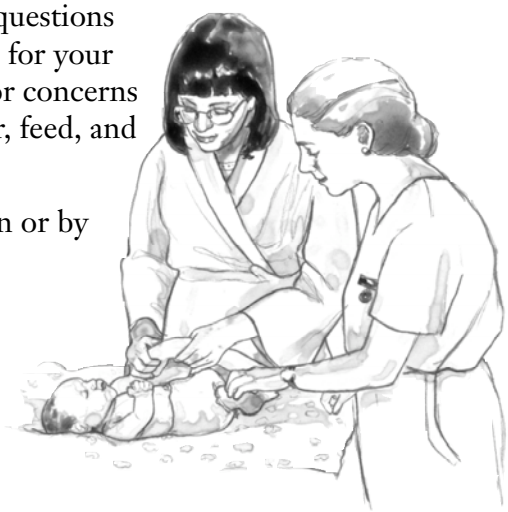
For more information about feeding your baby, see the Healthy Family section.

Taking Care of Your Baby

Bathing, dressing, diapering, and feeding your baby are skills that you'll learn as you care for your baby.

During your stay in hospital the nurses are there to answer your questions and help you learn to care for your baby. Take this chance to care for your baby as much as possible and to ask about anything that puzzles or concerns you. Nursing staff will work along with you as you learn to diaper, feed, and bath your baby.

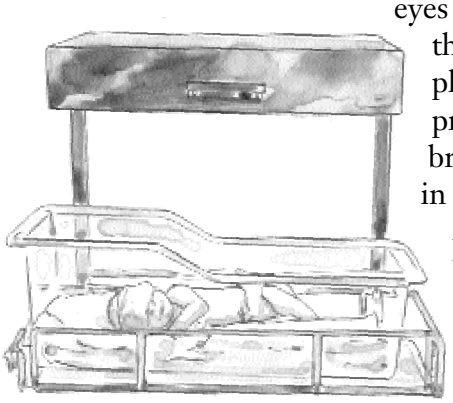
You can learn more about baby care in the Healthy Family section or by talking with your public health nurse.



If Your Baby Has Jaundice

During the first few days, some babies develop a condition called "jaundice." When babies have jaundice, their skin and eyes look yellowish. The yellow colour is caused by a substance in the baby's blood called bilirubin. The yellow colour usually appears around the third or fourth day, peaks on the fourth or fifth day, and is gone within two weeks.

Jaundice is not usually serious, but once in a while it can be. Babies whose eyes or skin look yellowish are given a blood test. If the test shows that there is a high level of bilirubin in the blood, the babies are treated with phototherapy. This means that they are undressed, their eyes are protected, and they are put under ultra violet lights. The light helps to break down the bilirubin in the baby's system and doesn't harm your baby in any way.



If it's treated, this kind of jaundice has no long-term effects on the baby's health.

If you are breastfeeding you should continue to feed your baby during the jaundice treatment.

Registering Your Baby's Birth

Before you and your baby leave the hospital, you'll be asked to fill in forms to register your baby's birth.

After you complete the form, return it to the main desk on the maternity unit. The hospital registrar will send the form to the Vital Statistics office, which will send you a birth certificate for your baby.

Your baby will have been given a provincial Personal Health Number while you are in hospital. The family will receive the baby's Personal Health Number card in the mail within four to six weeks. Be sure to keep this card in a safe place, as it will be your baby's health number for life.

You will also be given forms to complete for the Family Tax Benefit. It is your responsibility to complete and mail the form. 'Proof of Birth' is not required if your baby was born in Canada and is less than one year old at the time you are sending the form.

Family Care

During these first busy days after birth, life can seem very hectic and confusing. Spending time together will help you to get used to all the changes in your life and to feel like a family.

Take the time to hold and touch the baby together. Talk with one another about your feelings and your concerns. If you have other children, spend time helping them welcome the new baby into the family.

Reading the section Healthy Family will give you information about your first few weeks at home and start you on your way to a new life with your new family.

Your First Weeks at Home

Congratulations! Welcome home and welcome to parenthood!

After the first few days in the hospital, you may be looking forward to returning home, settling in, and starting to feel like a family.

On the other hand, it's not unusual for new parents to feel quite worried about looking after the baby on their own. A new baby seems so tiny and helpless. You may wonder how you'll manage.

There are many places to look for information about baby and child care. Family, friends, public health nurses, and community groups can all be helpful. So can books. You may want to look for a childcare book you like and feel comfortable with at your local library or bookstore.

In this section we give you information you might find helpful during your baby's first six weeks. We talk about taking care of your baby and yourself, and about getting used to life as a family.

As you make your way through these exciting and tiring few weeks, please remember that parenting is a skill. No one is born knowing how to be a good parent. You learn as you go — real on-the-job training!

So relax. Get as much rest as you can and concentrate on loving and looking after your new baby.

Your Baby's Growth and Development

New babies seem helpless, but they can see, hear, smell, taste, and feel. Even in these first six weeks of life, they have the abilities they need to live, to grow, and to learn about the world.

What's Normal for a Newborn?

What can babies see?

Newborns can see light and dark, shapes and patterns. They can focus and see clearly things that are between 7 and 18 inches (18 to 45 cm) away. When you hold your baby in your arms, this is about the distance between her face and yours. Babies like looking at faces more than anything else.

During the first few months, you may notice that your baby's eyes wander or cross once in a while. Many babies do this until they learn to control the muscles around their eyes. If you are worried about your baby's eyes, talk to your doctor when you take the baby for checkups or to your public health nurse.

What can babies hear?

Newborn babies have excellent hearing. In fact, while they are still in the womb, they can hear their mother's heart beat as well as noises from the outside.

Babies like listening to voices, music, and droning sounds like a washing machine or a dishwasher.

Sudden loud noises may startle babies or wake them if they're sleeping. Even so, there's no reason for you to try to keep the house quiet for the baby. Babies get used to everyday noises and don't pay any more attention to them than you do.

What kind of sounds can babies make?

New babies can cry and after a few weeks can gurgle and make small, throaty sounds. Gradually, they begin to coo and babble and laugh.

The best way to help babies learn to speak is to talk to them. Sing and talk to your baby as much as you can. Talk while feeding, bathing, and dressing him. Talk about what you see while you take walks. What you say isn't important. Hearing your voice is.

What kind of movement is normal for a newborn?

Newborns have some control over their muscles. They can move their arms and legs, hold your finger, and turn their head to the breast or bottle.

Babies heads are very wobbly and need to be supported whenever they're picked up. Your baby won't be able to balance her head well until she's about 4 months old.

How Can I Help My Baby Develop?

Babies' bodies, minds, and feelings all grow and develop together. Even in the first few weeks, you teach your baby a lot by responding to his cries, taking care of his needs, and playing with him.

When you respond to your baby's cries you're teaching her that when she needs something, someone will come and help her.

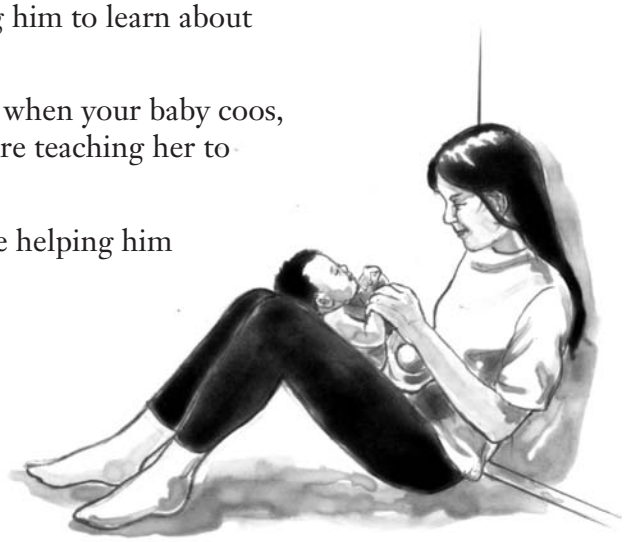
When you talk and sing to your baby, you're helping him to develop hearing and language skills.

When you smile and make faces at your baby while you're feeding and dressing her, you're helping her to learn to control her eye muscles so she can focus and see clearly.

When you blow bubbles in your baby's tummy, rub and kiss his little hands and feet, stroke his soft head and cheeks, you're helping him to learn about his body, how it feels and what it can do.

When you smile back when your baby smiles, coo back when your baby coos, make faces, and give your baby time to copy them, you're teaching her to communicate and respond to others.

As you play with, love, and look after your baby, you are helping him to develop into a happy and healthy little person.



Baby Care

Caring for an infant takes skill and practice. No one is born knowing how to bathe, dress, feed, and diaper a baby. Most parents learn these skills as they go along.

Don't worry if you feel awkward and uncertain at first. Before you know it, looking after your baby will seem so natural, you'll hardly remember that it was something you had to learn.

How Should I Feed My Baby?

For the first six months, breast milk or infant formula is all your baby needs. Until they are at least 4 to 6 months old, babies may have trouble digesting solid food.

Should you decide to bottle-feed your baby, you can find advice and information in *Baby Help: Feeding and Immunizing Your Baby.* This free book is available from your public health nurse or from your hospital.

Breastfeeding

The Choosing to Breastfeed section of this book talks about why breastfeeding is the best choice for babies, mothers, and families. It also talks about the importance of building breastfeeding support. Now is the time to start calling on that support.

Breastfeeding is the natural way to feed your baby, but that doesn't mean that everyone automatically knows how to do it. Most mothers need information, advice, and support while breastfeeding, especially during the first month or so when everything is new.

Love and support from you partner and your family make a real difference. Friends who have enjoyed breastfeeding their babies can be a good source of information and advice. So can public health nurses, dietitians, doctors, and public support groups like La Leche League.

And don't forget to take care of yourself while breastfeeding. Get plenty of rest, eat well, and drink lots of fluids. Nutritious food choices will help you to feed your baby and keep your own energy levels high. While you're breastfeeding, you need the same amounts and kinds of food as you did while you were pregnant. To meet your nutrient and energy needs, every day you need:

- Grain Products 8 to 10 servings
- Vegetables and Fruits 6 to 10 servings
- Milk Products 3 to 4 servings
- Meat and Alternatives 2 to 3 servings

Breastfeeding Tips

- Take it easy for the first few weeks. Concentrate on relaxing and getting used to breastfeeding. If you can, ask friends or relatives to come and help with household chores so you can spend the first week or two taking care of yourself and your baby.
- At first, nurse when the baby wants to nurse. The more your baby nurses, the more milk you will have. Frequent small feedings are better than longer, infrequent ones and will help to get your milk supply established.
- During these first weeks, your milk supply will be changing constantly to meet your baby's needs. At first you may need to nurse every 2 or 3 hours. The time between feedings will gradually increase until your baby wants to nurse every 3 or 4 hours. Most babies have a growth spurt at about 3 to 4 weeks and again at 6 to 8 weeks. During these times, your baby will need to nurse more often.
- Hold off giving bottles. If your baby is getting milk from a bottle, she will nurse less. If your baby is not nursing, your body will not make milk. It is better to wait until you have nursed for at least a month and are sure of your milk supply before giving any bottles to your baby.

If you find that you need to give your baby breast milk in a bottle before the first 6 weeks, talk with your doctor, public health nurse or community dietitian about the best way to do this.

How to feed your baby

Your baby gets milk by suckling on the breast, not the nipple. It involves your baby's lips, gums, tongue, cheeks, jaw muscles, and hard and soft palates. It is good exercise for your baby and may help to develop strong and healthy gums, jaws, and teeth.

When you are breastfeeding, it is important that you are in a comfortable position and that your baby is positioned and latched on to your breast properly. Getting your baby properly positioned and latched will help keep breastfeeding going well for you both. Good positioning and latch are also important in preventing problems later on.

While breastfeeding, you need to be relaxed, without tension in your shoulders or back. Make sure that your arms and back are supported so that you don't strain your muscles. You may want to use pillows and a footstool to help you get comfortable. If you are sore from childbirth, you may need help adjusting pillows.

Once you are in a comfortable position, you are ready to offer your baby your breast. Babies often nurse better when they have skin-to-skin contact with their mother. Many babies find the nipple easily, latch on to the breast right away, and seem to know what to do. Others need some help. Here are some ways to help your baby latch on:

- Have your baby at the level of your nipple before you latch. Use pillows or a rolled blanket to adjust baby's position.
- Support your breast with your free hand using a C-hold. Your thumb is on top of your breast, and your fingers are underneath, well behind the areola (the darker skin around your nipples).

- Encourage your baby's mouth to open wide. To do this, lightly touch your baby's lips with your nipple. Go from upper to lower lip and back again.
- When your baby's mouth is open wide like a yawn, draw the baby close. Your nipple should be centred upward in your baby's mouth. To support a good latch and your posture, draw your baby to your breast.
- As your baby latches on, draw your baby even closer to your breast. Baby's mouth needs to cover a large part of the areola. Your baby's chin should be tucked in closely to your breast.

- Allow your baby to suckle at the first breast for as long as he or she wishes and then offer the second breast, if she is still hungry. Babies often will come off the breast on their own when they are no longer hungry or need to burp.

If your baby takes only the nipple, gently break the suction and start again. Break the suction by placing your clean finger into the corner of baby's mouth and pressing against your breast. If you allow your baby to suckle without first getting a good latch, two things may happen. One, your nipples may get sore. Two, your baby may not get enough milk.

Breastfeeding is a special time for you and your baby. Relax and enjoy it. If you have questions or concerns, talk with your public health nutritionist, public health nurse or doctor. You'll also find information on looking after yourself and your baby while breastfeeding in *Breastfeeding Your Baby* and *Baby Help: Feeding and Immunizing Your Baby*. Both books are available, free, from your local Public Health Nursing office.

Infant Formulas
Infant formulas are available if you are unable to breastfeed.

There are many different brands of formula but there is really very little difference between brands. If you choose to bottle feed, your doctor will probably suggest a formula for your baby.

Baby Help: Feeding and Immunizing Your Baby contains additional information on feeding your baby infant formula. If you have questions or concerns, talk with your public health nutritionist or nurse or your doctor.

If there is a history of milk allergies in either parent's family, talk to your doctor about how to tell if your baby has inherited this allergy.

Do I Need to Give My Baby Vitamins?

Breast milk provides all the nutrients your baby needs. In some situations, supplements may be recommended.

Fluoride
Your baby uses fluoride to make strong bones and teeth with enamel that resists cavities. Your baby should not require a flouride supplement. Fluoride supplements are not usually recommended before the first permanent tooth comes in (usually between 5 and 7 years). If you have a family history of poor dental health or if you have questions about fluoride supplementation for your baby, you should talk to your dentist.

Vitamin D
Breastmilk provides all the nutrients your baby needs for about the first six months of life. However, some health professionals and their associations recommend that exclusively breastfed babies be given a daily supplement of 400 International Units (IU) of vitamin D until such time that he or she is drinking 2 cups (500 ml) of whole milk or 200 ml of formula daily. Vitamin D is needed to develop healthy bones and teeth.

If you are concerned, talk to your dietitian, public health nurse, or doctor about vitamin D supplements.

How Much Do Babies Sleep?

New babies drift in and out of sleep when and wherever they feel like it. They have no real sense of being "awake" or "asleep." Each new baby eventually establishes a pattern of sleeping and waking. As you begin to learn your baby's patterns, you'll begin to get a good sense of when the baby is sleeping, when awake and when just quietly lying there.

One thing you might want to do to help your baby learn the difference between sleeping and waking is to regularly put him to bed when he's very sleepy and get him out of bed when he's awake. This will help him learn to link the bed with sleep.

Feeling tired is one thing all new parents have in common, so wondering how you'll get enough sleep is a common question. It may be months before you will be able to get an undisturbed sleep of more than a few hours.

There are some things you can do to make getting up with the baby a bit quicker and easier.

- Make sure the baby is comfortable when you put her to bed. Make sure she's been fed, burped, and comfortably dressed. Be sure the room is warm and dark enough. (You may want to leave a dim night light on so you can see during the night.)
- Make night feedings as quick and quiet as possible. The baby will wake up because he can't yet get through the night without food. But he'll go back to sleep faster if he stays sleepy and calm during the feeding. You needn't go to the baby every time he makes a noise, but do go as soon as you're sure he's crying. Don't give him a chance to get worked up and wide awake. Have everything you need ready — a diaper ready to change. Burp and change the baby midway through the feeding. This will allow him to drift off to sleep without being disturbed at the end.

To reduce the risk of Sudden Infant Death Syndrome (SIDS), you should place your baby on her back to sleep. Keep her warm, but not hot.

Why Is My Baby Crying?

All babies cry and most babies cry a lot. They cry because crying is the only way they have to let you know that they need something. Babies can't say "Please change my diaper" or "Feed me" or "I'm lonely." All babies can do is cry.

When your baby cries, try to find out why. The chart below lists some of common reasons for crying and suggests things you might do to meet your baby's need. As time goes by, you'll find yourself getting to know your baby's different cries and will feel more sure about what to do. The key is to watch carefully and learn the signals your baby uses to let you know what she needs. Then you can begin to work out ways to meet those needs.

Don't be afraid of "spoiling" your baby by responding to every cry. Babies cry because they need something — food, love, attention, cuddling. When you respond to crying, you are helping your baby learn that the world is a good place to be and that help and love come when needed. A baby whose needs are met will feel safe, secure, and loved, not spoiled.

Sometimes, though, no matter what you do, your baby keeps crying. This can be very frustrating, and many parents find it difficult to deal with.

CAUTION

Babies are very easily hurt. It's dangerous to handle them roughly or to shake them. Shaking your baby can cause death or permanent damage. Make sure everyone who handles your baby knows about "shaken baby syndrome."

It's easy to say "stay calm," but it can be very difficult to do. If you feel your temper rising and are afraid you might hurt your baby:

- put your baby safely in his crib and leave the room
- let off steam away from your baby. Run, jump, shout, hit a pillow
- call for help. Call a friend, family member or help line. Sometimes just talking to another adult can help you see things in a better light

What Can I Do When My Baby Cries?

Crying?	What can I do?
Hungry or thirsty	• Feed the baby, especially if it's been more than 2 hours since the last feeding.
Uncomfortable	• Burp the baby. • Check diaper pins. • Change wet or dirty diaper. • Change the baby's position. • Gently rub the baby's back. • Make sure the room isn't too warm or too cold. • Make sure the baby isn't overdressed or underdressed.
Insecure	• Wrap the baby securely in a light blanket. • Help the baby feel secure by moving slowly and calmly. Don't rush or move quickly. • Hold the baby close and cuddle.
Lonely or bored	• Talk or sing to your baby. • Move the baby to a room with other people. • Play music. • Rock the baby. • Take the baby for a walk. • Give the baby an interesting toy or mobile to watch.
Overtired	• Move the baby to a quieter place. • Give the baby something to suck — your breast or a soother. • Try quiet, rhythmic motion — rocking, patting, riding in a car or carriage. • Turn on the dishwasher, clothes dryer, or washing machine. Babies often find these kinds of sounds soothing. They remind them of the sounds they heard in their mother's body before they were born. • Take a warm bath with your baby.

Crying?	What can I do?
Fussy time of day	• Usually late afternoon or early evening. Try the ideas for helping an overtired baby. • Try to plan ahead to make this time of day calmer. For example, get supper ready ahead of time and plan activities to keep your other children busy. • Ask for help during busy times. Ask your partner or someone else to take the baby or to do the chores so you'll be free to care for the baby. You can also use a snuggler so you can hold your baby close and still have your hands free. Babies who are held and cuddled for longer periods cry less.

What's Colic?

No one knows what causes colic or why some babies get it and others don't. It usually occurs in the evenings. Colic starts during the first few weeks and usually eases up by the time the baby is 3 or 4 months old.

A baby with colic cries and cries and can't be comforted. It's painful for the baby and very difficult for parents. Don't blame yourself. It's not your fault.

Check with your doctor or public health nurse to rule out other causes of crying.

If your baby has colic, get as much rest and help as you can. Let other people help with the baby, meals, and other children. Remind yourself that this doesn't last forever.

A baby with colic

- cries as if in pain after a feeding
- pulls the knees up to the chest as with a bad stomachache
- may pass gas or vomit
- can't seem to be comforted for long, no matter what you do

You may find these ideas helpful if your baby has colic:

- If you're bottle feeding, you may want to change the type of infant formula to see if this helps.
- If bottle feeding your baby, check to be sure the nipple is full of milk so your baby isn't swallowing too much air during feedings.
- Burp before, during, and after each feeding.
- Try to stay calm and keep your baby calm. Play soft, soothing music. Hum or sing. Walk or rock your baby. Rub the baby's back for comfort and to help pass gas. Lay your baby tummy down and rub the back, or lay the baby on the back and rub the tummy. Place a warm cloth on the tummy or bath the baby in the tub.
- Use an infant carrier (snuggler) so you can carry and comfort your baby when you have to do other things.
- Take the baby for a ride in the car or carriage. Sometimes the noise and movement help.
- Nicotine from smoking is passed to the baby in breastmilk and may be making the baby irritable.

How Do I Bathe My Baby?

New babies usually like to be warm, dry and well wrapped. When your baby begins having baths, she may cry at first until she gets used to it. This is normal and nothing to worry about.

Most babies begin to enjoy their baths after a few months, and bath time becomes a time for play and exercise, tickles and giggles. It can be fun for all the family.

Babies don't need a bath every day, but you will need to keep their faces, hands, bottoms, and the creases in their neck, groin, and legs clean. It's also good to realize that you only have to keep the outside clean. It is not safe or necessary to clean inside the baby's ears or nose or under a boy's foreskin.

Bathing Baby Safely

- Don't leave your baby alone in the bath or on the table. Don't even turn you back for a minute. Get everything you need near at hand and ready before you start. If you have to look away or reach for something, keep one hand on the baby.
- Put the water in first and then the baby. Never add hot or warm water after the baby is in the tub. Check the temperature of the hot water in your home. It should not be over 50° to 54° C (122° to 129° F). When you run a bath, you should need to add only a little cold water.
- When you finish running the bath, be sure that the water in the tap is cold. This way, the baby won't be scalded if the tap is accidentally turned on.
- Hold the two heaviest parts — the head and the hips — when lifting your baby into or out of the bath. Use both hands for support and hold the baby close to your body. Babies are slippery when wet!

Bath Time Tips

Before you begin your baby's bath, be sure you have everything you need close at hand:

- basin or tub — some parents use the kitchen sink
- mild, unscented soap
- towels
- washcloth
- a soft baby hairbrush
- clean baby clothes and diaper

Choose a room that is warm and not drafty. Spread out a large towel to lay the baby on. Take off your rings, watch, or other jewelry. Wash your hands and fill the basin with lukewarm water — not hot. Test the water with your wrist or elbow. If it's comfortable for you, it will be comfortable for your baby.

When you bathe your baby, start at the top and work your way down. Use only clear water when washing your baby's face. Use a mild, unmedicated, soap on the rest of her body and be sure to rinse well, especially in the creases on the neck, groin, and legs.

After the bath, wrap your baby in a warm towel and dry carefully. You don't need to use baby powder, but if you do, be careful to cover your baby's face so he doesn't breathe it in.

Can I Do Anything to Prevent Cradle Cap?

During the first few months, babies sometimes get cradle cap. This is a yellowish, greasy crust on the scalp.

To prevent cradle cap:

- At bath time, rub your baby's head in a circular motion. Dry by rubbing with a towel.
- Brush baby's hair and scalp every day.
- If you use soap or shampoo to wash your baby's head, rinse carefully to be sure every bit is removed.

If your baby should get cradle cap

- Do not try to pick it off.
- Rub mineral oil or baby oil into your baby's scalp.
- Leave for 15 or 20 minutes.
- Shampoo and then brush or comb gently to remove the crusts.

How Do I Take Care of My Baby's Cord?

Over the first few weeks, your baby's cord will get smaller and darker, dry up, and fall off. All you need to do is keep the area as clean and dry as possible. You won't hurt the baby when you move the cord or clean around it.

In the past parents were advised to gently clean the base of the cord two or three times a day with a cotton tipped applicator dipped in rubbing alcohol. The goal was to keep the cord as dry as possible during the baby's bath. This meant it was easier to give sponge baths, rather than tub baths.

Today there are more ideas about how to care for the cord, and no one knows for sure what's best. Bathing your baby in a tub and drying the area around the cord is safe and will not delay the cord from dropping off.

Fold down the top of the baby's diaper to let air keep the cord dry. Be sure to change the baby's diapers often.

If you do use alcohol to clean the cord and your baby has been circumcised, be careful to keep the alcohol away from the circumcision.

Call the doctor if

- the area around the cord becomes red or inflamed
- it smells bad
- it is leaking pus or fluid

Bowel Movements

A baby's bowel movements (BM) change colour and texture over time. They are also different for breast- and bottle-fed babies.

Most babies, first BM is black, and sticky and doesn't have much smell. For the first week, the BMs can be greenish black, greenish brown, brownish yellow, greenish yellow, or yellow. They may also contain some mucus.

It is normal for babies to grunt and get red in the face when having a bowel movement.

Not having a BM each day doesn't mean that your baby is constipated. Babies are constipated when their BMs are hard and dry. If this happens, try offering your baby water between feedings. Breastfed babies do not usually become constipated because breastmilk contains enough water to keep their BMs soft.

See *Breastfeeding Your Baby* and *Baby Help: Feeding and Immunizing Your Baby* for more information on your baby's BMs.

Call your doctor if

- BMs are watery and have a strong smell. Diarrhea causes babies to lose a lot of fluid and can make your baby very sick very quickly.

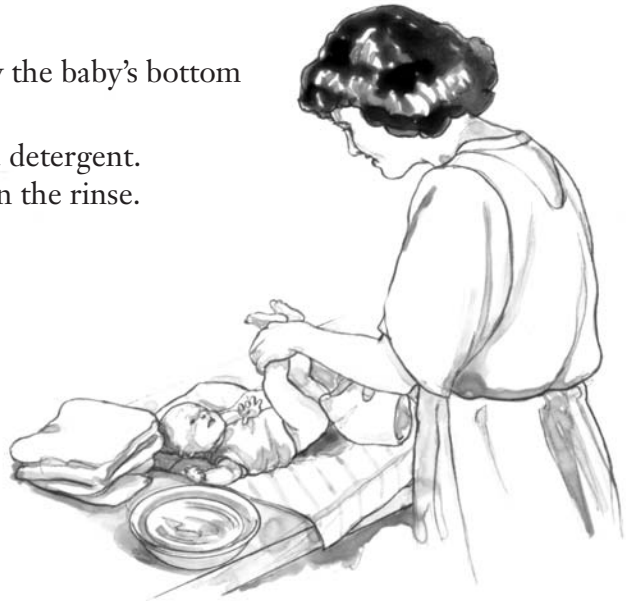
Can I Prevent Diaper Rash?

Diaper rash is very common and can range from a few red spots to blisters and sores. It can be caused by a number of things:

- urine and bowel movements in diapers
- rubbing from a wet diaper
- allergic reaction to detergent, certain foods, disposable diapers, or disposable wipes
- a skin infection, but this is less common

To avoid diaper rash

- Change diapers often. Use a clean cloth to wash and dry the baby's bottom carefully each time.
- If you use cloth diapers, wash them in a mild soap, not a detergent. Rinse them twice and put 1/2 cup (125 mL) of vinegar in the rinse. Don't use bleach or fabric softeners.
- If you use cloth diapers, use "breathable" diaper covers.



If your baby gets diaper rash

- Leave the baby's diapers off as much as possible. Lay the baby tummy down on a few diapers or a soaker pad. Dress the baby in a shirt and cover with a sheet to keep warm.
- Change diapers often. Use clean cloths to wash and dry the baby's bottom carefully each time.
- Use rubber pants as little as possible.
- If you are using disposable diapers, try changing to another brand or to cloth diapers.
- Use a zinc-based ointment to treat diaper rash. Check with your doctor, public health nurse, or pharmacist for a good brand.

Call the doctor if

- the diaper area smells yeasty
- if you try everything listed here and the diaper rash still won't go away

How Many Wet Diapers Can I Expect?

Babies normally wet themselves between 6 and 10 times a day. Changing the diaper as soon as possible after it's wet will help prevent diaper rash.

If your baby has fewer than 6 wet diapers a day, or if the urine is dark yellow and has a strong smell, it probably means that your baby needs more fluids.

See *Breastfeeding Your Baby* for more information on this topic.

When Do I Take the Baby for CheckUps and Immunizations?

Babies usually go for their first checkup when they're 2 to 6 weeks old. During a checkup, babies are weighed and measured, and their growth and development are checked.

Immunizations are also part of regular health care. They are given on a schedule that gives your baby the best possible protection from illness. Right now in PEI, your baby gets the shots listed below. If this schedule should change over time, your public health nurse or doctor will let you know.

After their baby shots, children need a booster shot sometime between their 4th and 6th birthday, before starting school. Talk with your doctor or public health nurse for more information about checkups and immunizations. The booklet *Baby Help: Feeding and Immunizing Your Baby* contains detailed information on the vaccines.

Baby's Age	*Vaccine*	*Protects Against*
2 months	DaPTP and HIB Hepatitis B Pneumococcal-7 Conjugate	Diphtheria, Whooping Cough, Tetanus, Polio Haemophilus Influenza Type B, Hepatitis B Pneumococcal Disease
4 months	DaPTP and HIB Hepatitis B Pneumococcal-7 Conjugate	Diphtheria, Whooping Cough, Tetanus, Polio Haemophilus Influenza Type B, Hepatitis B Pneumococcal Disease
6 months	DaPTP and HIB Pneumococcal-7 Conjugate	Diphtheria, Whooping Cough, Tetanus, Polio Haemophilus Influenza Type B Pneumococcal Disease
12 months	Varicella Vaccine Meningococcal C Conjugate	Chicken Pox Meningococcal Disease
15 months	MMR Hepatitis B	Measles (Red), Mumps, Rubella (German Measles) Hepatitis B
18 months	DaPTP and HIB MMR Pneumococcal-7 Conjugate	Diphtheria, Whooping Cough, Tetanus, Polio Measles (Red), Mumps, Rubella (German Measles) Pneumococcal Disease
4 years	DaPTP	Diphtheria, Whooping Cough, Tetanus, Polio

Baby Safety

Making your baby's world as safe as possible is part of being a parent.

One way to care for your baby's safety is to watch your baby. Never leave an infant alone — even for a second — except in a safe crib or playpen.

Childproofing

Another part of keeping your baby safe is to childproof your home. New babies aren't going to be crawling around the floor putting things in their mouth for a while, but it's wise to prepare for when this happens. Babies' new skills can sneak up on parents. Start now. Make your home safe before your baby learns to roll over, sit up, or crawl.

Check the floor, shelves, tables, and cupboards. Remove

- anything small enough to be swallowed or poked into ears or nose
- anything that has edges sharp or rough enough to cut or scrape
- plants low enough to be pulled over or eaten
- lamp cords long enough for a child to get tangled in or cords that a baby can use to pull something down on himself
- Tie or fasten blind or drapery cords out of the reach and do not put your baby's crib near a window with blind cords.

Start to buy

- safety gates for stairs
- electric plug outlet covers (Be sure they're too big for the baby to swallow.)
- locks for cabinets
- hooks to keep drawers closed

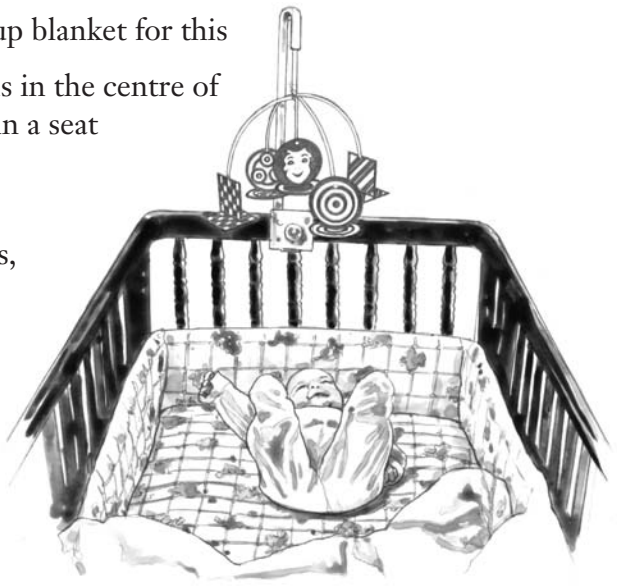
CAUTION Because of the risk of SIDS (Sudden Infant Death Syndrome), soft mattresses, pillows, comforters, stuffed toys, and bumper pads should not be used in cribs.

Safe Car Seats and Baby Furniture

A safe infant car seat is one of the first things you should get for your baby. See the Safe Car Seats and Baby Furniture section page 18 for information on buying and installing a car seat. The law requires that babies always ride in an approved infant car seat. Even on the first trip home from the hospital, your baby's car seat should

- face backward
- be anchored with the seat belt and have the harness fastened across the baby's chest
- support your baby's head and neck. You can use a rolled up blanket for this

CAUTION The safest place for the baby's car seat is in the centre of the back seat. Never put an infant seat in a seat equipped with an air bag.



Buying safe cribs and playpens is also important. See the Healthy Start section for information on safe car seats, cribs, and playpens.

Everything your baby uses should be safe and well-made. This includes strollers, high chairs, clothing, toys, and soothers.

Talk with your public health nurse, Consumer and Corporate Affairs Canada, or your Family Resource Centre for more information on childproofing and child safety.

Preventing Allergies

Protecting your baby's health is as important as preventing accidents. If your family has a history of allergies, you may want to think about the things you can do to make it less likely that something in your home environment will trigger an allergic reaction in your baby. Ask your doctor or public health nurse for more information on preventing allergies.

Poisoning

Poison Control Line: 1-800-565-8161

Buying Baby Clothes and Toys

The kinds of clothes, bedding, and diapers you choose for your baby will depend on how and where you live and how much you have to spend.

Whether your baby things are new or hand-me-downs, check to be sure that they are safe, wellmade, and easy to keep clean.

Clothes

The clothes your baby will need will depend on the time of year and the kind of laundry facilities you have. If you have your own washer and dryer and can do laundry every day, you'll need fewer clothes than if you need to go out to do your wash. Be sure to wash all clothing and cloth diapers before your baby wears them. Try to avoid scented laundry powders and fabric softeners, which may irritate your baby's skin.

In general, look for clothes that are

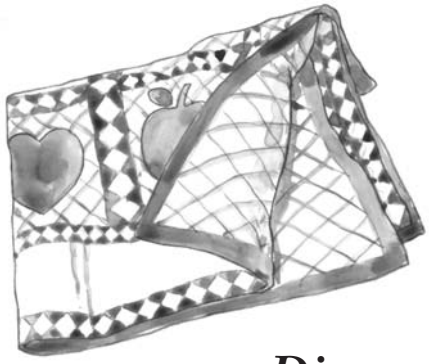
- soft and comfortable. Natural fabrics, especially cotton, work well
- machine washable and dryable
- easy to get on and off. Baby clothes should open up in the front and have large armholes. Sleepers and nighties that close with snaps and zippers are easier to handle than those with ribbons or ties
- loose. Loose clothing allows air to circulate and is less likely to irritate skin. If you buy sleepers, check to be sure that the feet are big enough for baby's toes

Babies grow quickly, so it's a good idea not to buy too many clothes in very small sizes. Basic baby clothes include

- 4 to 6 undershirts
- 6 sleepers or nightgowns
- 1 sweater
- 1 snowsuit (depending on the season)
- 1 hat
- socks or booties

Bedding

You can find advice on buying a safe crib in the Healthy Start section. Once you've found a safe crib, you'll need basic bedding. Cotton fabrics are the most comfortable for baby.



- 3 or 4 fitted crib sheets (cotton if possible)
- waterproof mattress cover
- 2 baby blankets or quilts
- 4 to 6 receiving blankets

Diapers

Whether you use cloth or disposable diapers is up to you. Each has advantages and disadvantages. The best choice for you and your baby will depend on your circumstances.

Disposable diapers are the most expensive type of diaper. They are also very convenient. Disposables may be a good choice if you don't have a washer and dryer. Some babies find the plastic cover irritating. Disposable diapers are more likely to cause diaper rash, especially if your baby is prone to allergy. If you choose disposables, don't buy more than one package at first, in case your baby can't wear them.

Cloth diapers come in different styles, including flat rectangles or squares and pre-folded, fitted styles with velcro closings.

If you use cloth diapers, you'll need about 2 dozen of them — maybe more depending on how often you can wash them. You'll need diaper pins, unless your diapers have velcro closings, and several pairs of waterproof pants. You'll also need a diaper pail to soak the dirty diapers waiting to be washed.

Some parents choose to use a combination of both types of diapers, for example using cloth at home and disposables when visiting or traveling.

Toys

Babies are learning about the world and themselves. They need things to look at, things to listen to, and things to feel. Toys are fun to buy, but a new baby doesn't really need many.

Babies can look at brightly coloured, hanging mobiles, pictures, and toys. They can also look at your face and your smile.

Babies like to listen to music and rattles. They can also listen to your voice, as you sing and talk to them.

Babies can feel fabric pads and soft toys. They also like to feel the warmth of your body as you hold them close. They like to learn about their own bodies as you pat, stroke, and tickle them.

People who love and look after them are the best "toys" a baby can have.

When you do buy toys, be sure that they are safe and are right for your baby's age and size. They should have no parts small enough to swallow, no pieces that can come off, no strings long enough to choke or tangle, and no strong odours or smells. Safe toys are

- well-made
- sturdy
- washable
- smooth, with no sharp points or rough edges

Check new toys carefully before you give them to you baby. But don't stop there. Keep your baby safe by checking toys regularly for wear or damage. You can get more information on toy safety from Consumer and Corporate Affairs Canada. Look for the phone number in the Government of Canada section of the Blue Pages of your phone book.

Healthy Mother

The first weeks after childbirth are a time of change and adjustment.

During this time, the best things you can do for yourself are to get as much rest as you can, eat sensible foods, accept whatever help you're offered, and talk about your feelings with your partner and other people you care about.

REMEMBER Taking good care of yourself is part of taking care of your baby.

Adjusting to Motherhood

Childbirth has an impact on all parts of your life. It affects you

- physically, as your body recovers from the stress of pregnancy and you begin to deal with the physical demands of caring for a new baby
- emotionally, as you swing between joy, excitement, fear, confusion, and love. Your feelings are very strong and change very quickly
- socially, as you begin to realize that your role has changed. You may be looking at conflicts between your new role as mother and your other roles in the workplace and in your family
- psychologically, as you begin to grow into your role as mother and to accept your new responsibilities as a parent. You are leaving behind one stage of your development and beginning another. It's a time of change, and while change is often rewarding, it's not often easy

All of these changes and stresses seem to come at once, and are all mixed together. You may not know exactly why you feel so overwhelmed, you just know that you do. And you may be very surprised that you feel this way, especially if you had a happy pregnancy and were looking forward to becoming a mother.

All of these conflicting feelings also come at a time when you're so tired that it's hard to think straight. Bone-deep tiredness is what many mothers remember most about their first few weeks of parenting, and everything seems worse when you're tired.

Talking with your partner about your feelings is especially important now. If you feel tired, or lonely, or resentful, say so. You may find that he feels the same way. Talk about whatever's bothering you. You need to get things out in the open before you can start sorting them out.

Talking with other new mothers can also help to reassure you that you're not the only one who feels this way.

Your life will sort itself out. Your baby will begin to sleep at regular times. You'll get the hang of bathing and dressing and feeding. You and your partner will be able to have a conversation without the baby crying or one of you falling asleep. And one day your baby will smile just for you, and you'll think that maybe motherhood isn't so bad after all.

Your Body Postpartum

During the first 6 weeks after your baby's birth, your body is going through many changes.

- Your uterus is getting smaller and returning to its non-pregnant size.
- While you're breastfeeding, your body is getting used to making milk.
- You're losing the extra fluid your body produced while you were pregnant.
- Your hormones are changing from the high levels of pregnancy to a non-pregnant or breastfeeding level.
- You're recovering from the physical effort of giving birth. If you've had a cesarean, you also need to recover from surgery. If you've had a vaginal birth, you may have stitches from an episiotomy to heal.

You may have started to deal with these changes during your hospital stay, but they will continue for a while after you return home. Remember that you were pregnant for 9 months. Don't be surprised if it takes a while for your body to recover and feel "normal" again.

Most women have a postpartum checkup about 6 weeks after giving birth. Your doctor will check to be sure your uterus has returned to its normal size and shape and that any stitches or incisions have healed. You'll also have your blood pressure taken and may be asked to give samples of blood and urine for lab tests.

This checkup gives you a chance to talk to your doctor about your questions or concerns. If you haven't already done so, this is a good time to talk about birth control.

Vaginal Discharge (Lochia)

This vaginal discharge will continue for several weeks, gradually changing from bright red to a pinkish or brownish colour, to clear. It's a good idea to have a supply of sanitary napkins on hand when you come home from the hospital.

If your lochia changes from a small, brownish discharge back to a bright red flow, this may mean that you are being too active. Try to rest and take things easier for a while.

Talk to your doctor if your lochia suddenly becomes much heavier, has clots, or smells bad.

Getting Your Period Again
While you breastfeed your baby, it will be between 4 and 12 months after delivery before your period is regular again.

If you're bottle feeding, your period will probably return between 6 and 12 weeks after you have your baby. Your first period after delivery may be heavier and last longer than your period normally does.

When your period does return, it may be irregular for a while. This is normal. You should know that you can get pregnant during this time and should be prepared with whatever birth control method you have chosen. You can find information on birth control in Sex and Birth Control on page 209.

Tiredness

It's hard to believe that looking after a tiny baby can take so much time and energy. Many new mothers spend their first few weeks feeling very tired.

Here are ways to help yourself cope

- Get as much rest as you can.

  Nap when your baby naps. Unplug the phone. Post a note on your door: "Mother and Baby sleeping. Do not disturb."

  Follow the suggestions for making night feedings easier in the How Much Do Babies Sleep? section of this book.
- Get organized.
- Keep things simple. Think about all the things you have to do. Divide them into "must do" and "should do" lists. Concentrate on the "must do's." Don't do anything you don't have to do.
- Do things when you have the energy, not when you think it's "time." This may mean setting the table for dinner at 10 am or making your lunch right after breakfast.
- Talk with your partner about ways to share the load.
- Recognize that it may take longer than you expected to get organized and work out new routines for yourself, your baby, and the rest of the family.
- Get as much help as you can.
- If people offer to help, accept.
- If someone asks you if there's a baby gift you'd really like, consider asking for a day's housecleaning service, a week's diaper service, a prepared dinner, an evening's babysitting.

- Be realistic.

  Know that it's OK if you can't do everything as quickly as you did before you had a baby to care for. You may find that it takes twice as long to do housework or laundry.

  Try not to measure the work you are doing at home against what you may have accomplished at work before you had your baby. The two are completely different and really can't be compared.

- Build a support network.

  Look for other new mothers to talk with, exchange child care, or give one another a break.

  Check to see if your neighbourhood has a parent drop-in centre. Some churches or community groups sponsor mother-baby groups or exercise programs.

- Take care of yourself.

  This is not selfish. It's absolutely necessary.

  Try to arrange for time to be alone, to go for a walk, or take a relaxing bath.

  Stay physically active. Do postpartum exercises. You may feel so tired that this seems silly, but exercise will actually increase your energy.

  Continue to eat a healthy, well-balanced diet.

  Do something for yourself every day. Wash your hair, watch a TV show, read, talk to a friend. Pamper yourself. If you find a way to spend some time meeting your own needs, you'll be less likely to mind the time you spend meeting everyone else's.

  Pat yourself on the back and give yourself credit for doing a good job.

Postpartum Blues

Usually the arrival of a new baby is a happy time. However, this may not be true. New mothers may feel a range of different emotions from happiness to sadness.

After giving birth women go through many physical and emotional changes.

About 80 per cent of all women, at the 2 to 3 days after their baby is born, begin to feel

- let down or disappointed
- sad, teary
- mood swings
- irritable
- overwhelmed, anxious
- poor concentration
- fatigue, not sleeping well

These feelings usually go away within 1 to 2 weeks. However, about 10 per cent of women go on to have postpartum depression.

Postpartum Depression

Depression may begin within a few weeks after birth and sometimes lasts for months. Feelings of sadness and anxiety are more intense and affect how a mother cares for her baby and herself. Women who have postpartum depression may feel the following with greater intensity:

- sad
- weeping or crying a lot
- guilty
- angry
- drained and exhausted
- anxious
- tense
- irritable
- "not yourself"
- overwhelmed
- lonely and helpless
- full of doubts
- worthless
- have increase or decrease in appetite
- have low self-esteem
- oversensitive
- easily distracted
- confused

- panic attacks
- loss of interest in things that used to bring pleasure
- loss of confidence
- scary fantasies
- thoughts of hurting your baby or yourself

If you have any or many of these symptoms, remember, you are not alone, and this is a very treatable illness.

- Know that your feelings may have many emotional or physical causes.
- You may need professional help.
- Talk with someone who will listen.
- Accept help from others, and don't be afraid to ask for help when you need it.
- Try to find some time for yourself.
- Have realistic expectations of being the perfect mother and having the perfect baby.

When to Go For Help!

If you have

- scary fantasies or
- thoughts of hurting your baby or yourself
- see your doctor immediately or go to the local hospital emergency centre.

If other feelings of depression persist longer than 2–3 weeks contact:

- your local family doctor/obstetrician
- local emergency room
- Public Health Nursing
- Community mental health services, private counselor, psychologist, or psychiatrist

Tips to Good Postnatal Health

After the birth of your baby, here are some ways you can try to help yourself:

- Get as much sleep as you can.
- Accept that you need help: turn to friends, neighbours, family.
- Do not let motherhood take over your entire life. A little selfishness can be a good thing.
- Find time for yourself without guilt and learn to relax into motherhood. For example, take a nice long bath.
- Read all you can on the subject.
- Express your feelings. Write them down. Get them out.
- Find a sympathetic listener, especially someone in the same situation. Sometimes just talking about it helps.
- Join a group of new parents in your community. Share your difficulties with someone who will not judge you.
- Avoid isolation.
- Eat small, frequent meals.
- Make a real effort to communicate with your partner. Hold on to the affection and companionship you've shared.
- Solve the problems you can and accept the rest.

Getting Back into Shape

It's only natural to want to return to your pre-pregnancy shape as soon as possible, but give yourself some time. Remember that you were pregnant for 9 months. Your body won't return to "normal" overnight.

Sensible eating and regular activity will help you to feel fit and energetic and to lose any weight you may have gained. See the Healthy Eating and Healthy Activity sections for more information. You can find information about postpartum exercises you can do in hospital in the Healthy Birthing section.

Some communities offer postpartum exercise programs. Besides helping you get back into shape, these programs are a good place to meet other mothers and babies.

Good health matters as much now as it did during your pregnancy. Eat well, rest, stay active, and avoid drugs and smoking. Taking care of yourself is an important part of taking care of your baby.

Going Back to Work

Many new mothers have from 6 to 12 months maternity leave so that they don't have to deal with returning to work during the first 6 weeks. But it's something you may be thinking about, and it's not a decision you'll want to make too quickly. When making your plans for returning to work, you'll need to consider

- child care
- workplace policies about sick children
- maternity/paternity benefits
- maternity rights
- whether or not you're ready to return

There is no "best" time to return to work. The decisions you make about when or whether you return to work will depend on your own needs, your baby's needs, your financial situation, and the demands of the job you'll be doing.

Every mother, baby, and family are different. Each will need to work out their own way of balancing the demands of working and parenting.

If you plan to return to work, you'll need to find good child care. This may not be easy, so it's wise to allow plenty of time for the search. Talk to friends and neighbours about the child care they use. You can also contact community groups, like the YM/YWCA, churches, and early childhood development associations.

You can get more information about child care centres, choices, and services from the Early Childhood Association of PEI and your local Family Resource Centre.

Single Parenting

Whether you're a single parent by choice or by chance, you should realize that you're not alone.

Adjusting to parenthood, finding a balance between work and home, managing money, and finding time for yourself are issues for all mothers. They can be even more difficult when you're on your own.

All the advice for new mothers applies to you, but even more so. It's especially important for single mothers to take care of themselves, to establish a good support network, and to be realistic about what they can do.

Besides this, it's a good idea for you to find out what community resources and services are available for you and your baby. You can get information from your public health nurse or from your local Family Resource Centre.

Sex and Birth Control

Your sexual relationship is another area of your life that will be changing as you adjust to parenthood. Learning to share and care about each other in a new way can add warmth and depth to your relationship, and allow you to discover each other all over again.

Being a Couple

A new baby turns a woman into a mother, a man into a father, and a couple into a family. But the "couple" is still there.

Some couples have trouble working out a satisfying new relationship. You're not alone in this. The key, as it was during pregnancy, is good communication. Talk about how you feel. Be as flexible and as open with one another as you can. A sense of humour helps too.

Most new mothers are ready to resume intercourse when they feel comfortable, usually when their stitches (from an episiotomy or a cesarean) have healed and their lochia (vaginal discharge) is clear. Couples often find that trying new positions helps them to cope with these physical discomforts.

In addition to physical discomfort, many new mothers are so tired that they lose interest in sex. Many new fathers have the same reaction. If mothers are going through any postpartum blues, this will also reduce their interest in sex.

Everyone has a need for close physical contact — to be touched and held. Many new mothers find caring for the baby meets their need to be touched, and they have little left for their partner. This can be upsetting to a man who is used to a close and affectionate relationship.

Another factor is that babies seem to have an amazing ability to wake up just when you start to make love. This can be so frustrating and discouraging that you may feel like not even trying. But your baby will eventually sleep through the night, or at least long enough for you to enjoy yourselves.

All of these feelings will pass. The key is communication. Talk to one another. Tell each other "I love you" often. Try to keep romance alive by spending time alone together. Going for a walk or a drive or out for coffee together can give both of you a chance to remember that you're friends and lovers as well as parents.

Thinking about Birth Control

Immediately after childbirth, birth control may be just about the farthest thing from your mind. Most new parents feel that they have plenty of time before they need to start thinking about birth control again.

But the time will come, sooner than you might think, when you and your partner will want to resume sex. So it's a good idea to be prepared.

It's important to understand that after childbirth you can ovulate — and become pregnant — even though you haven't had a period. About half of all new mothers ovulate before they have a period. This is true of breastfeeding mothers, too. You can't depend on breastfeeding to prevent pregnancy.

It takes your body between 1 and 3 years to recover completely from a pregnancy. That's why it's best for your own health and the health of your future babies to space your pregnancies at least 2 years apart.

The time to think about birth control is now — before you need it. Waiting for your 6-week-postpartum checkup may be too late.

Condoms are the safest method of birth control for the first weeks postpartum. After your postpartum checkup, you may want to use a different method. On the next pages you'll find information about different methods of birth control to help you make a choice that will work for you and your partner.

Birth Control Methods

Choosing a method of birth control that feels right for you may take some thought. Talk it over with your partner and look for information from your doctor, public health nurse or local family planning clinic.

When making your choice, think about

- Reliability: How well does the method work? Do you feel confident using it?
- Convenience: Is this easy enough to use that I'll use it every time?
- Pleasure: Will I enjoy sex less if I use this method? Could using it become part of lovemaking?
- Privacy: Do you have enough privacy to use this method? If you'll need to use the bathroom, is it conveniently close to your bedroom?
- Preparation: Do you have all the facts and skills you need to use this method properly?
- Costs: Can you afford this method? Does it involve a one-time cost, or will you need to keep spending money?

That's a lot to think about and discuss. Look over the information on the different kinds of birth control on the next pages and choose one that seems comfortable. Remember that if you try one method and you're not happy with it, you can always try another.

Breastfeeding (LAM)

What is it?
LAM stands for Lactational Amenorrhea Method and is the use of breastfeeding as a method of birth control. Lactational means breastfeeding. Amenorrhea means having no monthly period.

LAM takes advantage of the normal processes that occur in a woman's body after childbirth and when she breastfeeds. The baby's suckling prevents the release of certain hormones needed for ovulation (release of an egg). The breastfeeding woman does not release an egg, and she cannot become pregnant.

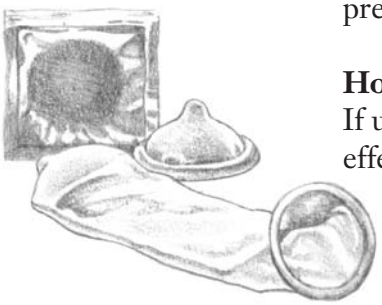
How well does it work?
Of 100 women using this method correctly, 2 will become pregnant. It is effective only if **all** of the following apply to you.

- Your baby is under 6 months old.
- Your monthly periods have not returned.
- Your baby is fully or nearly fully breastfed.
- Your baby is breastfeeding at least every 4 hours during the day and at least every 6 hours at night.

CAUTION LAM does not protect you from sexually transmitted infections (STIs). You and your partner should use a condom.

Are there any side effects?
There are no side effects to this method of birth control. However if your period returns, no matter how old your baby is, start using another method of birth control immediately.

Condom: Male



What is it?
The male condom is a thin cover usually made of latex rubber or polyurethane that is worn over the penis during intercourse. It prevents pregnancy by catching and holding sperm so that they can't fertilize the egg.

How well does it work?
If used correctly, and used for every act of intercourse, condoms are quite effective. Between 3 and 14 out of 100 women having intercourse with a partner using a condom will get pregnant. Condoms are even more effective when they contain a spermicide (a chemical that kills sperm) or if the woman uses foam. If foam and a condom are used together, only about 1 or 2 out of 100 women will get pregnant.

Condoms are the only form of birth control that can protect you from sexually transmitted infections (STIs).

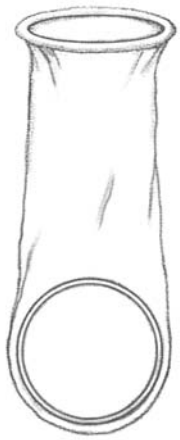
How is it used?
The male condom is rolled carefully onto the erect penis before it enters the vagina. When using a condom, you need to be very careful that it doesn't slip off during intercourse. After ejaculation, the condom should be held at the base to prevent leaking during withdrawal. A condom should never be used more than once. If you use a lubricant with a condom, be sure that it is water based, like KY Jelly. Do not use vaseline with a condom.

Are there any side effects?
Male condoms have no known side effects. A few men and women are sensitive to the latex. Other non-latex choices are available. Condoms are the recommended form of birth control for the early postpartum period.

Will it affect sexual relations?
Some couples find using condoms awkward because they have to interrupt their sexual activities to put it on. Some men feel that it dulls their feeling during sexual intercourse.

How can I get it?
You can buy male condoms at any drug store. Check the expiration on the condom package, and don't buy them if they are expired or if you will not use them before they expire.

Condom: Female



What is it?
A female condom is a lubricated pouch made of polyurethane with a thin, flexible ring at each end.

How is it used?
Like a male condom, the female condom acts as a barrier and prevents pregnancy by stopping sperm from entering the vagina. The closed end of the condom is inserted into the vagina and held in place by the inside ring. The open outside ring rests on the outside of the vagina

How well does it work?
Of 100 women using the female condom perfectly, 5 will become pregnant. If it is not used perfectly, 21 of 100 women will become pregnant.

To be effective, a new female condom must be used each and every time you have sex.

Condoms are the only form of birth control that can protect you from sexually transmitted infections.

Are there any side effects?
The female condom can be used by people who are allergic to latex; it's made of polyurethane (a thin plastic).

Will it affect sexual relations?
Using the female condom will take some practice. You might need to help guide your partner's erect penis into the condom.

You might need to put extra lubricant inside the condom or on the man's penis to make using the female condom more comfortable for both partners.

Use a new condom each time you have intercourse.

How can I get it?
Female condoms are available from your drugstore; no prescription is necessary

Depo-Provera

What is it?
Depo-Provera is an injection or "shot" of the hormone progesterone. It is given once every 12 weeks to prevent pregnancy. Depo-Provera stops the ovaries from releasing an egg every month.

You can use Depo-Provera when breastfeeding. It is best to wait until your milk is well established and breastfeeding is going well before starting Depo-Provera.

How well does it work?
Depo-Provera is a very effective way to prevent pregnancy. In one year, fewer than 1 of 100 women who get Depo-Provera injections regularly will become pregnant.

CAUTION Depo-Provera does not protect you from sexually transmitted infections. You and your partner should use a condom.

How is it used?
Depo-Provera works right away if you have an injection within 5 days after your period starts. It provides continuous birth control for 12 weeks. You must get an injection of Depo-Provera every 11–13 weeks to stay protected.

Are there any side effects?
Side effects of Depo-Provera are irregular periods, spotting, extra bleeding, or missed periods for the first few months. It is normal for some women to have no bleeding at all after 6 to 12 months. Some women experience sore breasts, depression, or slight weight gain due to increase in appetite. Once Depo-Provera is injected, any side effects you might have will last until the hormone wears off.

It may take 6 months to 2 years after your last injection of Depo-Provera before the return of normal ovulation. So, it may take that long to get pregnant again.

You should not use Depo-Provera if

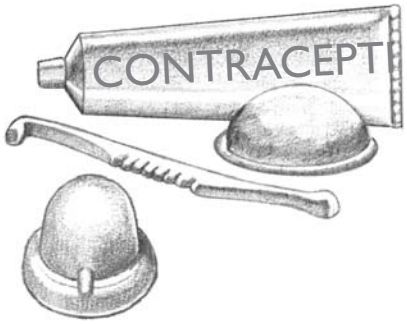
- you are pregnant or think you might be
- you have undiagnosed vaginal bleeding or you have a family history of breast cancer

Long-term use of Depo-Provera may lead to a decrease in calcium in the bones. Ask your doctor about calcium supplements.

Will it affect sexual relations?
Depo-Provera is very reliable, so some women find they enjoy sex more without the worry of becoming pregnant.

How can I get it?
Your doctor's office or a health clinic can give you injections of Depo-Provera. There may be a cost for these injections.

Diaphragm or Cervical Cap



What is it?
A diaphragm is a round piece of thin latex rubber that is attached to a firm rim. A cervical cap is a small flexible latex rubber dome with a firm rim. Both devices are used with spermicidal jelly and inserted over the cervix (the opening of the uterus at the top of the vagina) before intercourse.

A diaphragm is held in place by the muscles of your vagina. The cervical cap stays in place over your cervix by suction. A diaphragm or cervical cap and spermicide work together to stop the sperm from meeting the egg by killing sperm and by stopping the sperm from entering the uterus.

How well does it work?
A diaphragm or cervical cap must be fitted well and used for every act of intercourse.

If the diaphragm is used perfectly, out of 100 women using it, 6 will become pregnant. However, with typical use (which means it is not placed correctly or used every time), 20 out of 100 women will become pregnant.

For the cervical cap, out of 100 women using it perfectly, between 6 and 29 women will become pregnant; with typical use 20 to 40 women will become pregnant.

CAUTION A diaphragm or cervical cap will not protect you from sexually transmitted infections. You and your partner should use a condom.

How is it used?
A diaphragm or cervical cap must be fitted by a doctor or nurse, who can also show you how to insert and remove it. To be sure that your diaphragm or cervical cap fits correctly, you should have your doctor check it at least once every two years, if you gain or lose 5 kg (11 pounds), and after each pregnancy.

The diaphragm or cervical cap must be used with spermicidal jelly or cream and inserted into the vagina before every act of sexual intercourse. It must be left in place for 6 to 8 hours after having sex. If you have intercourse more than once, you need to insert another application of contraceptive cream or jelly into the vagina.

A diaphragm or cervical cap must be cleaned with soap and water after each use and held up to the light to be checked for holes or tears. You should not use Vaseline, as it may damage the rubber.

Are there any side effects?
If properly inserted, diaphragms and cervical caps have no side effects. They can be uncomfortable if not properly in place.

Some people are sensitive or allergic to the spermicidal jelly or cream or to latex.

Some women are more likely to have bladder infections when they use a diaphragm or cervical cap.

Have a pap test every year.

Will they affect sexual relations
If it is properly in place, a diaphragm or cervical cap can't be felt by either partner.

How can I get one?
Both are fitted by a doctor and available through a prescription at the pharmacy.

Spermicides

What is it?
Spermicides (foams, creams, films, suppositories gel and tablets) contain chemicals that prevent pregnancy by killing sperm before they can fertilize an egg or act as a barrier to block sperm from moving through the cervix.

How well does it work?
Used on their own, spermicides work only fairly well. Of 100 women using spermicides alone, between 6 and 26 will get pregnant. Spermicide is much more effective if used along with a barrier method of birth control, like a condom. If spermicide and a condom are used together, only about 1 or 2 out of 100 women will get pregnant.

CAUTION Spermicides will not protect you from sexually transmitted infections. You and your partner should use a condom.

How do I use it?
How to use foams, creams, gels and suppositories varies. It should be clearly explained by instructions and pictures in or on the packages. Read and follow these instructions for each act of intercourse.

Spermicides must be left in place at least 6–8 hours after the last act of intercourse. Do not douche, or have a bath for at least 6–8 hours after you have had intercourse — you may wash the outside of the pubic area.

Does it have any side effects?
There are no serious side effects, but some people can be sensitive or allergic to these products. Spermicides can cause itching, smelling or burning. If this occurs, stop using it because it can increase your risk of infection.

Will it affect sexual relations?
Some spermicides add moisture to your vagina. Some people find this messy and unpleasant. Others find the extra lubrication helpful during intercourse.

Where can I get it?
Spermicides can be purchased in any drug store. You don't need a prescription.

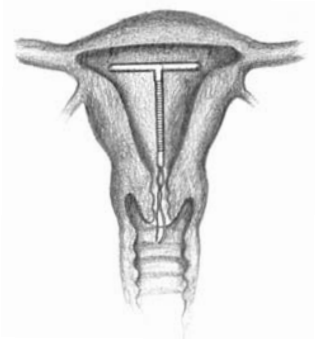
Natural Family Planning

What is it?
Natural family planning methods are based on knowledge of a woman's natural fertility cycle. These methods depend on you and your partner refraining from intercourse on the days when you could become pregnant.

If you'd like to learn more about natural family planning, contact (902) 368-8174 for the Serena or Sympo Thermal method or (902) 836-3737 regarding the cervical mucous charting method. There are several different methods of natural family planning to choose from, and whichever you choose, it's important that you learn to do it properly from qualified, trained instructors.

CAUTION Natural family planning methods will not protect you from sexually transmitted infections. You and your partner should use a condom.

IUD



What is it?
An IUD is a small piece of plastic that is inserted into the uterus. An IUD works by preventing a fertilized egg from attaching to the uterus.

How well does it work?
The IUD is not quite as effective as the pill, but is still very reliable. Out of 100 women using it, about 2 or 3 will become pregnant.

CAUTION IUD will not protect you from sexually transmitted infections. You and your partner should use a condom.

How do I use it?
The IUD must be placed in your uterus by a doctor while you are having your period. You may have some discomfort during the insertion and some cramping immediately afterward. Most IUDs can be left in place for 5–7 years, but you'll need to go back to the doctor for a checkup at least once a year.

You'll need to check that the IUD is still in place by feeling for the thread in your vagina at least once a month. Most women do this right after their period ends.

Are there any side effects?
Most women have few problems. However, it's not unusual to have some spotting or discomfort for a few months after the IUD is inserted. Some women have more painful menstrual cramps and heavier periods.

CAUTION

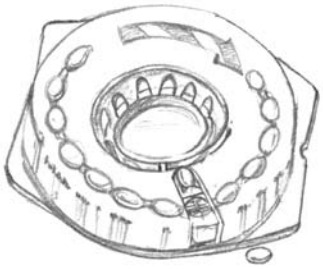
Contact you doctor if you have

- severe cramps
- severe bleeding
- unusual vaginal discharge
- unusual vaginal odour

Will it affect sexual relations?
If the IUD is inserted properly, neither you nor your partner should notice it at all.

How do I get it?
An IUD can be inserted at your doctor's office. After childbirth, your doctor can insert an IUD during your 6-week checkup, as long as your uterus is healing well and there are no signs of infection.

Pill



What is it?
Birth control pills all contain hormones like the ones a woman's body produces during pregnancy. These work on the body to prevent the ovary from releasing an egg.

How well does it work?
If you follow the directions, the pill is very reliable. Only 1 or 2 of every 100 women who use it become pregnant.

CAUTION The pill will not protect you from sexually transmitted infections. You and your partner should use a condom.

How do I use it?
- Begin taking the pill on the first day of your period.
- If you don't start the pill with your period, use condoms for that month.
- Take the pill at the same time every day. Many women find it easier to remember if they take the pill at night.
- If you miss a pill, or if you think you missed a pill, continue taking the pill but also use a condom for the rest of the month.
- If you have bleeding while taking the pill, call your doctor but don't stop taking the pill.

Are there any side effects?
With the low-dose pills used today, most women have few side effects. The most common are nausea, cramps, breast discomfort, headaches or moodiness. Many women on the pill gain weight, so a good diet and exercise are important.

CAUTION Women who are over 40 and who smoke should not take the pill.

Contact your doctor if you have any of these more serious side effects:
- headaches
- blurred vision
- leg cramps
- break-through bleeding

Do not come off the pill "to give your body a rest" unless you are planning to become pregnant.

Will it affect sexual relations?
Some women say that they enjoy sex more while using the pill because they don't have to worry about getting pregnant.

How do I get it?
You need a prescription to get the pill. Talk to your doctor.

Breastfeeding and the pill

With the low-dose pills used today, it is possible to use this method of birth control while breastfeeding. There is still some controversy about this, however, and you will need to discuss taking the pill while breastfeeding with your doctor.

Sponge

What is it?

This is a soft, disposable sponge containing spermicide. The sponge is inserted into the vagina. It covers the opening to the uterus, killing and absorbing the sperm before it can enter.

CAUTION The sponge will not protect you from sexually transmitted infections. You and your partner should use a condom.

How well does it work?

Out of 100 women using the sponge, between 20 and 40 will become pregnant. The sponge is much more effective if used along with a condom.

How do I use it?

The sponge is wetted with tap water to activate the spermicide, and then inserted deep into the vagina to cover the cervix. The spermicide in the sponge is released for up to 12 hours while the sponge is in place. The sponge must be left in for at least 6 hours after intercourse. It should not be left in for longer than a total of 12 hours. Each sponge can be used only once. The sponge cannot be used during your period.

The sponge is removed by pulling on the loop of string attached to its back.

Are there any side effects?

Occasionally, either the man or the woman is allergic to the spermicide or to the sponge itself.

CAUTION After childbirth, it is important that you talk to a doctor before using the sponge.

If you are breastfeeding, talk with a doctor before using the sponge.

Do not use the sponge if you have ever had toxic shock syndrome.

Will it affect sexual relations?

The sponge is designed to feel like normal vaginal tissue. If it's properly in place, it usually can't be felt by either partner.

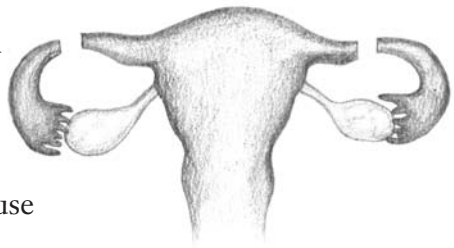
How can I get it?

You can buy sponges at the drug store.

Tubal Ligation (Female Sterilization)

What is it?
Tubal ligation is an operation that cuts and ties the fallopian tubes — the tubes that carry the egg from the ovary to the uterus. This keeps the egg and the sperm apart.

Tubal ligation is a permanent form of birth control.



How well does it work?
Tubal ligation is almost completely reliable. It is more effective than any other form of birth control.

CAUTION Tubal ligation will not protect you from sexually transmitted infections. You and your partner should use a condom.

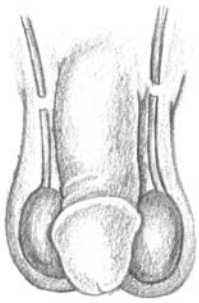
How is it done?
The surgeon makes a small cut in the lower abdomen, removes a piece from each tube, and ties off the open ends. The operation is done under local or general anesthetic.

Are there any side effects?
There are usually no side effects, but all surgery has a slight risk of complication.

Is there any effect on sexual relations?
No, although some women find that the relief from worry about pregnancy increases their interest in sex.

How can I get it?
You'll need to discuss this decision and make arrangements with your doctor
.

Vasectomy (Male Sterilization)



What is it?
A vasectomy is an operation that cuts and ties the tubes that carry the sperm from the testicles to the penis. During intercourse, the man still feels orgasm and still ejaculates, but the fluid contains no sperm.

How well does it work?
A vasectomy isn't effective right away. There may still be some sperm in the tubes, and the fluid the man ejaculates must be tested several times after the surgery to be sure that it contains no sperm. When the fluid is free of sperm, a vasectomy is almost 100% effective.

Like tubal ligation, a vasectomy is a permanent method of birth control.

CAUTION A vasectomy will not protect you from sexually transmitted infections. You and your partner should use a condom.

How is it done?
A vasectomy is a minor operation and is usually done with a local anesthetic, either in a doctor's office or a hospital. Vasectomy doesn't usually require a stay in hospital, but most men take a few days to rest and recover.

Are there any side effects?
There are no known side effects, although there is a slight risk of complication from any surgery.

Will it affect sexual relations?
Vasectomy doesn't affect a man's ability to perform or to enjoy sex.

How is a vasectomy arranged?
You'll need to discuss this decision and make arrangements with your doctor.

Withdrawal

What is it?
Withdrawal is when the man removes his penis from his partner's vagina before he ejaculates (comes). Ejaculation must occur completely away from the genital area of the woman to prevent sperm from entering the vagina.

How effective is it
Withdrawal may not be effective for two reasons:

- It requires considerable self-control on the part of the man as he must withdraw at the most pleasurable moment.
- There may be semen in the pre-ejaculatory fluid, which serves as lubrication. It may contain sperm that can enter the woman's vagina as soon as his penis comes in contact with her genital area, even before the penis enters the vagina. This fluid may also contain STIs.

CAUTION Withdrawal will not protect you from sexually transmitted infections.

Accidents do Happen

Even if you use birth control, accidents can happen. People make mistakes.

If you have had sex without using birth control or if your birth control fails, you can still prevent pregnancy by taking ECPs — Emergency Contraceptive Pills or Morning after Pills.

You need to take ECPs within 3 days (72 hours) after having intercourse without birth control. The sooner you take them, the more effective they are.

If more than 72 hours have passed since you've had intercourse without birth control, speak to your doctor about whether pregnancy may still be prevented. This may be possible up to 5 to 7 days after unprotected sex.

CAUTION ECPs do not protect you from sexually transmitted infections.

ECPs are available from doctor's offices or emergency rooms. ECPs are covered under the provincial drug program for eligible clients.
To find out where to get ECPs, call toll-free 1-866-373-7732.

Family and Friends

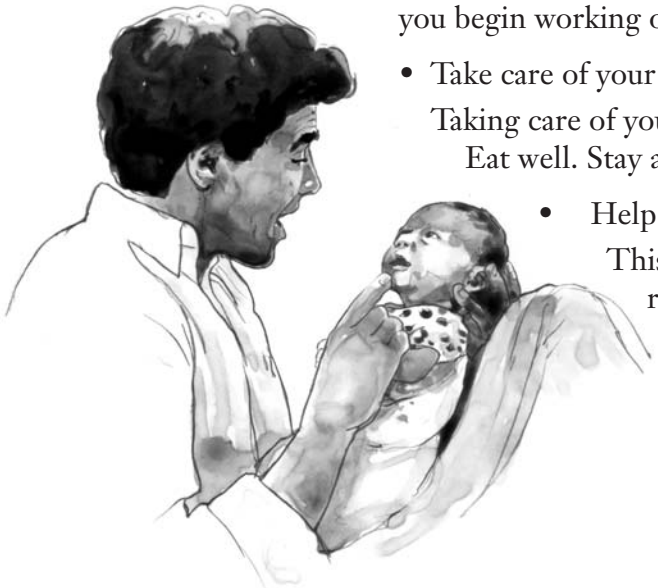
A new baby creates other new lives — a new mother, a new father, new sisters and brothers, new grandparents. Even new friends and co-workers. All of you will be learning to look at yourselves and one another in new ways. It takes, time, patience, and love for a new family to settle comfortably into a new life together.

Fathers

It's not unusual for a new father to feel neglected. During the pregnancy, everyone asked about the mother. Now everyone's interested in the baby. Especially your partner. Where do you fit in? Do you get a turn?

It's also easy for new fathers to feel unappreciated. You're tired too. You have new responsibilities and worries. You're expected to do things you don't remember your own father doing — like changing diapers, doing laundry, and getting up at night. All this and you're still supposed to go to work every day and earn a living.

You're not alone. Most new fathers go through a time of confusion and adjustment. It isn't easy, but it's normal. These suggestions might help you as you begin working out your own style of fathering.



- Take care of your health.

  Taking care of your partner and your baby will take strength and energy. Eat well. Stay active and in shape.

- Help and support your partner.

  This is a difficult time for both of you, but she's also recovering from the physical stress of pregnancy and childbirth. This takes time. She'll also need your love and reassurance. Understand that a new baby nearly doubles the amount of housework that has to be done. You'll need to do your share of the housework as well as take turns with the baby.

- Talk about your feelings.

  It's easy to hide from your own feelings, especially if they're not very happy ones. If you're feeling tired or lonely or worried or left out, tell your partner how you feel. Don't be surprised to find that she feels the same way. Talk about what's bothering you. Listen to what's bothering her. Once you've got your feelings out in the open, you can begin working things out together. This isn't always easy, but it's worth the effort.
- Be an active father.

  The more you put into being a father, the more you get out of it. Do your share of the everyday work of looking after the baby. Make an effort to spend time alone with your baby. Go for walks together. Give her a bath. Let her get to know her Daddy.
- Accept that nobody's perfect.

  You'll make mistakes. Lots of them. So will your partner. Everybody does. Don't worry — trial and error is how you learn to be a parent.
- Face the fact that life will be different from now on.

  This doesn't mean that it will be worse. Getting used to so many changes can be difficult and exhausting. Right now, it's easy to get bogged down in the inconveniences of a new baby. But it's not all bad. Your new life as a father will also hold joy, satisfaction, and a deep sense of purpose and pride. So relax and grow into your new life. It's true that life will be different. But so will you.

Brothers and Sisters

The arrival of a new baby is very exciting for most children, but it can also bring some mixed feelings. The new baby gets a lot of attention, and it's not unusual for older children to feel a bit jealous and left out.

Here are ways to help your older children adjust to the changes a new baby brings

- Help them learn about babies before the baby comes.

  Take them to visit friends with small babies. This can help children learn that a new baby won't be much of a playmate for a while. Show them books with pictures and stories about babies.

  Talk about all the things they can do now that babies can't do. Your "big" children can walk and talk and do all sorts of clever things. Help them to feel very pleased and proud of themselves.

- Make changes and plans ahead of time.

  If you plan to move a child to a new room, or to buy a new bed and give the crib to the baby, do these things several weeks or months before the baby comes. This way, your children won't connect the changes with the new baby and will be less likely to feel that the baby is taking things away from them.

  No child likes it when Mommy goes away. Let your children know what will happen and who will take care of them while you're away having the baby. Leave very detailed lists of mealtimes, nap times, bedtimes, likes and dislikes for whoever will be looking after your children. Try to keep your children's routine as normal as possible while you're away. If possible, have your children come to visit you and the baby in hospital. Don't be upset if your children are not very happy with you when you come home. It may take a while for them to get over your leaving.

- Give children time to get used to the new baby.

  This is a big change! Be patient. Older children often try to get your attention by acting like a baby. Don't punish them for this, but let them know that you love them just the way they are.

  Bring a present from the baby home from the hospital with you.

  Try not to make too big a fuss over the baby. Don't use the baby as a reason for not doing something for the other children. Try not to say "Be quiet, you'll wake the baby" or "Be careful of the baby" too often.

  Let your children help with the baby if they want to, but don't force it. And don't put your children in a position where they could hurt the baby, even accidentally.

  Each parent should try to spend time alone with older children. They need to know that they're still special and loved.

Many parents don't feel instant love for a new baby. Neither will brothers and sisters. Bonding with a new baby takes time. Children who feel loved themselves will find it much easier to love their new baby.

Grandparents

Just as you're learning to be parents, your own parents are learning to be grandparents.

And just as every mother and father has to find their own way of parenting, your parents will be working out a style of grandparenting that feels right to them.

- Some grandparents may be thrilled with the idea of being grandparents. They may want to help and are looking forward to babysitting and spending time with their grandchild.
- Some may find that a grandchild is a reminder that they're getting old, and find the idea unsettling.
- Others may be happy about the birth, but are so busy with their own lives and interests that they haven't much time to spare.

Whatever kind of grandparents your parents turn out to be, understanding and respecting their ideas about being involved with the baby will make everyone's life easier.

Some new parents are delighted to receive help and advice from grandparents. Others find being around grandparents stressful. Remember that this is your baby, and you have to parent in your own way. This may be different from the way your parents raised you, and it may be difficult for your parents to accept this.

Once again, talking about your feelings is the best approach. Be tactful, but honest. Gritting your teeth and putting up with an uncomfortable situation isn't the best way to get along with each other.

Looking Ahead

This book has covered the 9 months of your pregnancy and the first 6 weeks of your baby's life. We hope that you've found the information to be helpful and that you feel well started on a happy and healthy family life.

Parenthood lasts longer than 6 weeks. You can look forward to many milestones together: baby's first smile, first tooth, first step, first word.

You'll want information about all these events, and about your baby's health, growth, and development as you move into the toddler and preschool years.

Look around your community for play groups, parent resource centres, mother/baby exercise programs, mother/baby drop-in groups, and other activities that will give you a chance to meet other mothers and your baby a chance to learn and play.

Talk to your public health nurse about information that's available from your local Public Health Services office. Look for childcare books in libraries and bookstores.

As a parent you'll grow and change and learn along with your children. You have a lot to teach your children, and they have a lot to teach you. Enjoy one another, love one another, and grow together in good health.

For More Information

If you feel that you would like to read more about breastfeeding and feeding babies and children contact your local Public Health Nursing office for the following publications:

- *Breastfeeding Your Baby*
- *Baby Help: Feeding and Immunizing Your Baby*

You can also visit the Pregnancy and Parenting Web site at: *www.gov.pe.ca/hirc*

Community	***Community Dietitian***	***Public Health Nurse***
Tignish		882-7366
O'Leary	859-8723	859-8720 (8721)
Wellington		854-7259
Summerside	888-8156	888-8160
Kensington		836-3863
Charlottetown	368-5357 (5353) (5071)	368-4530
Montague	838-0719	838-0762
Souris	687-7051 (7055)	687-7049

Lennox Island Health Centre	831-2711
Abegweit Health Care	676-3007 (2525)

LaLeache League

The LaLeche League is a group of mothers who have breastfed their babies. They offer help and advice to those who plan to breastfeed or are currently breastfeeding. In addition, their monthly meetings provide information and support to mothers. *Feel free to contact a group leader in your area from those listed below:*

Summerside: Janet Needham, 887-3140
Charlottetown: Chris Konczal, 675-2239

Community	***Lactation Consultants***	***Hospitals***
Alberton		853-8650
O'Leary	Rita Arsenault, 859-8723	859-8700
Tyne Valley		831-7900
Summerside	Barb Pineau, 888-8160	
	Donna Walsh, 438-4497	438-4490
Charlottetown	Theresa Trainor, 368-4531(4530)	
	Rosemary Drake, 892-6677 (h)	894-2267
	Marilyn Norton, 894-5151 (h) or 367-6744 (w)	
Montague		838-0777
Souris		687-7150

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