

Introduction and Acknowledgements

Introduction

This booklet is for people with new babies – mothers, fathers, grandparents, and other caregivers. It has practical, hands-on information about the first year of life with a new baby.

You may be a first time parent or maybe you've been through this before. Everyone has questions. We encourage you to talk to the nurse, doctor, or midwife – they are happy to help.

Acknowledgements

We recognize and thank the following people and agencies for making this book possible:



- ✓ The **Hay River Community Health Authority**. They wrote the original Best Beginnings and agreed to let us revise it.
- ✓ Staff of the **Obstetrics Unit at Stanton Territorial Hospital and YK Public Health**
- ✓ **Health Promotion Fund, Department of Health and Social Services, GNWT.**
- ✓ **Plain Language Program, NWT Literacy Council.**



Important Phone Numbers



My Doctor, Nurse, or Midwife	
Emergency	
Ambulance	
Stanton Territorial Hospital	Toll free 1-800-661-0896 or 867-669-4111
Local Health Centre	
Local Police: Community code + 1111	
Local Fire: Community code + 2222	
Poison control	Toll free: 1-800-267-1373
Moms, Boobs and Babies	(867) 444- 3374

Table of Contents

Baby Paperwork	Page 5
Caring for Mothers	Page 6
Warning Signs for Mothers	Page 14
Exercising after Childbirth	Page 16
Recovering from a Cesarean Birth	Page 17
Benefits of Breastfeeding	Page 18
What is Breast Milk?	Page 19
Getting Started Breastfeeding	Page 21
Four Good Breastfeeding Positions	Page 22
Latching the Baby	Page 26
How Often to Nurse	Page 29
Is My Baby Getting Enough Milk?	Page 30
Expressing or Pumping Breast Milk	Page 31

Solving Breastfeeding Challenges	Page 35
Breast Care	Page 38
Common Features of a Newborn	Page 40
Infant Care	Page 43
Warning Signs for Infants	Page 57
Starting Solid Foods	Page 59
Tips about Teething	Page 60
Car Seat Safety	Page 62
Follow-up Care and Immunizations	Page 66
Sudden Infant Death Syndrome (SIDS)	Page 68
Safety Tips for Babies	Page 69
Internet Tips for Parents	Page 76

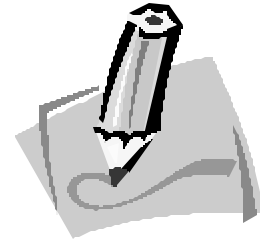
Baby Paperwork

At the hospital you will get three forms to fill out.

1) **Birth Registration Form**

Fill out this form to register your new baby. You also get your baby's Health Care card with this form. The Health Care card will come in the mail to your home.

Give the form to the Ward Clerk before you leave the hospital (you can ask for a copy of it for your records), or mail it from home within 30 days.



2) **Copy of Birth Certificate Form**

Fill out this form if you want a copy of your baby's birth certificate. Mail in the form when you get home from the hospital. Remember to include the fee.

3) **Child Tax Benefit Form**

Fill out this form at home and mail it to the address on the envelope. The form asks for the baby's birth certificate, but you can send in the form without it.

Caring for Mothers

Caring for yourself as a new mother is just as important as caring for your new baby. Women's bodies go through many changes during the postpartum period – or the first six weeks right after the birth.

Lochia or Bleeding

Lochia is bleeding from the uterus that comes out the vagina. It is like a heavy menstrual period.



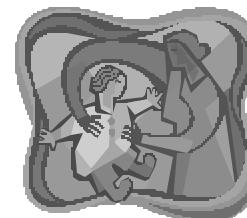
Right after the birth, the bleeding may be bright to dark red. It can stay this colour for two to three days. Then it turns more pink or brown.

Over time the colour gets lighter and the amount decreases. The bleeding may last for up to six weeks.

- 1) Use a sanitary pad to catch the flow, not a tampon.
- 2) Slow down and rest. Too much activity causes the bleeding to increase. Call the doctor, nurse, or midwife if you are worried about your bleeding.

Afterpains

Afterpains are cramp-like pains women may have after the birth. They are more common with women who have had more than one child. The uterus contracts and causes afterpains.



The pains may be more uncomfortable during breastfeeding. Afterpains should go away in four to seven days.

Perineal care or Peri-care

The perineum is the part of your body between the vagina and the bum. Peri-care means rinsing this area every time you pee, have a bowel movement (poop), or change your pad.



To clean the area, use a showerhead or the plastic squirt bottle you got in the hospital, or take a bath in a clean tub. Clean the area carefully until the bleeding stops.

The perineum may tear during childbirth. The doctor may stitch the tear. The stitches dissolve on their own within a few weeks.

Peeing or urinating

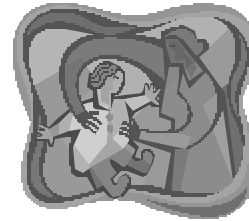
For the first 24 hours after birth, women may find it difficult to pee or feel stinging when they pee. It may help to pee in the shower or spray warm water on your perineum while you pee.



It's important for mothers to pee often. This helps prevent infection and reduces bleeding problems. It's normal to pee large amounts as your body gets rid of extra fluids.

Bowel movements, BMs, poops

You may not have a BM for up to three days after the birth. Many women worry about their first BM. Don't worry. Your stitches won't break, if you have them. Take lots of time, relax, and let your body do the work.



To help promote regular BMs:

- ✓ Drink lots of fluids.
- ✓ Get some exercise.
- ✓ Eat foods with lots of fibre - fruit, vegetables, cereal, and whole grains.

Hemorrhoids

Hemorrhoids are swollen veins of the bum. Constipation, pregnancy, and pressure from the birth may cause them. Hemorrhoids usually shrink and disappear a few weeks after the birth. They may come back from time to time.



To get relief:

- ✓ Use good peri-care.
- ✓ Apply hemorrhoid cream or 'Tucks' (medicated pads) to the area.
- ✓ Rest on your side when possible and don't sit for long periods of time.
- ✓ Follow the guidelines above to promote regular BMs.
- ✓ Talk to the doctor, nurse, or midwife if you don't get relief.

Rest and sleep

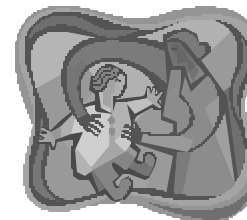
Rest is important for a mother's physical health and emotional wellbeing. Your body needs rest and proper care to restore strength and energy.



- ✓ Rest as much as possible.
- ✓ Sleep when the baby sleeps.
- ✓ Accept help from others and ask for help when you need it. Remember, 'It takes a village to raise a child'.
- ✓ Let unimportant household tasks wait.
- ✓ Use feeding times to rest. Put your feet up or sit in bed.
- ✓ Try not to take on extra tasks.
- ✓ Stay away from heavy exercise until six weeks after the birth.

Postpartum blues

After giving birth, many mothers have crying spells, mood swings, and anxiety. They are tired and can't think clearly. This is postpartum blues or **baby blues**.



Mothers may start to get these feelings two to ten days after birth. The 'blues' usually last for a few days or up to two weeks. They are probably caused by a short-term hormone imbalance and lack of sleep as well as getting used to the new changes in your life

To get some relief:

- ✓ Talk about your feelings with your partner or another person you trust.
- ✓ Stay away from stressful situations if possible.
- ✓ Get lots of rest.
- ✓ Do only what needs to be done.
- ✓ Take breaks.
- ✓ Cry when you need to – it's healing.
- ✓ Do something nice for yourself every day.
- ✓ Accept help from others.

Postpartum depression

Postpartum depression is more serious than the 'blues'. Women with postpartum depression feel lost and anxious – like they can't cope. They have trouble sleeping and eating. They feel overwhelmed with guilt, shame, isolation, fatigue, and a sense of loss. They may have very scary fantasies.



About one in five birth mothers experience some postpartum depression. If you think you have postpartum depression, you're not alone and you can get better. Postpartum depression can start right after the birth or anytime during the first year of your baby's life. Some women may need medical treatment. There are various, helpful ways to treat postpartum depression.

If you feel you're not coping well, call the doctor, nurse, or midwife. You can get help, and successfully treat and deal with postpartum depression. Most important is to seek help.

Menstruating again

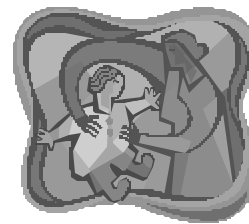
It's hard to say exactly when breastfeeding mothers will get their period back. Some mothers have a regular period two months after the birth. Others don't have another period until after they wean their baby.



Your first period may be heavier and last longer than normal, and there may be some clots. Periods may be irregular for a few months as your body gets back to normal.

Family planning and birth control

- 1) You can have sex again after the birth when you feel physically healed and emotionally ready. Check with the doctor, nurse, or midwife if you have questions.
- 2) Talk about birth control with your partner and the doctor, nurse, or midwife.
- 3) It is still possible for you **to get pregnant while you're breastfeeding**, even if you haven't had a period since the birth.



Father's / Partner's Role

Fathers, partners, and other family members need to support new mothers. Understand that mothers experience physical and emotional changes. These changes are normal and usually don't last too long. Support your partner as she learns to breastfeed and care for the baby. Prepare meals, do housekeeping, or look after older children. Be kind, patient, and loving.



Food Guide to Healthy Eating

Mothers should eat a variety of healthy foods to recover from the birth, replace lost blood, and to keep strong.

- ✓ Eat three meals a day, plus several snacks. Eat to your body's hunger.
- ✓ Drink water regularly. It's a calorie free way to quench your thirst.

Bread, grains, and cereal



Eat 6-7 servings each day

- ✓ Make at least half of your grain products whole grain each day.
- ✓ Choose grains that are lower in fat, sugar or salt

Examples of one serving:

- ✓ 1 slice of bread
- ✓ 1 small roll or muffin
- ✓ 1/2 bagel, pita, or bun
- ✓ 1 1/4 to 1 1/3 cup dry cereal
- ✓ 3/4 cup cooked cereal
- ✓ 1/2 cup cooked pasta or rice

Vegetables and fruit



Eat 7 to 8 servings each day

- ✓ Choose dark green and orange vegetables and orange fruit more often.
- ✓ Have vegetables and fruit more often than juice.

Examples of one serving:

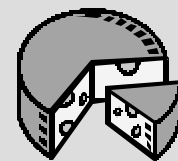
- ✓ 1 medium size vegetable or fruit
- ✓ 1/2 cup fresh, frozen, or canned vegetables or fruit
- ✓ 1 cup salad
- ✓ 100% juice 1/2 cup

Food Guide to Healthy Eating

Mothers should eat a variety of healthy foods to recover from the birth, replace lost blood, and to keep strong.

- ✓ Eat three meals a day, plus several snacks. Eat to your body's hunger.
- ✓ Drink water regularly. It's a calorie free way to quench your thirst.

Milk and other calcium foods



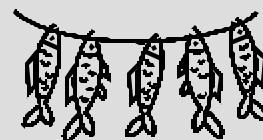
Eat 2-3 servings each day.

- ✓ Choose low fat foods more often.

Examples of one serving:

- ✓ 1 cup milk
- ✓ 3/4 cup yogurt
- ✓ 1 1/2 ounces of cheese

Meat and other protein foods



Eat 2 to 3 servings each day

- ✓ Choose lean meat, fish, poultry, dried peas, beans, and lentils more often.

Examples of one serving:

- ✓ 2 to 3 ounces meat, fish, or birds
- ✓ 1 to 2 eggs
- ✓ 1/2 to 1 cup baked beans
- ✓ 1/3 cup tofu
- ✓ 2 tablespoons peanut butter

A banner with a grey background and a black border. On the left is an icon of a clipboard with a checklist. On the right is an icon of a telephone handset on a base. The text "Warning Signs for Mothers" is centered in a large, bold, black font.

Warning Signs for Mothers

After giving birth a woman could get one or more of the following symptoms. If so, call the nurse, doctor, or midwife right away. Or call **Tele-Care NWT** (toll free **1-888-255-1010**). A nurse is there to help you 24 hours a day.

- Fever** over 38.5° Celsius or 101.3° Fahrenheit.
- Sudden, very heavy bleeding or discharge**, soaking more than one pad in an hour, clots bigger than an egg or bleeding that drips into the toilet.
- You can't catch your breath** for no clear reason.
- Fainting or dizziness.**
- Painful, reddened breasts** and flu-like aches, fever, and chills.
- Vaginal discharge that smells bad.**
- Burning or stinging when you pee.**
- Red, uncomfortable, or swollen legs.**
- Headaches.**
- Problems seeing, such as blurring or spots in front of your eyes.**
- Painful, cracked, bleeding nipples.**
- Hot, swollen incision from a cesarean birth. Or if the incision becomes more painful, red, separates, or starts to drain.**
- More and more pain in and around your vagina or perineum.**
- Bad cramps or a sore abdomen that never goes away.**

On Motherhood

A mother's love is like a circle,
It has no beginning and no ending.
It keeps going around and around
Ever expanding,
touching everyone who come in contact
with it.

Engulfing them like the morning's mist,
warming them like the noontime sun,
and covering them like a blanket of evening stars.

A mother's love is like a circle,
It has no beginning and no ending.

Art Urban



Exercising after Childbirth

Basic guidelines for exercise after childbirth are:

- 1) Exercise to help reduce stress, to have more energy, and to feel good about you.
- 2) Exercise to tone your muscles and promote healing.
- 3) Make regular exercise a part of your life and your baby's life. Walking is a great way to exercise with a new baby. Start out slowly and increase the length of your walks as your energy comes back.

Other good ways to get exercise are to swim, ski, skate, snowshoe, lift weights, climb stairs, stretch, or do yoga.

- 4) Ask the nurse, doctor, or midwife about the best way to get back to regular exercise.

One exercise all women should do after childbirth is the **Pelvic Floor Exercise**. During birth your perineal muscles stretch. The pelvic floor exercise helps heal these muscles and make them strong again.

- 1) Lie, sit, or stand.
- 2) Tighten the muscles of your perineum – imagine you are peeing and you try to stop the flow.
- 3) Hold for three to five seconds, and then relax.
- 4) Work up to doing these five times in a row, three times a day.



Recovering from a Cesarean Birth

Women recover from a cesarean birth the same way that anyone recovers from major abdominal surgery.

- ✓ You will have some pain from the surgical cut. The doctor may recommend medicine to help with this pain.
- ✓ If the doctor used staples to close your cut, a nurse will take them out before you go home.
- ✓ You may have steristrips or small plastic tapes on your cut. Leave them alone and let them fall off on their own.
- ✓ Keep the area clean and dry. Wash the area gently in the shower and pat dry.
- ✓ Don't do any heavy lifting for six weeks.
- ✓ Ask the doctor, nurse, or midwife about the best way to get back to regular exercise. See the section 'Exercising after Childbirth' page 16.
- ✓ Some women feel sad or angry about having a Cesarean birth. These feelings are normal. Talk about it with someone you trust – your partner, a friend, the midwife, nurse, or doctor.

As well as recovering from surgery, Cesarean birth mothers are also recovering from childbirth. They may be tired, their breasts may be filling with milk, and they may have afterpains, bleeding, and hormone changes.

Benefits of Breastfeeding

- 1) Breast milk is the perfect food for your baby. Breast milk is **the only food** your baby needs for at least the first **six months of life**.
- 2) Most health professionals recommend mothers keep breastfeeding until the baby is at least one year old. There are also lots of good health reasons to keep breastfeeding until your baby is two or three years old.
- 3) Babies easily digest and absorb the goodness from breast milk. It has over 200 nutrients babies need.
- 4) Breast milk carries many antibodies from the mother to the baby. Antibodies protect the baby from many diseases and illnesses.
- 5) Breast milk helps fight germs. It may help protect your baby from allergies, ear infections, and adult diseases such as heart disease and digestive problems.
- 6) You don't have to buy breast milk. It's always the right temperature and it's there when you need it.
- 7) Breastfeeding is good for the environment - you don't need bottles.



What is Breast Milk?

A mother's body begins to make milk before her baby is born. The first milk is called **colostrum**. Mothers may leak a little of this milk in the last few weeks of pregnancy.



Colostrum

Babies get **colostrum** during their first few feedings.

Colostrum is thick and yellow. It is important to feed your baby, at least, every two to three hours during the first few days.

Babies easily digest colostrum. It is rich in proteins, vitamins, and minerals. It helps build a baby's immune system and protect them from diseases. It helps babies pass their first poops and also helps prevent or reduce newborn jaundice (see page 53).

Mature milk

Mothers feel the **transitional milk** 'coming in' sometime during the second or third day after birth. Look for these signs:

- ✓ Breasts get warm and heavy.
- ✓ Breasts get bigger.
- ✓ Milk may start to leak or leak more.
- ✓ Your baby starts to swallow more during feedings.
- ✓ You may see milk around the baby's mouth after feedings.

Mature milk is established by two weeks. The milk appears bluish and thin at the beginning of the feed and then gradually changes consistency during the feed as the fat content increases.

During the first few days and weeks the baby may want to breastfeed a lot. This helps ensure the mature milk comes in well. Mother's bodies naturally make enough milk for the baby, as long as the baby is latching well, and nursing whenever they want and for as long as they want.

How to tell if your baby is hungry

It's a good idea to feed babies before they start to cry. Watch for the signs babies give that they are hungry.

- 1) Face roots or turns towards something near, such as a blanket or breast.
- 2) Body stirs from sleep. Arms and legs stretch.
- 3) Eyes move under their lids.
- 4) Hands go on the mouth.
- 5) Mouth makes sucking motions.

Getting Started Breastfeeding

- 1) Get everything you need – drink of water, snack, pillows, stool, and anything else you need.
- 2) Get comfortable. Use firm pillows or a breastfeeding pillow to support your baby. If you're sitting, put your feet on a stack of books or stool.
- 3) **Bring your baby to your breast.** Prevent strain on your arms and back. Don't hunch over to bring your breast to your baby. Relax your arms and shoulders, and keep your back straight.
- 4) Try different breastfeeding positions. This helps, especially if your nipples are sore.



Four Good Breastfeeding Positions

1) Modified Cradle Position

This position works well when you and your baby are new at breastfeeding.

- ✓ Sit in a chair or sofa. Support your back and sides with pillows if needed.
- ✓ Use a pillow to bring the baby to the same height as your breast.
- ✓ Place your baby with his tummy facing your tummy.
- ✓ Gently hold your baby's head and neck. Use your right arm if you're nursing with the left breast or the left arm if you're nursing with the right breast.
- ✓ Use your free hand to offer your breast - right hand for the right breast, left hand for the left breast.



Modified Cradle Position

2) Football Position

This is a good position for women who have had a Cesarean birth. It may also help women with inverted nipples, strong milk discharge, large breasts, twins, a premature baby, or a baby that has problems latching on.

- ✓ Sit in a chair. Put a pillow beside you to support your arm and to raise your baby to the level of your breast.
- ✓ Lay your baby on his back facing your nipple, with his feet under your arm.
- ✓ Snuggle the baby in close and support the head and shoulders with your arm.
- ✓ Pull your baby onto the breast as he opens his mouth.



Football Position

3) Cradle Position

This position works well with an older baby.

- ✓ Set yourself up the same as for the Modified Cradle position #1.
- ✓ Support the baby's head on your forearm, just in front of your elbow. Tuck the baby's lower arm between his body and yours.
- ✓ Support and offer your breast with your free hand.



Cradle Position

4) Side-Lying Position

Use this position to breastfeed at night, to rest during feedings, or to lie flat after a Cesarean birth or spinal anaesthesia. This position may also help if you have a sore perineum or hemorrhoids.

- ✓ Lie comfortably on a bed, couch, or on a mattress on the floor. Put pillows under your head, behind your back, and between your knees if needed.
- ✓ Bring your baby close, on her side, facing you, with her face level with your nipple.
- ✓ Place a pillow or blanket behind the baby so she doesn't roll back.
- ✓ Lift your breast up with your free, upper hand. Gently stroke your baby's mouth until she opens to latch on.
- ✓ To nurse the second breast:
 - i) Turn over to your other side, OR
 - ii) Raise the baby with a firm pillow to the level of the second breast, OR
 - iii) Turn your body to lower your upper breast to the baby's mouth.



Lying Down

Latching the Baby

Support your breast with your free hand when you're ready to nurse.

- 1) Put your thumb on top of your breast and four fingers under the breast. Keep your fingers away from the areola - the dark area around your nipple.



- 2) Tickle the baby's mouth with your nipple to tease it open. Keep tickling until the baby opens his mouth wide and his tongue comes down off the roof of his mouth.



- 3) When the mouth opens wide, quickly pull the baby close and point your nipple to the roof of his mouth. **Bring the baby to your breast, don't lean towards the baby.**

If the baby doesn't take the breast right away, go back to tickling until the mouth opens wide.

- 4) In the proper position, the baby's mouth goes past the nipple and up on the areola. **The baby needs to have enough of the areola in his mouth to drain the breast.**



Watch for your baby's ear and jaw to move and listen to hear him swallowing.

- ✓ If the baby has only the nipple in his mouth, the breast won't empty properly. Your breasts may get very full and your nipples may become sore. If the baby has only the nipple in his mouth, take him off the breast and try again.

- ✓ To take the baby off the breast, first break the suction. Gently place your finger in the corner of the baby's mouth and then remove your breast.



- ✓ Some women may have mild tenderness in their nipples during the first few days of breastfeeding. This happens **only** when the baby first latches and goes away once the baby starts to suck.
- ✓ While some nipple tenderness may be normal, **nipple pain is not**. Breastfeeding should not cause pain if the baby's mouth and body are in good position. If you're in pain when the baby latches on and during the feeding, take the baby off and try again. Talk to your nurse, midwife or doctor if the pain doesn't go away.
- ✓ If your breast seems to block the baby's nose, tuck the baby's bum and thighs closer to you. Don't use your finger to hold the breast out of the way.

Let the baby nurse as long as possible on one side to get the full benefits of the hind milk. The baby will let go when she is done and she might fall asleep.

Try to wake the baby gently and put her back on the second breast until she lets go or falls asleep. She may nurse for only a few minutes on the second breast. Offer this breast first at the next feeding. If she won't wake and only takes one breast, start on the second breast at the next feeding.

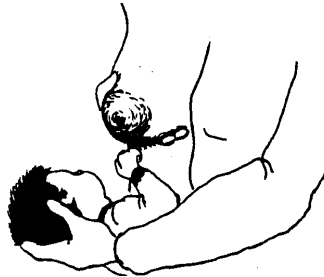
PUTTING YOUR BABY TO YOUR BREAST...

4 Steps to Comfortable Breastfeeding



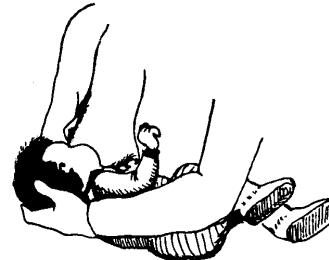
Step 1

- Choose a comfortable position.
- Hold your baby at the level of your breast.
- His head and chest are turned in toward your body.



Step 2

- Hold your breast with your thumb on top and fingers underneath.
- Make sure your fingers are away from the areola.



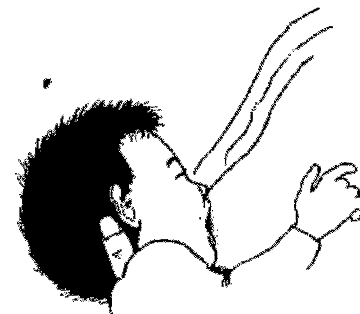
Step 3

- Bring your baby close. His nose is at the level of your nipple.
- His head, neck and back are in a straight line.



Step 4

- Wait for baby's mouth to open wide.
- As his mouth opens, your nipple is pointing to the roof of the mouth and his lower lip meets with the underside of the breast.
- Quickly pull him close to take a large mouthful. (nipple, areola, breast)



Baby is on your breast properly when his:

- ✓ ear, shoulder, thigh are in a straight line
- ✓ chin is pressed into the breast
- ✓ mouth is wide
- ✓ lower lip is pressed down and back against the chin
- ✓ nose is against the breast

Reference: Renfrew, M., Fisher, C. and Arms, S. *Breastfeeding*. Berkley, CA: Celestial Arts, 1990. p. 36-64

How Often to Nurse?

- ✓ During the first 24 hours, the baby may be sleepy and only feed four or five times. This is normal for the first day.
- ✓ After the first day, your baby wakes up more, easily digests the colostrum, and may feed quite often.
- ✓ Generally, breastfeed your baby whenever she is hungry. Nurse at least every two to three hours. This helps bring in your milk and keep your breasts comfortable.
- ✓ Babies sometimes **cluster feed**. This means they will want to feed often (every ½ hour or hour) over a few hours and then have a longer sleep. This can be normal and doesn't mean there is anything wrong.
- ✓ At first it seems all you do is feed your baby. But as the baby grows you should have more time between feedings.
- ✓ Babies have growth spurts when they are about two to three weeks, six weeks, and three months old. The growth spurts may last three to four days. At these times, babies wake more and want to nurse more often.
- ✓ The milk supply increases as the baby nurses more, and stimulates the breasts. The breasts naturally make enough milk to satisfy the baby.
- ✓ Relax and be patient as you and your baby learn to breastfeed. It often takes a few days or weeks to get the hang of it.



How do I know if my baby is getting enough milk?				
# of days after birth	# of feeds in 24 hrs	Least # of wet diapers - more is better	Least # of poops - more is better	How the breast feels
Birth day	4 to 6	1	1 dark	Soft
1	8 to 12	2	1 to 2 dark	Soft
2-3	8 to 12	3	1 to 2 brown	Full
4	8 to 12	4 to 5	2 yellow, seedy, loose	Full, soft after feeding
5+	8 to 12	6	3 or more yellow, seedy	Full, soft after feeding
After 6 weeks	8 to 12	6+	Varies	Soft

Expressing and Pumping Breast Milk

You may want to express or pump your breast milk. Two common reasons are to relieve overfull breasts and to store milk for the baby for when you're not there to breastfeed. For some moms they may pump to allow a sore nipple to heal or to keep up the supply while the baby is trying to learn to breastfeed.

You can express breast milk a) by hand, b) with a hand pump or c) with an electric pump. It takes practice and patience to express and pump breast milk. You may see little or no milk the first few times you try. This is normal. Over time this will improve.

Before you start:

- ✓ Wash your hands with warm soap and water.
- ✓ Soften your breasts - have a shower, dip your breasts in warm water, or place warm, wet washcloths on them.



- ✓ Make yourself comfortable.
- ✓ Have something to drink.

Expressing breast milk by hand

- 1) Support your breast with one hand. Start to massage the breast with your other hand. Start from the outside and work towards the nipple. Work your way all around the breast, including the underside. Complete at least ten circuits to help the milk flow.

Diag. 1



- 2) Stroke downward toward the areola with your fingertips several times. Don't press on the areola.

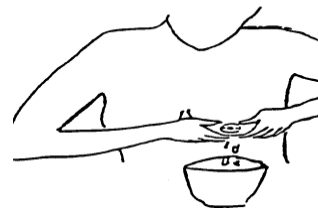
Diag. 2



- 3) Apply gentle downward pressure on the area behind the areola with your thumb and fingers. Squeeze thumb and forefingers together, and press back at the same time. Milk should come out through the nipple.

Collect the milk in a clean or sterile container. Lean over the container so the milk goes into it.

Diag. 3



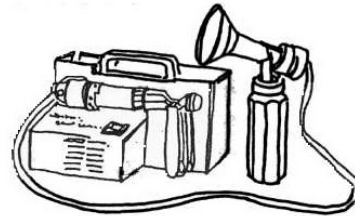
Rotate the position of the thumb and forefingers around the breast or use the thumb and forefingers of each hand to express the milk. Continue until the amount of milk slows or stops.

Expressing breast milk with a hand pump

You can get a hand pump from a drugstore. Follow the directions. Make sure all parts are clean or sterile.

Expressing breast milk with an electric pump

Use an electric pump if you want to regularly pump breast milk. An electric pump works well and it's handy.



Ask the nurse, midwife, or doctor about the best place to get an electric pump in your community. Read the directions that come with the pump.

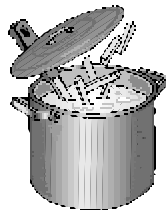
- 1) Sterilize the pump parts that touch your breast and collect the milk if your baby is less than four months old or is sick. To sterilize, put the parts in boiling water for five minutes. Let them cool and dry.
- 2) Massage your breast gently.
- 3) Start the pump on the lowest setting. When the milk starts to come, slowly turn it up to normal until the milk comes out in a stream.
- 4) Slowly increase the pumping time to 15 minutes on each side or until the milk flow stops, or you feel pain.
- 5) Ask your midwife, nurse, or doctor how often you need to pump. The more you pump the more milk your body will make.

Basic guidelines to store and use breast milk

Breast milk separates. It looks like the cream rises to the top.
Shake it before you use it.

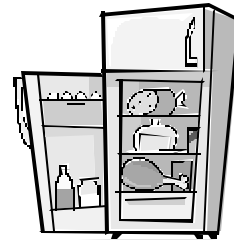
Sterilize containers.

Boil five minutes.
Cool and dry.



Store breast milk in the fridge.

In the **fridge** it keeps for up to **one week.**

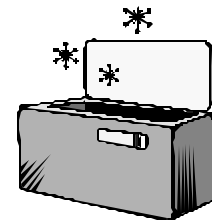


Freeze breast milk if you don't need it right away.

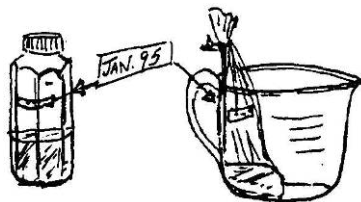


Keeps **3 to 4 months** in the **fridge freezer.**

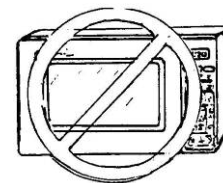
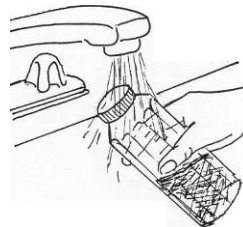
Keeps **6 months** in a **chest freezer.**



Write the date on the container. Use the oldest milk first.



Thaw breast milk under warm water. **DO NOT** use a microwave.



If you thaw breast milk and don't use it all, put it back in the fridge.

DO NOT refreeze it.



Throw out any breast milk left in the bottle after a feeding.

Discuss with the Public Health Nurse on current recommendations on how long pumped milk can be left out in room temperature.

Solving Breastfeeding Challenges

Sore nipples

Women may get sore nipples because the baby doesn't latch on properly or isn't in a good position.



- 1) Ask the nurse or midwife to watch you breastfeed your baby and offer suggestions.
- 2) Express a drop or two of breast milk onto your areola and nipple at the end of feeding. This may help the nipple to heal.
- 3) Nurse at the other breast first if just one nipple is sore.
- 4) Try some pure lanolin nipple cream on the nipple, as long as you're not allergic to wool.
- 5) Change your breast pads frequently to prevent nipples from sticking to the pad.
- 6) Call the nurse, doctor, or midwife if your nipples hurt a lot or if they are cracked, bleeding, itchy, or burning.

Engorged breasts

Engorged breasts are hard, hot, painful breasts. This happens because the breasts are overfull with milk. You shouldn't get engorged breasts if your baby latches on well and nurses often.



If you get engorged breasts, one or more of these things may help.

- 1) Feed the baby whenever she wants, at least every two to three hours during the day and every three to four hours at night.
- 2) Have a shower or put warm moist towels on your breasts for 10 minutes before feeding.
- 3) Express or pump some milk until your breasts are comfortable or until the baby latches on well.
- 4) Put an ice pack on your breasts after feedings. You can do this up to three times a day. Keep the pack on for 10 to 15 minutes at a time. Make your own ice pack with frozen peas, berries, or snow.
- 5) Take a recommended medication to decrease discomfort and swelling.
- 6) Contact the nurse, doctor, or midwife if you try these things and don't feel better, or if it lasts more than two to three days.

Plugged Ducts and Mastitis



Plugged Ducts

A plugged duct is a tender, hot, red area on a breast. It is caused by breast milk that doesn't drain well from one area of the breast.

Try the following things to treat a plugged duct.

- ✓ Keep breastfeeding, often. Especially on the affected side.
- ✓ Apply warm, wet cloths to the area several times a day.
- ✓ Massage the affected area with your fingertip before and during the feeding, and in the shower.
- ✓ Change the baby's position during the feeding. This helps empty the breast completely.
- ✓ Rest, drink when you're thirsty, and eat well. Don't wear under-wire bras and avoid stress if possible.

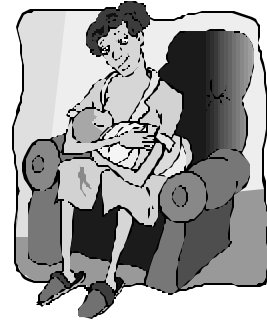
Mastitis

Mastitis is a breast infection. Women with mastitis feel very tired and they have flu-like symptoms. One or both breasts may have tender, hot, red areas.

Contact your midwife, nurse, or doctor if you think you have mastitis.

Breast Care

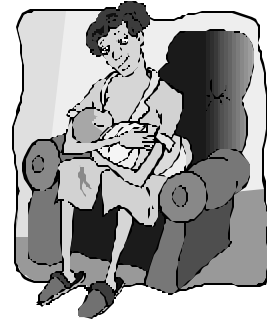
- 1) Nurse often to help create a good milk supply and to prevent engorged breasts. Aim for, at least, 8 to 12 feedings per day.
- 2) Make sure the baby takes in as much areola as possible. The areola is the dark area around the nipple.
- 3) To take the baby off the breast, gently put your finger between the baby's gums to break the suction.
- 4) If you feel comfortable wearing a bra while you breastfeed, make sure it is that right size and gives you the support you need.
- 5) Wearing breast pads can help keep milk off your bra. Change the pads often when they get wet. Don't use breast pads with plastic linings.
- 6) Wash your breasts only when you shower. This is enough to keep them clean.



Alcohol and Breastfeeding

Many mothers have questions about whether they can drink alcohol while they are breastfeeding.

When a mother drinks alcohol, it passes easily into her breast milk. The level of alcohol in breast milk will be the same as the level in a woman's blood.



The effects of alcohol on baby are directly related to the amount of alcohol the mother drinks. Excessive (moderate to large amounts) drinking can cause harm to babies, such as weakened muscle development, changes in sleep and lowered blood sugar.

Some people think that drinking beer helps to make more milk. Evidence shows that drinking alcohol usually causes the baby to drink **less** breast milk overall.

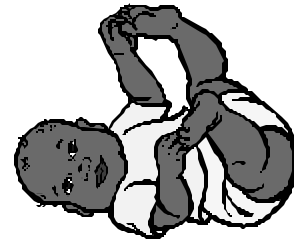
According to Motherisk (a Canadian program giving up-to-date information on drug and chemical use in pregnancy and breastfeeding), mothers who choose to drink alcohol while breastfeeding should be aware of the effects it can have on infants. Carefully planning a breastfeeding schedule and waiting for the alcohol to completely leave her body can help to make sure the baby is not affected.

Contact **Motherisk** for more information at **1-877-327-4636** or go to www.motherisk.org. Your nurse, doctor or midwife can also give you more information about alcohol and breastfeeding.

Common Features of a Newborn

Head

The baby's head may be a funny shape right after the birth. Be patient. It will go back to normal shape within a week.



Newborns have two soft spots on top of their head called the **fontanel**s. They allow room for the head and brain to grow. The soft spots close when the baby is nine to 18 months old.

Sight

Newborns can see at birth but their vision is probably not too clear. They can focus about seven to eight inches from their face. They like to look at black and white things, and the human face. Over time their vision clears and they can see objects further away.

It's common for baby's eyes to cross for short periods of time. Their eye muscles are weak and will get stronger over time. If you have concerns, talk to your doctor, nurse, or midwife.

Breathing

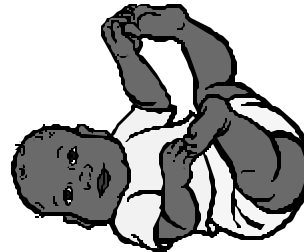
Newborns breathe through their nose. When they breathe, their chest and stomach moves in and out. A newborn's breathing often seems irregular, and changes speed and depth.

It's normal for babies to sneeze often. They don't have a cold, they sneeze to clear mucous from their nose. You shouldn't clean their nose with Q-tips.

If your baby's nose is stuffed up, put a humidifier in their room or take them in a bathroom after a shower. The mist loosens the mucous so they can sneeze it out.

Hearing

Newborns have very sensitive hearing. They often jump or are startled when they hear loud noises.



Babies recognize voices they know. They like people to use a soothing voice, and to talk and sing to them.

Babies' ears have wax that protects their ears. Don't use Q-tips. This may damage the eardrum.

Skin

Newborns have very soft skin. It may be puffy around their eyes, legs, private parts, and the back of their feet and hands.

Greyish, white, cheese-like substance called **vernix** covers the skin at birth. It may come off on its own during a bath. It may be absorbed like a lotion and disappear in about 48 hours. You don't need to scrub it off.

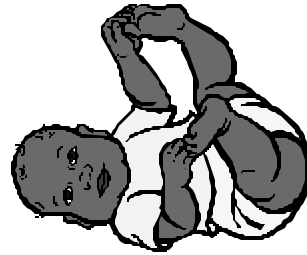
Overdue babies often have dry skin that may peel and crack. Talk to the midwife, nurse, or doctor about lotions.

Newborns have sensitive skin. They often have a rash during the first week of life that can come and go. It looks like reddened bumps with a white head in the middle. You don't need to treat the rash. Wash your baby's clothes in mild unscented detergent if you feel your baby has very sensitive skin.

You may see white dots on you baby’s cheeks, chin, and nose. This is **milia** or clogged oil glands. Milia usually disappear in a few weeks. Don’t squeeze them.

Breasts

Male and female newborns may have swollen breasts. You may also see a few drops of milk come out of the nipple. This will go away within several weeks after the birth. Hormones your baby received through the placenta cause the swelling and milk.



Genitals

Girl babies may have some mucousy vaginal discharge during their first week of life. Sometimes there is a small amount of blood. This is normal.

In the first few days a baby may have what appears red or orange in their pee. This is called uric acid crystals and happens when the pee is still in small amounts. This is normal as long as your baby is peeing the expected times each day. (pg 30)

You only need to wash and rinse a **boy baby’s** penis and scrotum when you change his diaper or bath him. **Never** pull on the foreskin or force it back.

Personality

Babies have their own personality, right from birth. Some babies sleep and eat regularly, don’t cry much, and are generally easy to care for. Some babies sleep and eat less regularly, often cry and fuss, and are generally a challenge. Most babies fall somewhere in between.

Take time to get to know your baby, and to find out what things work best for her and for you. What works for one baby might not work for another.

Infant Care

Sleep and Rest

Newborns usually sleep 16 or more hours a day. A few weeks after the birth you may see a pattern of sleeping, feeding, and being awake.



Newborns usually sleep from two to four hours at a time. As the baby gets older, one of the sleep times gets longer, usually at night. The Canadian Pediatric Society recommends **putting your baby on his/her back to sleep**.

Try to change your baby's schedule gently if he sleeps for a long time during the day and is awake all night. Talk, sing, and play with your baby during the day. Keep night-time feedings quiet and the lights low. Don't wake up your baby for a night feed, unless the nurse, midwife, or doctor tells you to or your baby needs to gain more weight.

Babies sleep best when:

- ✓ They are well fed and burped.
- ✓ They are warm but not hot.
- ✓ They have dry, clean clothing and a quiet place.

Where Should Your Baby Sleep?

Every family is different. As a parent, it is up to you where your baby sleeps. Based on the most up-to-date information, the safest place for your baby to sleep is in your room, beside the bed in a crib or bassinet.

If you choose to sleep with your baby in the same bed, be as safe as possible by doing the following:

- ✓ Make your home a '**No Smoking**' home
- ✓ Push your bed flat against the wall so there are no cracks.
- ✓ Make sure there are no cracks between the headboard and mattress. Some parents put their mattress on the floor while they sleep with their baby.
- ✓ Put fewer clothes on the baby - they get body heat from the parents. A diaper and undershirt may be enough.
- ✓ Don't sleep with your baby on a couch, armchair or a waterbed. Do not use pillows or heavy blankets.
- ✓ A baby should not sleep with a person who weighs over 250 lbs, or who has taken drugs, alcohol, or sleeping pills.
- ✓ Your baby should not sleep with other young children.

Crying

Crying is how babies communicate. You soon learn to know what your baby wants when she cries. Here are some possible reasons why babies cry.



1) **Hunger**

Hunger is the most common reason babies cry. Their stomach gets empty and causes the same kind of hunger pain an adult may feel.

Babies digest breast milk quickly and in the early weeks their stomach is small. They may '**cluster feed**' - or feed lots over a few hours and then have a longer sleep.

2) **Too hot or too cold**

Babies may cry if they are too hot or too cold. A good rule of thumb - dress babies with the same amount of clothes an adult wears and add a layer, such as a blanket. Never put a hat on a baby while she is indoors.

3) **Need to suck**

Infants have a strong need to suck. Sucking makes them feel good. Breastfed babies can get extra sucking at the breast, at the end of a feeding. Be sure to maintain good position to avoid sore nipples. A restless, agitated baby may settle down if she can suck on a breast or a clean finger.

It's your personal choice to use a **soother** or not. Try to not use a soother in the first month while the baby learns to breastfeed. Never force your baby to take a soother. Keep soothers clean, use a new one regularly and don't put soothers in your own mouth. Never dip a soother into any sweet solution.

4) **Discomfort**

Babies cry if they are uncomfortable. Does something hurt? Are their diapers dry and comfortable? Are their clothes pinching or rubbing?

5) **Gas pains**

Babies may cry because of gas. To help get rid of gas, try to burp the baby, hold the baby, tummy down, across your knees, or walk around the room and stroke his back. Try 'bicycling' or moving their legs gently around in a circle.

To help prevent gas, make sure the baby doesn't drink too quickly and that he burps well before you put him down. If a baby continues to have gas pains, talk to your nurse, midwife, or doctor.

6) **Need to be held**

Babies may cry because they want to be held. Sometimes you can pick up your baby and hold her, and she stops crying.

Some people worry that a baby can get 'spoiled' if he is picked up lots and cuddled. But, to a newborn, the world can be a scary place. When babies are held they feel safe and secure, and they learn to trust their world. This is one of the most important things babies learn in their first year.

7) **Boredom**

Babies may cry because they're bored. Sometimes all you have to do is change their position.

Babies like to move and to sit up when they're awake. Use a baby swing or cuddle seat. They like interesting sights and sounds, if they are close enough to see and hear. Babies can't

see very well out of the corner of their eyes and have to turn their heads to see something beside them. Even young babies can see colour and movement.

8) **Tired – too much activity**

Babies sometimes cry when they need sleep. To soothe your baby, rock him, talk gently, or sing. Take him into a quiet, darkened room. Stay calm and relaxed.

9) **Colic**

Babies may cry because of colic. Colicky babies cry for long periods of time, day after day. This is hard on parents.

We don't know what causes colic. Try some of the following hints to calm the baby. Most babies get better after the first few months. Get help from family and friends to make this time easier for you and your baby. Before you decide your baby has colic, ask the nurse, doctor, or midwife to check and make sure she isn't sick.

How to quiet and settle your baby

To quiet your baby, use these ideas one at a time. If one idea doesn't work, try the next and repeat it over and over.

- 1) Bring your face close to your baby's face.
- 2) Gently bring your baby's arms close to his chest and support them there.
- 3) Walk, sway from foot to foot, rock your baby, or take him for a buggy or car ride.
- 4) Offer the baby a clean finger or soother to suck, if he's more than two weeks old.



- 5) Pick up your baby and hold him close. A baby carrier, snugly, or baby sling that holds the baby close to you may help.
- 6) Talk or sing quietly to your baby.
- 7) Stroke one area of the baby's body slowly and soothingly. Rub his back, head, arm, or leg.
- 8) Wrap your baby loosely in a warm blanket.
- 9) If you get frustrated from all the crying and you think you might hurt your baby, **put the baby in a safe place and leave the room.** Call a friend or family member, or the emergency number for your area to get help. Most parents get frustrated with their baby at one time or another.

Burping

Breastfed babies may not need to burp. But if your baby doesn't settle after a feed, he may need a burp.



Gently but firmly pat or rub the baby's back until you hear a burp. Use any of the three positions below.

- 1) Hold the baby up to your shoulder.
- 2) Lay the baby across your lap.
- 3) Hold the baby sitting up on your lap and support their chin with your hand.

Spitting Up

Spitting up is very common in newborn babies. Some babies do it more than others. They may have air in their stomachs that pushes up some milk. Sometimes the muscle at the top of their stomach is a little weak. Sometimes they spit up if they are moved around too much after feeding. Spitting up can be normal and gets better as the baby gets older. Talk to your doctor, nurse or midwife if:

- 1) your baby cries loudly each time he spits up
- 2) spitting up happens more often and becomes projectile (the spit-up flies across your lap and onto the floor)
- 3) if you think your baby is not gaining enough weight.



Hiccups

Newborns often have hiccups, especially after feeding. You don't need to do anything. The hiccups usually stop fairly quickly on their own. Sometimes getting the baby to suck can stop the hiccups. Hiccups don't hurt babies.

Sneezing

Newborns sneeze a lot and it does not mean they have a cold. Newborns can only breathe through their nose so they sneeze to keep their nose clear.

Weight loss and gain

Newborns normally lose up to 10% of their birth weight during the first two to five days. They are usually back to their birth weight by the time they're two weeks old.



Your baby should, on average, gain about four to seven ounces per week. Call your nurse, doctor or midwife if you think your baby isn't gaining enough weight.

Bowel movements, BMs, Poops

For the first few days your baby's BMs are black and tar-like. This is called meconium. After a few days the colour changes from green to brown to golden yellow.



Breastfed babies have an average of two to four BMs a day for the first six weeks of life. Their BMs may look 'curdy'. After six weeks the number of poops decrease and may get as low as one every few days.

Constipation and diarrhea

When babies are constipated, they may have trouble pooping. Their poops are like rabbit pellets. When babies have diarrhea they poop a lot. Their poops are mostly water and a different colour from the usual golden yellow.

Breastfed babies rarely get constipated or have diarrhea. If you're concerned, call your midwife, nurse, or doctor.

Bathing

Babies don't need a bath every day, every few days is fine. Use a baby bath, clean sink, or bathe the baby with an adult in the bathtub. You can bathe your baby before the cord on the belly button area falls off.



Here are a few basic steps to follow:

Always be safe; never leave your baby unattended.

- ✓ Use a warm room.
- ✓ Collect everything you need before you start – soap, shampoo, towels, diaper, clean clothes, etc.
- ✓ Wash from the cleanest areas to the dirtiest - face and head first, bum last.
- ✓ Use warm water, not too hot. Water temperature on the inside of your wrist should be comfortable.
- ✓ Dry the baby well, especially the armpits, neck folds, and between the legs and belly button area.
- ✓ Have fun. Talk, sing, and play with your baby at bath time.

Umbilical cord care (Belly Button)

The umbilical cord falls off on its own when the baby is one to two weeks old.

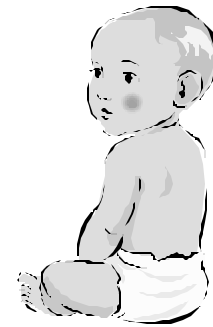
- 1) Keep the cord open to the air as much as possible.
- 2) Expect the base of the cord to get sticky and mucky when it's ready to fall off.
- 3) Use warm wet Q-tips to clean the area as needed.



- 4) Expect a bit of blood for a day or two after the cord falls off. Clean the area until there is no more blood and it is dry.
- 5) Call the midwife, nurse, or doctor if the area around the cord gets red or smells bad. It may be infected.

Diaper rash

Diaper rash is a common red rash on the baby's diaper area. This area is a great place for germs to grow because it's dark, warm, and damp.

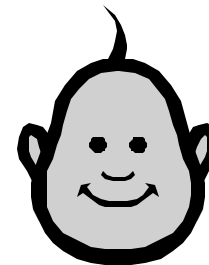


If your baby has diaper rash:

- 1) Change diapers often.
- 2) Rinse the area with warm water and dry carefully and well.
- 3) Don't use Vaseline.
- 4) Expose the baby's bum to the air as much as possible.
- 5) Try diaper creams with zinc oxide.
- 6) Call the nurse, doctor, or midwife if you have concerns.

Cradle cap

Babies with cradle cap have thick, yellow scales on the top of their head. Cradle cap isn't itchy. It's common around the baby's soft spot.



To treat cradle cap:

- 1) Apply vegetable-based oil to the scalp.
- 2) Loosen the crust with a soft brush, fine-toothed comb, or your fingers.
- 3) Shampoo the oil from scalp and rinse well.
- 4) Cradle cap can come and go in the first few months.
- 5) Call the nurse, midwife, or doctor if you have concerns.

Jaundice

When babies have jaundice, their skin and the whites of their eyes are a bit yellow. They may look like they have a nice tan.



Newborns commonly get a little jaundice by the third or fourth day. Jaundice doesn't usually harm the baby. Sometimes the doctor may want to check the level of jaundice. They prick the baby's heel and test a few drops of blood.

The doctor may suggest a simple treatment called **phototherapy** if the jaundice level is too high. Phototherapy happens at the hospital. The naked baby goes into an incubator under a special set of lights to lower the level of jaundice.

To help prevent or reduce jaundice:

- ✓ Feed your baby soon after birth and every two to three hours or more after the first day.
- ✓ Make sure the baby poops often.
- ✓ Call your doctor, nurse or midwife if the baby doesn't wake up for feeding, isn't feeding well or turns very yellow or orange.

Fever

A fever is a higher-than-normal body temperature. Fever is usually a sign of infection. Fever by itself is usually not a problem. If your baby has a fever, watch for other signs of illness.



Common causes of fever in newborns: birth to one month

- ✓ Infection
- ✓ Dehydration - not enough liquids
- ✓ Too many clothes
- ✓ Room is too hot

Call the nurse, doctor, or midwife if your newborn has a fever higher than 38.5° C or 101.3° F.

Common causes of fever in infants: one month to one year

- ✓ Colds
- ✓ Ear infections
- ✓ Immunizations or shots can cause slight fever.

Ask the nurse, doctor, or midwife about different thermometers and learn to use them.

How to care for a feverish child

Use these ideas to keep your feverish child comfortable:

- ✓ Keep your child lightly dressed in the house.
- ✓ Don't cover your child with heavy blankets.
- ✓ Don't cover your child with a wet towel or sheet.
- ✓ Keep your child's room no warmer than 20 to 21°C or 68 to 70°F.
- ✓ Breastfeed your baby often.
- ✓ Give your child a bath with warm water.
- ✓ Write down the dates and times when you take your baby's temperature. This record may help you and the nurse or doctor treat your baby.
- ✓ Contact the nurse, doctor, pharmacist, or midwife about using fever medicine with your baby.



Father's / Partner's Role

Fathers and other partners play an important role in the life of a new baby. They can be deeply involved in a baby's physical care and emotional growth. Pregnancy, labour, and the first few weeks after birth are emotional times. Parents and children form special ties during this time.



Life changes in many ways after the birth of a baby. It takes patience, time, and practice to learn how to feed, care for, and parent a baby.

Fathers and other partners can do many things to get involved:

- ✓ Change the baby's diapers.
- ✓ Bathe the baby.
- ✓ Talk, cuddle, and play with the baby.
- ✓ Be kind, patient, and loving.
- ✓ Accept help from friends and family.

While having a baby can be exciting, fathers and partners may worry about money, lifestyle changes, and where they fit into the family. This is normal. Talk about and share these feelings with others.

Vitamin D

Vitamin D helps prevent rickets and osteoporosis. These diseases affect the way bones are formed and grow. Humans get Vitamin D mostly from sunlight. Breast milk contains small amounts of Vitamin D. Even still, breastfed babies should receive extra Vitamin D drops every day until they eat foods with Vitamin D added. Parents give the liquid Vitamin D to their baby with a dropper that comes with the bottle. Ask your nurse, midwife, or doctor how much Vitamin D to give your baby and when to stop.

Caring for the Uncircumcised Penis

Care is quite easy, "Leave it alone". Wash the penis with water. You do not need to pull the foreskin (this is the piece of skin that covers the end of the penis) back. When the baby has a bath, his penis will get cleaned in the water. Boys will pull back the foreskin on their own as they get older and "discover their body parts", so there is no need to do this for them. After the boys hit puberty, the adult male needs to learn how to pull the foreskin back and clean once a day.



Warning Signs for Infants



If you think your child is sick, do one of these things:

- 1) Call Tele-Care NWT. A nurse is there to help you 24 hours a day. NWT residents call toll free **1-888-255-1010**.
- 2) Use the GNWT guide called 'Do I Need to See the Nurse or Doctor?' This guide can help you treat common problems. Talk to your midwife, nurse, or doctor about how to get a copy.
- 3) Call your midwife, nurse, or doctor

Watch for these important warning signs.

Fever

The baby has a temperature more than 38.5°C or 101°F. Measures this at least twice before you call the doctor. Make sure the baby is not just overdressed. Look for other signs of infection, such as ear or chest infection, or flu.

Problems breathing/coughing

The baby may have trouble breathing. The baby may be breathing fast. She may make grunting sounds or have mucous. She may cough so much she throws up

Major change in skin colour

The baby may look very yellow or blue when you see them in good daylight. If your baby has darker skin, check to make sure the inside of their mouth is pinkish.

Vomiting or problems feeding

Vomiting is different than spitting up. Large amount of milk are brought up forcibly all at once and may come out the baby's nose as well as the mouth.

Change in activity or behavior

The baby may be very quiet and listless. He may be hard to wake up, hard to feed, and jittery. **Call the doctor right away.**

The baby may pass urine that is dark, cloudy, or smells bad.

Redness and puffiness around the umbilical cord or a bad smell from the cord.

Starting Solid Foods

- ✓ Breast milk is the only food your baby really needs for the first **six months**.
- ✓ Watch your baby for signs she is ready to start solids. She might watch you when you eat, sit up well on her own, or reach for your food. She might nurse more often, for more than three days.
- ✓ Start solid food slowly, sometime after your baby is six months old.
- ✓ Babies that get solid foods too early may overfeed, not get the milk they need, develop digestive problems, and become sensitive or allergic to certain foods.
- ✓ Early solids won't help your baby sleep through the night.
- ✓ Babies have growth spurts at about two weeks, four to six weeks, and three months. They are hungry and need more milk at these times. They are not ready for solid foods.
- ✓ Babies quickly pick up signals about eating and the foods people like and dislike. Encourage your family to be positive about eating and healthy foods.

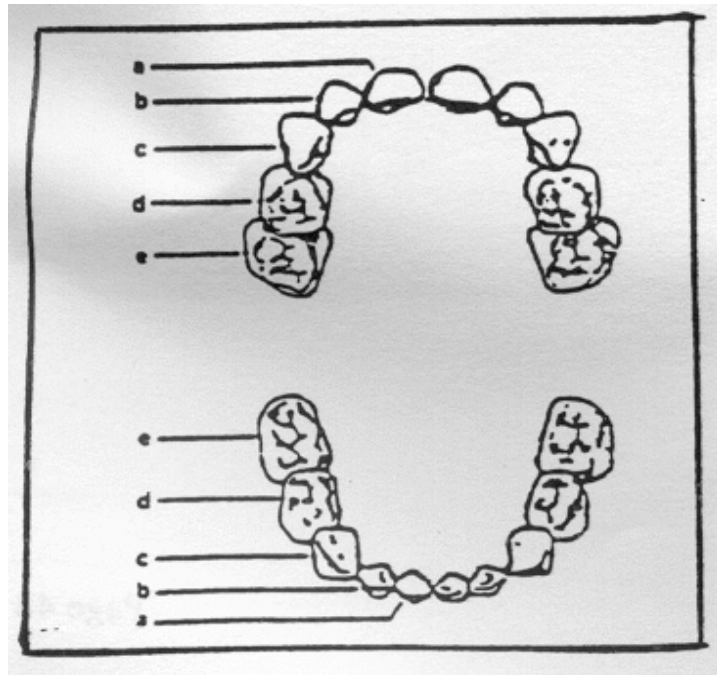


Get more information from the nurse, midwife, or doctor about how to start feeding solids. Check out www.caringforkids.cps.ca for information on feeding in the first year.

Tips about Teething

- ✓ All babies teethe. Babies may start to get teeth when they're three to four months old. Or they might wait until they're 12 to 14 months old.
- ✓ Babies' gums may be red and tender, and hurt when they're teething. Some babies can be irritated and have trouble sleeping and eating.
- ✓ Use something cold to soothe the pain. For example, a chilled liquid-filled teething ring or a clean, cold, wet washcloth can help.
- ✓ When babies teethe they want to bite and chew. To help them, give your baby a teething ring to chew on or rub your baby's gums firmly with a clean finger.
- ✓ Expect extra drooling. Use a bib to help keep your baby clean.
- ✓ Ask the nurse, midwife, or doctor if you want to know about medicines.
- ✓ Clean your baby's gums and teeth at least once a day with a washcloth or a small soft toothbrush. Start your child on a lifetime of good dental health. **Don't** use toothpaste with fluoride until your child can spit it out.
- ✓ Contact the dentist or health centre to get information about brushing habits, the first checkup, and fluoride supplements.





First teeth	Upper 'comes in'	Lower 'comes in'
a. Central incisors	7to12 months	6 to 10 months
b. Lateral incisors	9 to 12 months	7 to 16 months
c. Canines or cuspids	16 to 22 months	16 to 23 months
d. First molars	13 to 19 months	12 to 18 months
e. Second molars	25 to 33 months	20 to 31 months

Car Seat Safety

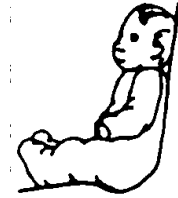
Car seat basics

- 1) **You MUST use a car seat for your baby. It's the law for a baby to be in a car seat when in a vehicle.**
- 2) Use a government-approved car seat. Look for a Canadian Motor Vehicle symbol (CMVSS) somewhere on the seat. If you're not sure, check with the fire department, RCMP, or local bylaw to make sure your car seat meets the law's safety standards.
- 3) Replace the car seat if it's more than seven years old or has been in a car accident.
- 4) Use a car seat that's the right size. Check the manufacturer's instructions. There are two basic sizes:
 - i) Infant seats for babies that weigh 0 - 20 pounds
 - ii) Child seats for kids that weigh 20 to 40 pounds
- 5) Always follow the directions for your car seat. **Strap your baby in the seat properly. Put the seat in your vehicle properly.**
- 6) Make sure that babies less than 20-22 pounds face the back of the vehicle in their car seats.
- 7) Children over 20-22 pounds **AND** over 1 year old sit facing the front of the car. Make sure car seats that face forward have a tether strap with an anchor point. Check your vehicle manual. The tether strap and anchor point fasten the seat into the vehicle safely.
- 8) In Yellowknife, call the Public Health Unit to find out how to have your car seat checked. In other communities, talk to your Community Health Nurse. **Never leave a baby alone in a vehicle – not ever, not for any reason.**



How to strap your baby in the car seat

1) To start, the baby's bottom and back should be flat against the car seat back.

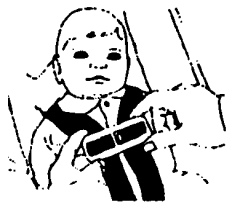


2) Adjust the shoulder straps and chest clip.



The shoulder strap should come through the back of the seat at the baby's shoulders, or slightly below them. Adjust the shoulder strap as the child grows, to keep her comfortable and safe.

The shoulder straps should fit snugly. You should get no more than one finger between the strap and the baby's collarbone.



The chest clip should be level with the baby's armpits. It keeps the shoulder straps in place.

3) Put a rolled up blanket or towel on either side of the baby's head and body for support, if needed.



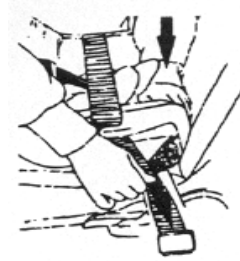
4) If the baby needs a blanket to keep warm, strap the baby in the car seat first, then put the blanket over the baby. Never put a blanket between the baby and the harness.



5) All straps that go through a slide should double back so they don't slip. If a strap slips, it might get slack or come undone.

How to put the baby's car seat in your vehicle

Always put the baby's car seat in the middle of the back seat. It's the safest place. Do not put the baby's car seat in a vehicle seat that has an air bag.

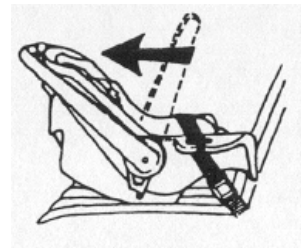


Check the directions about how to recline the baby's car seat properly. You may have to use a rolled towel to level the seat in the vehicle.

Check the directions about how to put the seat belt through the car seat. Make sure you thread it properly. This helps keep your child safe if the vehicle stops suddenly or you have an accident.






Make sure the seat belt is tight enough. Push down and into the upholstery, and pull the seat belt as tight as possible.

If your infant seat has a carrying handle, put it down when the seat is in the vehicle. Check the directions if your infant seat has a canopy. This may also have to be down.



Get a bigger car seat when:

- i) The baby is taller than the upper limit for the car seat.
Baby car seats range from 66 to 73.5 cm.
- ii) The top of the baby's ear is in line with the top of the car seat.
- iii) The baby weighs more than the upper limit for the car seat.

Child car seat summary	
<p>Age: Birth to 9 months (approx)</p> <p>Height: 66 - 73.5 cm or 26 - 29 in</p> <p>Weight: 9 to 10 kg or 20 to 22 lb</p>	<p>Infant car seat Rear-facing</p> 
<p>Age: 9 to 12 months</p> <p>Height: 66 to 73.5 cm or 26 to 29 in</p> <p>Weight: Depends on the model</p>	<p>Convertible car seat Rear-facing</p> 
<p>Age: 12 months to 4 or 5 years</p> <p>Height: Over 66 cm or 26 in. Middle of ears below top of car seat</p> <p>Weight: 10 to 18 kg or 22 to 40 lb</p>	<p>Convertible car seat Forward-facing</p> 
<p>Age: 3 to 5 years</p> <p>Height: Middle of ears above top of car seat.</p> <p>Weight: Under 18 kg or 40 lb</p>	<p>Combination Seat Forward facing and tied</p> 
<p>Age: 4 to 8 years</p> <p>Height: Middle of ears below top of vehicle seat.</p> <p>Weight: Over 18 kg or 40 lb</p>	<p>Booster seat Lap and shoulder belts fit over the child's body</p> 
<p>Age: Varies</p> <p>Height: Sitting 63 cm or 25 in</p> <p>Weight: 27 to 32 kg or 60 to 70 lb</p>	<p>Seat belt Lap belt low over hips, shoulder belt doesn't cross face or neck.</p>

Follow-up Care and Immunizations

Mothers and babies need follow-up care after the birth. Immunizations protect babies from certain childhood diseases.



If you live in a small community, call the Community Health Nurse to tell her you and the baby are home from the hospital. She will tell you when to come in for a check-up.

If you live in a larger community, a Public Health Nurse will contact you a day or two after you go home from the hospital. In larger communities your doctor may want to see you and your baby at two and/or six weeks after the birth.

Public and Community Health Nurses have good information about feeding, how babies grow and develop, and many other things. Call them if you have questions or concerns.

Public and Community Health Nurses also do immunizations. Babies are offered their first immunizations at birth and when they're one month old. See the recommended schedule on the next page. Parents give their consent for all immunizations.

Best Beginnings

Recommended Immunizations - NWT and Nunavut			
Age	Vaccine	NWT	NU
Birth	BCG for certain babies at risk of TB Hepatitis B #1	✓ ✓	✓ ✓
1 month	Hepatitis B #2	✓	✓
2 months	Pediacel (Diphtheria, Whooping Cough, Tetanus, Polio, and HIB) Men C (Meningococcal C disease) Pneumococcal #1 (Pneumococcal disease)	✓ ✓ ✓	✓ ✓
4 months	Pediacel #2 Pneumococcal #2	✓ ✓	✓ ✓
6 months	Pediacel #3 Hepatitis B #3 Pneumococcal #3	✓ ✓ ✓	✓ 9mth ✓
12 months	MMR (Measles, Mumps, & Rubella) Chicken Pox Men C # 2	✓ ✓ ✓	✓ ✓ 1st dose
15 months	Pneumococcal #4 Chicken Pox		✓ ✓
18 months	Pediacel #4 MMR #2 Pneumococcal #4	✓ ✓ ✓	✓ ✓
4 to 6 years	DPT/Polio (Diphtheria, Pertussis, Tetanus, and Polio)	✓	✓

Sudden Infant Death Syndrome

During the first year of life, approximately 3 babies per week in Canada die unexpectedly for no clear reason. Sudden infant death syndrome – **SIDS** - seldom happens before 1 month of age, peaks at 2 - 4 months and is infrequent after 1 year of age. Babies of aboriginal background are at greater risk of SIDS. Rates vary from place to place and from year to year. SIDS also occurs throughout the world.

Based on the latest information, here are some ideas that might help prevent SIDS:

- 1) Lay your baby on his **back to sleep**. Don't lay him on his side or stomach when he is asleep.
- 2) Put your baby on a firm mattress to sleep, with no pillow or soft objects. Don't use a waterbed or soft surface such as a sheepskin.
- 3) Make your home a '**No Smoking**' home.
- 4) Don't overheat your baby with too many clothes or blankets when he goes to sleep.
- 5) Breastfeed your baby.
- 6) Have your baby sleep in your room in a crib or cradle or bassinet beside your bed for the first 6 months of life.

Safety Tips for Babies

During the first months of life, babies learn to wriggle, kick, push, reach, roll over, and put things in their mouths. Protect your baby so she or he can grow and learn safely.

General safety tips



- ✓ Make sure the crib, stroller, toys, car seat, highchair, and all other baby stuff meets Canadian safety standards. For example, Health Canada banned wheeled baby walkers.

If you buy new things, read the labels. If you get things second hand, check with the nurse or with Health Canada, Public Safety Branch.

- ✓ Be aware of your baby's physical ability. For example, don't use a jolly jumper until your baby's neck is strong enough.
- ✓ Keep emergency phone numbers near the phone. Use the page at the front of this book.
- ✓ Make sure you have working smoke detectors, fire extinguisher, and carbon monoxide detectors in your home. Plan an escape route, in case of fire.
- ✓ Take a first aid course. Learn how to help your baby in an emergency.
- ✓ Dress you baby for the weather. For example, in cold weather protect his fingers, toes, and nose from frostbite.

Tips to prevent injuries

Hundreds of babies under one year old get injured every year. Falls, poisoning, choking, and burns cause most of the injuries.



Prevent falls

- ✓ Keep your hand on the baby when you change her diaper. Make sure you can easily reach the diapers and clothes.
- ✓ Watch for wet floors, icy stairs, loose rugs, and other places you can slip or trip when you carry your baby.
- ✓ Use a safety strap to keep your baby in the grocery cart. Don't leave your baby alone in the cart.
- ✓ Make sure the sides are up and secure when you use a crib or playpen.
- ✓ Don't leave your baby in a car seat or bouncy chair, on a table or counter. If the baby kicks their feet, the chair can move and go over the edge.
- ✓ Strap your baby safely in their stroller.

Prevent poisoning

- ✓ Check the label and measure carefully every time you give your child medicine.
- ✓ Keep diaper cream, cleaning products, alcohol, drugs, and other poisons where your child can't reach them.

Prevent choking

- ✓ Keep coins, buttons, pins, earrings, and other small things where your baby can't reach them. Teach older children to keep small toys, like lego, away from babies.
- ✓ Don't give babies toys they can pull apart.
- ✓ Don't use plastic bags where babies can reach them, such as to waterproof their bed or play area.
- ✓ Don't use pillows where babies sleep.
- ✓ Hang mobiles so babies can see them, but not grab them.
- ✓ Take off any ties and ribbons from babies' clothes and toys.
- ✓ Never leave a baby alone with a bib tied around his neck.
- ✓ Cut solid foods into very small pieces or grate or blend them. Don't feed babies nuts, popcorn, hard fruit or vegetables, or other things they could choke on.
- ✓ Never tie a soother on a string around or near a baby's neck. Make sure the base of the soother doesn't cover the baby's nose.

Prevent burns and scalds

- ✓ Keep the temperature of the hot water heater below 50° C.
- ✓ Test the bath water on the inside of your wrist. It should feel warm, not hot.
- ✓ Don't use a microwave to heat breast milk or baby food. Microwaves heat unevenly and make 'hot spots' that can burn your baby's mouth. They also destroy nutrients.

However, if you **must** use a microwave, shake milk or stir food well and test the temperature before you feed the baby. Never heat bottles with plastic liners in the microwave – they can explode.

Smoking and infants

Second hand smoke can cause serious problems for your baby's health. Protect your baby from second hand smoke.



- ✓ Make your home and car **totally smoke-free**, for everyone – family, friends, and visitors.
- ✓ Smoke outside your home or car, if you must smoke.
- ✓ Quit smoking. Talk to the nurse, doctor, or midwife if you need help to quit smoking.
- ✓ Never take your baby into a smoke filled room.

Second hand smoke exposes babies to 4,000 chemicals. More than 50 of these cause cancer. Children are more likely to have asthma if their parents smoke 10 or more cigarettes a day.

Babies exposed to second hand smoke may:

- ✓ Cough and wheeze more.
- ✓ Have more ear infections.
- ✓ Go to hospital more often with lung problems.
- ✓ Have lungs that don't work as well.

Shaken baby syndrome

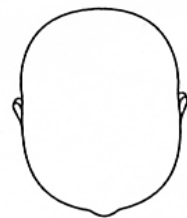
- ✓ Shaken baby syndrome is when a baby gets injured from shaking. Any shaking or quick motion can make a baby's head roll or snap back and forth, and cause injury.
- ✓ A baby's head is heavy and large compared to the rest of their body. Their neck muscles aren't strong enough to support their head.
- ✓ Shaken baby injuries happen for different reasons:
 - i) The person looking after the baby **doesn't know they need to** protect the baby's fragile head.
 - ii) The person looking after the baby **doesn't know how to** properly protect the baby's head.
 - iii) The person looking after the baby gets frustrated when the baby keeps crying and crying.
- ✓ Studies show mothers are least likely to cause shaken baby injuries. Fathers, boyfriends, and male babysitters cause over 60% of shaken baby injuries.
- ✓ Shaking can tear blood vessels inside the baby's head and cause brain damage.
- ✓ Brain injury from shaking can make the baby blind, deaf, or paralyzed. It can cause seizures, delays in development, or death. Less violent but repeated shaking may cause learning disabilities.
- ✓ Sometimes your baby's crying may get to be too much. Put the baby down on its side in a crib or other safe place, and leave the room. Take time to calm down and let the stress go, and get some help.

Flat head of the newborn

Few babies have perfectly shaped heads. It may take up to six weeks for your baby's head to become rounded after birth. Babies who lie in one position for long periods of time can get a flat area on their heads. The flat area develops because the skull bones aren't cemented together until about 1 year of age.

The medical words for this are **positional plagiocephaly**.

Some babies also have a bit of a flat head when they are born. This happens more with twins or premature babies than others.



Normal Head Shape



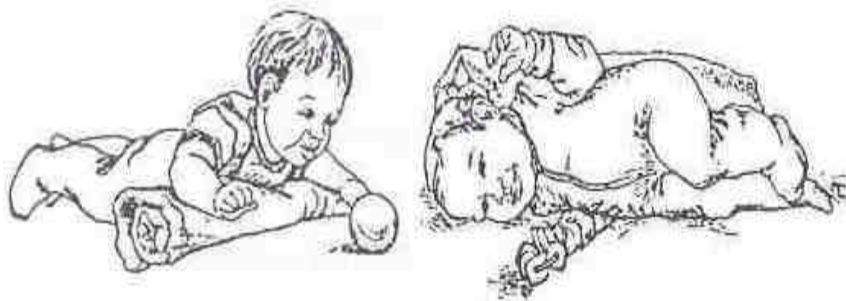
Positional Plagiocephaly

A little bit of flat head goes away on its own. More serious flat head may become permanent but it **will not** affect the baby's brain or development.

Call the nurse or doctor if you are worried about your baby's head shape, your baby holds her head to one side or has trouble turning her head. You may need to do neck stretches with your baby or go to a physiotherapist.

Tips to prevent flat head

- ✓ Give your baby lots of time on their tummy when they're awake and observed. You can also put them on their side while their awake.
- ✓ Don't leave your baby for a long time in a car seat, baby seat, swing, or other place where their head stays in the same position.
- ✓ Give your baby lots of upright 'cuddle time'.
- ✓ Change the baby's head position when he sleeps. You can do this by placing your baby's head to one side for a week and then changing to the other side for a week.
- ✓ Change the direction the baby lies in the crib. Put the feet and head one direction one day, the other direction the next day.
- ✓ Put a mobile on the side away from the side your baby sleeps on. This encourages them to look that way when they're awake.



Internet Tips for Parents

Using the Internet is a great way to get up-to-date information about parenting and childcare. Some websites, however, can give confusing and old-fashioned information. So how do parents know which sites to trust? Here are some helpful hints to help:

- ❖ **Check the website's purpose** – is the information based on solid scientific research? Does it include many points of view or is it one person's opinion?
- ❖ **Check the website's sponsors** – are the sponsors easily identified?
- ❖ **Check the organizations that support the website** – Is it endorsed by a health agency or association that you trust?
- ❖ **Check to see how the website is maintained** – When was the last time the website was updated?
- ❖ **Check for the author's name(s) on the website** – Any author's name should be appearing on the site. What is their background and training?
- ❖ **Check who is making statements** – Information should be provided based on solid scientific research and not on opinion. Are there references and links to support its statements?

List of Recommended Websites

www.caringforkids.cps.ca - Canadian Pediatric Society

www.phac-aspc.gc.ca - Public Health Agency of Canada

www.canadian-health-network.ca - Canadian Health Network

www.motherisk.org - the Motherisk Program is based out of the 'Hospital for Sick Children' in Toronto, has information about medication, drug and chemical use in pregnancy and breastfeeding

www.lalecheleague.org - breastfeeding information

www.drjacknewman.com breastfeeding support and information

www.aap.org - American Academy of Pediatrics

www.sidscanada.org - Sudden Infant Death Syndrome information

Children Learn What They Live



If a child lives with criticism,
He learns to condemn.

If a child lives with hostility,
He learns to fight.

If a child lives with ridicule,
He learns to be shy.

If a child lives with shame,
He learns to feel guilty.

If a child lives with tolerance,
He learns to be patient.

If a child lives with encouragement,
He learns confidence.

If a child lives with praise,
He learns to appreciate.

If a child lives with fairness,
He learns justice.

If a child lives with security,
He learns to have faith.

If a child lives with approval,
He learns to like himself.

If a child lives with acceptance and friendship,
He learns to find love in the world



Dorothy Law Nolte

Cover Artist – Wendy Lee

Wendy Lee is a professional artist who has made the NWT her home for over a decade. Proficient in several mediums, Wendy has chosen to focus her attention on the ancient art of silk painting. Using traditional techniques, her hand painted works on silk are primarily inspired by the unique images, colors and cultures of Canada's North. Under her company name of Silkwinds, located in Yellowknife, Wendy Lee creates her original works of art and a line of hand painted silk scarves in numerous northern motifs. The original silkscreen painting shown on the cover of this book can be found in the Yellowknife Public Health Unit waiting room.

